



## Common Sense Initiative

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Carrie Kuruc**, Director

### Business Impact Analysis

Agency, Board, or Commission Name: Ohio Department of Medicaid (ODM)

Rule Contact Name and Contact Information:

Tommi Potter, Rules Administrator, tommi.potter@medicaid.ohio.gov, 614-752-3877

Regulation/Package Title (a general description of the rules' substantive content):

Medicaid DMEPOS rule revisions for 2021

Rule Number(s):

SUBJECT TO BUSINESS IMPACT ANALYSIS:

Rescinded/New: 5160-10-01 w/appendix

Amended: 5160-10-16, 5160-10-22

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

Amended: 5160-10-13 w/appendix, 5160-10-19, 5160-10-29

New: 5160-10-06, 5160-10-07

Rescinded: 5160-10-10

Date of Submission for CSI Review: 03/10/2021

Public Comment Period End Date: 03/17/2021

Rule Type/Number of Rules:

New/ 1 rules

No Change/      rules (FYR?     )

Amended/ 2 rules (FYR? 2)

Rescinded/ 1 rules (FYR? 1)

The Common Sense Initiative is established in R.C. 107.61 to eliminate excessive and duplicative rules and regulations that stand in the way of job creation. Under the Common Sense Initiative, agencies must balance the critical objectives of regulations that have an adverse impact on business with the costs of compliance by the regulated parties. Agencies should promote transparency, responsiveness, predictability, and flexibility while developing regulations that are fair and easy to follow. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

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

[CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)

### **Reason for Submission**

1. **R.C. 106.03 and 106.031 require agencies, when reviewing a rule, to determine whether the rule has an adverse impact on businesses as defined by R.C. 107.52. If the agency determines that it does, it must complete a business impact analysis and submit the rule for CSI review.**

**Which adverse impact(s) to businesses has the agency determined the rule(s) create?**

**The rule(s):**

- a. ☒ **Requires a license, permit, or any other prior authorization to engage in or operate a line of business.**
- b. ☐ **Imposes a criminal penalty, a civil penalty, or another sanction, or creates a cause of action for failure to comply with its terms.**
- c. ☒ **Requires specific expenditures or the report of information as a condition of compliance.**
- d. ☐ **Is likely to directly reduce the revenue or increase the expenses of the lines of business to which it will apply or applies.**

### **Regulatory Intent**

2. **Please briefly describe the draft regulation in plain language.**

***Please include the key provisions of the regulation as well as any proposed amendments.***

Rule 5160-10-01 sets forth overarching coverage and payment policy for durable medical equipment, prostheses, orthotics, and supplies (DMEPOS). The schedule of maximum payment amounts for most DMEPOS items and services is published as Appendix A to the rule. (Maximum payment amounts for oxygen and for wheelchairs are published separately.) A statement allowing the use of a certificate of medical necessity (CMN) as a prescription has been removed. Definitions of "coverage" and "frequency limit" have been added. Several points have been clarified, including the function of a payment schedule, the authority to determine coverage, the necessity of a prescription, the publication of new or newly adopted procedure codes, and the use of "miscellaneous" procedure codes. The appendix to the rule has been updated.

Rule 5160-10-16, "DMEPOS: wheelchairs," sets forth coverage and payment policies for wheelchairs, related accessories, seating options, and wheelchair rental. The revision date of the associated certificate of medical necessity (CMN) has been changed.

Rule 5160-10-22, "DMEPOS: ventilators," sets forth coverage and payment policies for ventilators. Provisions of the rule have been extended to cover multi-function ventilators. The revision date of the associated CMN has been changed.

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

**CSIPublicComments@governor.ohio.gov**

- 3. Please list the Ohio statute(s) that authorize the agency, board or commission to adopt the rule(s) and the statute(s) that amplify that authority.**

The Ohio Department of Medicaid (ODM) is promulgating these rules under section 5164.02 of the Ohio Revised Code.

- 4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?**

*If yes, please briefly explain the source and substance of the federal requirement.*

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

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

These rules do not include any provisions that exceed federal requirements.

- 6. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?**

These rules involve the coverage of and payment for DMEPOS. ODM is required to adopt such rules under R.C. 5164.02.

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

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

- 8. Are any of the proposed rules contained in this rule package being submitted pursuant to R.C. 101.352, 101.353, 106.032, 121.93, or 121.931?**

*If yes, please specify the rule number(s), the specific R.C. section requiring this submission, and a detailed explanation.*

No.

## **Development of the Regulation**

- 9. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.**

*If applicable, please include the date and medium by which the stakeholders were initially contacted.*

Representatives of ODM and OAMES met to discuss the rules on the following dates:

Thursday, 02/28/2019	Tuesday, 09/03/2019
Friday, 04/05/2019	Tuesday, 09/10/2019
Wednesday, 07/24/2019	Tuesday, 09/17/2019
Friday, 07/26/2019	Tuesday, 10/01/2019
Tuesday, 08/13/2019	Tuesday, 10/15/2019
Tuesday, 08/20/2019	Tuesday, 11/05/2019
Tuesday, 08/27/2019	

In addition, an ODM representative spoke about changes to these rules at OAMES semiannual conferences on Thursday, 03/14/2019; on Wednesday, 09/25/2019; and on Thursday, 09/10/2020.

ODM and OAMES exchanged approximately 48 rule-related e-mail messages from Tuesday, 10/09/2018, to Tuesday, 10/06/2020.

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

OAMES and provider representatives thoroughly reviewed all the DMEPOS rule changes that had been implemented on 07/16/2018 and were aware of the revisions that needed to be made. Those revisions, as well as other changes and needed modifications that came to light in the course of discussion, were accepted by both OAMES and ODM and incorporated into the rules.

- 11. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?**

The use of scientific data does not apply to the development of these rules.

- 12. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?**

ODM is required to adopt rules to establish coverage of and payment for Medicaid services. Whatever the policy may be, the form of the rule is the same; no alternative is readily apparent.

- 13. Did the Agency specifically consider a performance-based regulation? Please explain.**  
*Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.*

The concept of performance-based rule-making does not apply to these rules.

- 14. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?**

In the process of revising the rules, ODM staff members took great care not to duplicate provisions. Any provision of another rule that applies specifically to these services is incorporated by reference.

- 15. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.**

The policies set forth in these rules will be incorporated into the Medicaid Information Technology System (MITS) as of the effective date of the rules. They therefore will be applied by the Department's electronic claim-payment system automatically and consistently whenever an appropriate provider submits a claim for an applicable service.

- 16. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:**

- a. Identify the scope of the impacted business community; and
- b. Identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance,); and
- c. Quantify the expected adverse impact from the regulation.  
*The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a "representative business." Please include the source for your information/estimated impact.*

- a. Changes to policies, payment formulas, or payment amounts affect Medicaid providers of durable medical equipment, prostheses, orthoses, and supplies (DMEPOS).

- b. These rules impose no license fees or fines. The rules also do not require insurance or surety products as a condition of compliance; ODM therefore took no measures to determine the availability of a financial responsibility instrument.

Rule 5160-10-01 requires that providers of certain DMEPOS items or services possess the appropriate licensure and notify a recipient when an item has in effect been purchased through rental.

Rule 5160-10-16 specifies that participating providers must maintain and, as appropriate, submit documentation that the services were provided and were medically necessary. The adverse impact lies in the time needed by a supplier to fill out paperwork (or the electronic equivalent) to report information.

Rule 5160-10-22 predicates payment for certain professional services on the licensure status of the individual provider.

- c. The mention of licensure in these rules is descriptive rather than prescriptive. The Ohio Department of Medicaid (ODM) enrolls providers; it does not license them. Companies that deal in certain categories of DMEPOS—life-sustaining complex technology and orthotics/prosthetics—and certain practitioners—such as licensed respiratory care professionals—are subject to licensure by their respective regulatory authorities, regardless of whether they are enrolled as Medicaid providers or not. References to licensure in Medicaid rules is an acknowledgment that ODM recognizes these professional distinctions and will not pay a provider for furnishing items and services outside its licensure. DMEPOS licensure is a condition of doing business in Ohio; the cost it entails cannot be attributed to Medicaid.

Completing a prior authorization request, which must be accompanied by a completed certificate of medical necessity and involves the entry of certain information (e.g., customer identification, HCPCS codes, part numbers, descriptions of repairs), takes between five and thirty minutes of supplier staff time. This estimate is based on the professional experience of ODM staff members and on figures reported by Medicaid providers. The wage cost depends on who performs the task. The median statewide hourly wage for a billing clerk, according to the most recent Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, is \$17.89; for a medical equipment repairer, it is \$22.41; for a medical and health services manager, it is \$44.08. With an additional 30% for fringe benefits, submitting a prior authorization request costs between \$1.94 (five minutes at \$23.26 per hour) and \$28.65 (thirty minutes at \$57.30 per hour).

A requirement to notify a recipient that a condition has been met or an event has occurred (e.g., that an item has in effect been purchased through rental) necessitates a phone call, e-mail message, or other basic form of contact. Such communication is a general administrative expense, and the cost is minimal. The median statewide hourly wage for a receptionist, according to the most recent Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, is \$13.36; for an executive secretary or administrative assistant, it is \$27.59. With an additional 30% for fringe benefits, sixty seconds of communication costs between \$0.29 and \$0.60.

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

The requirement to hold a license helps to maintain professional standards.

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

[CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)



The paperwork requirements for testing, measurement, and documentation are consistent with requirements in the commercial health insurance industry and the federal Medicare program, and they are effective tools for preventing fraud, waste, and abuse and for promoting quality, encouraging cost-effectiveness, and safeguarding the health of the individuals who use the items. They help to ensure that the Ohio Medicaid program pays for medical equipment that is most appropriate to the needs of the person who will use it.

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

### **Regulatory Flexibility**

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

Medicaid rules outline actions all providers must take to receive Medicaid payment. They do not set forth requirements for engaging in business, and no exception is made based on the size of an entity.

**19. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?**

These rules impose no sanctions on providers.

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

Information sheets and instruction manuals on various claim-related topics are readily available on the Medicaid website.

Policy questions may be directed via e-mail to the Non-Institutional Policy section of ODM's policy bureau, at [noninstitutional\\_policy@medicaid.ohio.gov](mailto:noninstitutional_policy@medicaid.ohio.gov).

TO BE RESCINDED

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

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

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

(1) "Certificate of medical necessity (CMN)" is a written statement by a practitioner attesting that a particular item or service is medically necessary for an individual.

(a) Unless a separate prescription is required, a CMN may serve also as a prescription for medicaid payment purposes.

(b) If no other form or format is specified, the CMN form specified in the relevant rule in this chapter of the Administrative Code is the default that must be used.

(c) A rendering or billing provider must obtain a required CMN before a claim can be submitted.

(d) A CMN is not invalidated by a change in an individual's status from one medicaid eligibility category to another (e.g., from fee-for-service medicaid to medicaid managed care).

(e) Renewal of lifetime certification is not required.

(f) An illegible CMN will not be accepted.

(2) "Department" is the Ohio department of medicaid or its designee. The address of the department's web site is <http://medicaid.ohio.gov>.

(3) "DMEPOS item" is a collective term for a covered durable medical equipment (DME) item, prosthetic device, orthotic device, or medical supply item furnished by an eligible provider to an eligible recipient.



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

(C) Providers.

- (1) Prescribers. Eligible medicaid providers of the following types having prescriptive authority under Ohio law may certify the medical necessity of a DMEPOS item:
  - (a) A physician;
  - (b) A podiatrist;
  - (c) An advanced practice registered nurse with a relevant specialty (e.g., clinical nurse specialist, certified nurse practitioner); or
  - (d) A physician assistant.
- (2) Rendering providers. The following eligible providers may furnish a DMEPOS item or service:

- (a) For equipment considered by the state of Ohio board of pharmacy to be subject to licensure or certification in accordance with Chapter 4752. of the Revised Code or the rules promulgated under it, a provider enrolled in medicaid as a DME supplier with specialized state of Ohio board of pharmacy certification or licensure;
  - (b) For orthotic or prosthetic devices requiring compliance with section 4779.02 of the Revised Code, a provider enrolled in medicaid as a DME supplier with orthotic/prosthetic specification; or
  - (c) For all other items and services, a provider enrolled as a basic DME supplier.
- (3) Billing providers. The following eligible providers may receive medicaid payment for submitting a claim for a DMEPOS item or service:
- (a) For equipment considered by the state of Ohio board of pharmacy to be subject to licensure or certification in accordance with Chapter 4752. of the Revised Code or the rules promulgated under it, a provider enrolled in medicaid as a DME supplier with specialized state of Ohio board of pharmacy certification or licensure;
  - (b) For orthotic or prosthetic devices requiring compliance with section 4779.02 of the Revised Code, a provider enrolled in medicaid as a DME supplier with orthotic/prosthetic specification; or
  - (c) For all other items and services, a provider enrolled as a basic DME supplier.
- (4) Additional provider requirements specific to a particular DMEPOS item or service may be set forth in other rules in this chapter of the Administrative Code.

(D) Coverage.

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

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

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

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

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

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

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



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

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

- (h) The provider must notify the recipient when an item in effect has been purchased through rental.
- (23) Certain medical supply items (e.g., gauze pads, wound fillers/packing) are dispensed in bulk. No payment amount per unit has been established for such items; instead, an overall payment limit per period is specified. The charge submitted by the provider must not exceed the manufacturer's suggested list price for the quantity of the item.
- (24) The purchase of torsion cables may be authorized only for the treatment of children with neuromuscular diseases and related conditions. Requests for torsion cables to treat positional deformities will be denied because of anticipated resolution that occurs with maturation.
- (25) No provider may submit a claim for a DMEPOS item or service before the item or service has been supplied.

(E) Claim payment.

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

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

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5164.02  
Rule Amplifies: 5164.02, 5165.47  
Prior Effective Dates: 04/07/1977, 12/21/1977, 12/30/1977, 01/08/1979, 01/01/1980, 02/01/1980, 03/01/1984, 12/30/1984, 05/19/1986, 07/01/1987, 10/01/1987, 04/01/1988, 10/01/1988, 04/13/1989 (Emer.), 05/15/1989, 09/01/1989, 12/01/1989, 05/01/1990, 06/20/1990 (Emer.), 09/05/1990, 02/17/1991, 05/25/1991, 12/30/1991, 04/01/1992 (Emer.), 07/01/1992, 11/16/1992, 12/31/1992 (Emer.), 04/01/1993, 07/08/1993, 12/10/1993, 12/30/1993 (Emer.), 03/31/1994, 07/01/1994, 02/01/1995, 08/01/1995, 12/29/1995 (Emer.), 03/21/1996, 12/31/1996 (Emer.), 03/31/1997, 08/01/1997, 08/01/1998, 09/01/1998, 12/31/1998 (Emer.), 03/31/1999, 01/04/2000 (Emer.), 03/20/2000, 12/29/2000 (Emer.), 03/30/2001, 12/31/2001 (Emer.), 03/29/2002, 09/01/2002, 12/12/2002, 03/24/2003, 07/01/2004, 10/01/2004, 11/01/2004 (Emer.), 12/30/2004 (Emer.), 01/16/2005, 03/28/2005, 09/01/2005, 12/30/2005 (Emer.), 03/27/2006, 07/01/2006, 10/15/2006, 12/29/2006 (Emer.), 03/29/2007, 04/16/2007, 07/30/2007, 11/20/2007, 12/16/2007, 12/31/2007 (Emer.), 03/30/2008, 12/31/2008 (Emer.), 03/31/2009, 04/01/2009, 07/31/2009 (Emer.), 10/29/2009, 12/31/2009 (Emer.), 01/01/2010, 02/01/2010 (Emer.), 03/31/2010, 12/30/2010 (Emer.), 03/30/2011, 08/02/2011, 09/01/2011, 12/30/2011 (Emer.).

03/29/2012, 07/01/2013, 12/31/2013, 04/01/2016,  
07/16/2018, 01/01/2019, 06/12/2020 (Emer.)

# Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)

## Appendix to rule 5160-10-01

01/01/2019

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

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

RESCINDED  
Appendix  
5160-10-01



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, 3 WAY, FOR CONTINUOUS IRRIGATION	Each	C32b	Insertion tray	\$18.00	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE	Each	C32b	Insertion tray	\$2.50	04/01/1992	Non-institutional only	Purchase only	30 per month	
A4322	IRRIGATION SYRINGE, WITH BULB OR PISTON	Each	C32b	Insertion syringe	\$1.60	06/20/1990	Non-institutional only	Purchase only	30 per month	
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	Each	C32b	Catheter	\$9.00	08/01/1997	Non-institutional only	Purchase only	5 per year	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP	Each	C32b	Cup	\$37.00	08/01/1997	Non-institutional only	Purchase only	2 per year	
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	C32b	Pouch	\$8.33	04/01/2001	Non-institutional only	Purchase only	1 per month	
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	C32b	Pouch	\$5.80	04/01/2001	Non-institutional only	Purchase only	20 per month	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE OR LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR	Each	C32b	Tubing	\$3.04	04/01/2001	Non-institutional only	Purchase only	2 per month	
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	Each	C32b	Anchoring device	\$2.00	07/16/2018	Non-institutional only	Purchase only	12 per month	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	C32b	Anchoring device	\$3.00	01/01/2001	Non-institutional only	Purchase only	1 per month	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each	C32b	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
A4338	INDWELLING CATHETER; FOLEY TYPE, 2-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR	Each	C32b	Catheter	\$4.20	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4340	INDWELLING CATHETER; SPECIALTY TYPE; (EG; COUDE, MUSHROOM, WING, ETC)	Each	C32b	Catheter	\$24.00	08/01/1997	Non-institutional only	Purchase only	3 per month	
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO WAY, ALL SILICONE	Each	C32b	Catheter	\$9.39	04/01/1992	Non-institutional only	Purchase only	3 per month	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY, FOR CONTINUOUS IRRIGATION	Each	C32b	Catheter	\$12.50	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	Each	C32b	Catheter	\$1.39	01/01/2005	Non-institutional only	Purchase only	60 per month	A4349 replaces A4324, A4325, and A4247.
A4351	INTERMITTENT URINARY CATHETER, STRAIGHT TIP	Each	C32b	Catheter	\$0.79	01/01/1996	Non-institutional only	Purchase only	200 per month	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP	Each	C32b	Catheter	\$2.00	01/01/1996	Non-institutional only	Purchase only	200 per month	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	C32b	Catheter	\$3.49	10/01/2004	Non-institutional only	Purchase only	60 per month	Payment for A4353 includes lubricant.
A4354	CATHETER INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	C32b	Insertion tray	\$7.40	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	C32b	Tubing	\$2.70	05/01/1990	Non-institutional only	Purchase only	3 per month	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, (NOT TO BE USED FOR CATHETER CLAMP)	Each	C32b	Clamp	\$30.01	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	C32b	Bag	\$6.00	06/20/1990	Non-institutional only	Purchase only	2 per month	
A4358	URINARY LEG/ABDOMINAL BAG, VINYL, WITH OR WITHOUT TUBE WITH STRAPS	Each	C32b	Bag	\$6.26	04/01/2001	Non-institutional only	Purchase only	4 per month	
A4361	OSTOMY, FACE PLATE	Each	C32a	Face plate	\$17.52	04/01/2001	Non-institutional only	Purchase only	4 per year	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Each	C32a	Barrier	\$3.22	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4364	ADHESIVE FOR FACIAL PROSTHESIS ONLY; LIQUID OR EQUAL, PER OZ.	Ounce	C32a	Adhesive	\$2.38	04/01/2001	Non-institutional only	Purchase only	4 per 2 months	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4367	OSTOMY BELT	Each	C32a	Belt	\$6.96	04/01/2001	Non-institutional only	Purchase only	2 per 6 MOS	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.) PER OZ.	Ounce	C32a	Barrier	\$2.30	01/01/2000	Non-institutional only	Purchase only	4 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Ounce	C32a	Barrier	\$3.48	04/01/2001	Non-institutional only	Purchase only	4 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4372	OSTOMY SKIN BARRIER, SOLID, 4X4 OR EQUIV. STANDARD WEAR W/ BUILT-IN CONVEXITY	Each	C32a	Barrier	\$3.78	01/01/2000	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	Each	C32a	Barrier	\$5.99	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	Each	C32a	Pouch	\$15.56	01/01/2000	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	C32a	Pouch	\$43.11	01/01/2000	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	Each	C32a	Pouch	\$3.89	01/01/2000	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	Each	C32a	Pouch	\$27.86	01/01/2000	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	Each	C32a	Pouch	\$13.61	01/01/2000	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	Each	C32a	Pouch	\$33.82	01/01/2000	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	Each	C32a	Pouch	\$4.18	01/01/2000	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	Each	C32a	Pouch	\$22.31	01/01/2000	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	Each	C32a	Pouch	\$25.55	01/01/2000	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE, RING	Each	C32a	Face plate	\$8.72	01/01/2000	Non-institutional only	Purchase only	4 per year	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	Each	C32a	Barrier	\$4.00	04/01/2001	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4387	OSTOMY POUCH, CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	C32a	Pouch	\$2.00	07/16/2018	Non-institutional only	Purchase only	45 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Each	C32a	Pouch	\$3.87	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Each	C32a	Pouch	\$5.55	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	Each	C32a	Pouch	\$8.94	04/01/2001	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY (1 PIECE)	Each	C32a	Pouch	\$6.04	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	C32a	Pouch	\$6.34	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	C32a	Pouch	\$7.81	04/01/2001	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Each	C32a	Belt	\$24.20	10/01/2004	Non-institutional only	Purchase only	1 per 3 months	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4397	IRRIGATION SUPPLY; SLEEVE	Each	C32a	Irrigation	\$4.41	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4398	IRRIGATION SUPPLY; BAG	Each	C32a	Irrigation	\$13.17	04/01/2001	Non-institutional only	Purchase only	4 per year	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4399	IRRIGATION SUPPLY; CONE/CATHETER	Each	C32a	Irrigation	\$9.95	01/01/1998	Non-institutional only	Purchase only	1 per 6 months	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4400	OSTOMY IRRIGATION SET	Each	C32a	Irrigation	\$45.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4402	LUBRICANT, PER OUNCE	Ounce	C01d	Other supply item	\$0.65	08/01/1998	Non-institutional only	Purchase only	8 per month	
A4404	OSTOMY RING, EACH	Each	C32a	Ring	\$1.47	04/01/2001	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED PASTE	Ounce	C32a	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4406	OSTOMY SKIN BARRIER, PECTIN BASED PASTE	Ounce	C32a	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4407	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; 4X4 OR SMALLER	Each	C32a	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4408	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	C32a	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER	Each	C32a	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	C32a	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; 4X4 OR SMALLER	Each	C32a	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY; LARGER THAN 4X4	Each	C32a	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Each	C32a	Supply	PA	05/01/1990	Non-institutional only	Purchase only		Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	18 square inches	C34	Dressings / tape / gauze / bandages	\$0.08	10/01/2004	Non-institutional only	Purchase only	200 per month	
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	18 square inches	C34	Dressings / tape / gauze / bandages	\$0.32	10/01/2004	Non-institutional only	Purchase only	200 per month	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE) NOT COVERED FOR USE WITH UROLOGICAL	Ounce	C01d	Supply	\$1.36	04/01/2001	Non-institutional only	Purchase only	8 per month	
A4458	ENEMA BAG WITH TUBING, REUSABLE	Each	C01d	Bag	\$8.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Each	C14a	Elastic supports	\$40.00	01/01/2017	Non-institutional only	Purchase only	2 per year	A4467 replaces A4466.
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Each	C01d	Tracheostomy supplies	\$4.15	01/01/2005	Non-institutional only	Purchase only	100 per month	
A4490	PRESSURE GRADIENT SURGICAL STOCKING, ABOVE KNEE LENGTH	Each	C14a	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4495	PRESSURE GRADIENT SURGICAL STOCKING, THIGH LENGTH	Each	C14a	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4500	PRESSURE GRADIENT SURGICAL STOCKING, BELOW KNEE LENGTH	Each	C14a	Surgical stockings and burn garments	\$22.00	10/15/2006	Non-institutional only	Purchase only	6 per year	
A4510	PRESSURE GRADIENT SURGICAL STOCKING, FULL LENGTH, LEOTARD	Each	C14a	Surgical stockings and burn garments	\$75.00	01/01/2008	Non-institutional only	Purchase only	3 per year	
A4556	ELECTRODES, PER PAIR (E.G., APNEA MONITOR)	Pair	C01d	Electrodes	\$9.41	10/01/2004	Non-institutional only	Purchase only	1 per month	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4557	LEAD WIRES, PER PAIR (E.G. APNEA MONITOR)	Pair	C01d	Lead wires	\$16.36	10/01/2004	Non-institutional only	Purchase only	1 per month	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4558	CONDUCTIVE PASTE OR GEL	Each	C01d	Supply	\$4.23	10/01/2004	Non-institutional only	Purchase only	1 per month	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4561	PESSARY, RUBBER, ANY TYPE	Each	C01d	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	
A4562	PESSARY, NON-RUBBER, ANY TYPE	Each	C01d	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	
A4565	SLING	Each	C01d	Limb support	\$6.30	07/01/2002	Non-institutional only	Purchase only	2 per year	
A4566	SHOULDER SLINT OR VEST DESIGN, ABDUCTION RESTRAINER	Each	C01c	Shoulder	\$95.00	01/01/2011	All	Purchase only	1 per medical event	
A4570	SPLINT	Each	C01d	Limb support	\$10.00	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4580	CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	Roll	C01d	Casting	\$2.55	11/01/1992	Non-institutional only	Purchase only	1 per year	
A4590	CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY	Roll	C01d	Casting	\$15.00	11/01/1992	Non-institutional only	Purchase only	1 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A4595	TENS SUPPLIES, FOR 2 OR 4 LEAD (FOR A RECIPIENT-OWNED UNIT)	Each	C15	TENS supplies	\$25.00	01/01/1996	Non-institutional only	Purchase only	1 per month	No separate payment is made for TENS supplies during any month in which a TENS unit is rented.
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR PAP	Each	C19	Tubing	\$53.40	02/08/2016	Non-institutional only	Purchase only	1 per year	
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	Each	C01d	Respiratory care supplies	\$13.12	01/01/2005	Non-institutional only	Purchase only	10 per month	A claim may be submitted for only one type of tracheal suction catheter per month.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	Each	C23	Probe	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$100.00	05/01/1990	Non-institutional only	Purchase only	1 per year	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	C22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
A4616	TUBING, AEROSOL, (PER FOOT)	Foot	C01d	Respiratory care supplies	\$0.05	01/01/2008	Non-institutional only	Purchase only	15 per month	
A4617	MOUTH PIECE	Each	C13	Respiratory care supplies	\$1.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 months	
A4618	BREATHING CIRCUITS, IPPB (FOR CONSUMER-OWNED IPPB ONLY)	Each	C19	Breathing circuits	\$2.60	05/01/1990	Non-institutional only	Purchase only	4 per month	
A4619	OXYGEN FACE TENT	Each	C13	Respiratory care supplies	\$1.21	01/01/2002	Non-institutional only	Purchase only	6 per month	
A4620	VARIABLE CONCENTRATION MASK	Each	C13	Respiratory care supplies	\$0.62	04/01/2009	Non-institutional only	Purchase only	6 per month	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY)	Each	C01d	Tracheostomy supplies	\$4.38	01/01/1994	Non-institutional only	Purchase only	30 per month	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, ADULT	Each	C01d	Respiratory care supplies	\$0.80	05/01/1990	Non-institutional only	Purchase only	150 per month	A claim may be submitted for only one type of tracheal suction catheter per month.
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY (CLEANING STARTER KIT)	Each	C01d	Tracheostomy supplies	\$3.55	01/01/1996	Non-institutional only	Purchase only	30 per month	This item is covered only for the first two weeks following open surgical tracheostomy.
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	C01d	Tracheostomy supplies	\$1.38	01/01/1993	Non-institutional only	Purchase only	10 per month	
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	C01d	Respiratory care supplies	\$2.70	01/01/1996	Non-institutional only	Purchase only	4 per month	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	C01d	Tracheostomy supplies	\$2.55	01/01/1996	Non-institutional only	Purchase only	30 per month	
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	Each	C30	Ambulation accessory	\$1.50	05/25/1991	Non-institutional only	Purchase only	2 per year	
A4636	HANDGRIP, REPLACEMENT, CANE, CRUTCH, OR WALKER, EACH	Each	C30	Ambulation accessory	\$1.66	05/25/1991	Non-institutional only	Purchase only	4 per year	
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH	Each	C30	Ambulation accessory	\$1.90	05/25/1991	Non-institutional only	Purchase only	4 per year	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY CONSUMER	Each	C18b	Pad	\$31.28	05/25/1991	Non-institutional only	Purchase only	1 per year	
A4649	SURGICAL SUPPLY, MISCELLANEOUS (DO NOT USE FOR OSTOMY SUPPLIES)	Each	C01d	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF & STETHOSCOPE	Set	C01a	Blood pressure monitor and accessories	\$30.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4663	BLOOD PRESSURE CUFF ONLY (REPLACEMENT)	Each	C01a	Blood pressure monitor and accessories	\$13.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Each	C01a	Blood pressure monitor and accessories	\$47.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	Set	C29	Infusion pump (non-nutrition) supplies	\$5.00	10/01/2004	Non-institutional only	Purchase only	30 per month	
A4927	GLOVES, NON-STERILE	100	C01d	Supply	\$8.69	04/01/2003	Non-institutional only	Purchase only	2 per month	
A4930	GLOVES, STERILE	Pair	C01d	Supply	\$0.55	04/01/2003	Non-institutional only	Purchase only	100 pairs per month	
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE).	Each	C32a	Pouch	\$1.91	04/01/2001	Non-institutional only	Purchase only	45 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	C32a	Pouch	\$1.36	04/01/2001	Non-institutional only	Purchase only	45 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	Each	C32a	Pouch	\$1.58	01/01/1998	Non-institutional only	Purchase only	45 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A5054	OSTOMY POUCH, CLOSED FOR USE ON BARRIER W/FLANGE (2 PC)	Each	C32a	Pouch	\$1.35	04/01/2001	Non-institutional only	Purchase only	45 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5055	STOMA CAP	Each	C32a	Cap	\$1.27	04/01/2001	Non-institutional only	Purchase only	30 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5061	POUCH, DRAINABLE WITH BARRIER ATTACHED (1 PIECE)	Each	C32a	Pouch	\$2.45	04/01/2001	Non-institutional only	Purchase only	30 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Each	C32a	Pouch	\$1.90	08/01/1997	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Each	C32a	Pouch	\$2.13	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED, (1 PIECE)	Each	C32a	Pouch	\$4.15	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	C32a	Pouch	\$3.10	04/01/2001	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5073	OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Each	C32a	Pouch	\$2.98	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5081	OSTOMY CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	Each	C32a	Plug	\$3.00	01/01/1998	Non-institutional only	Purchase only	40 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5082	OSTOMY CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Each	C32a	Catheter	\$10.75	01/01/1998	Non-institutional only	Purchase only	1 per 2 months	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Each	C32a	Insert	\$1.58	04/01/2001	Non-institutional only	Purchase only	10 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR EXPANDABLE	Each	C32b	Bottle	\$21.39	04/01/2001	Non-institutional only	Purchase only	2 per year	
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	Each	C32b	Suspensory	\$40.32	07/01/2002	Non-institutional only	Purchase only	2 per year	
A5112	URINARY LEG BAG; LATEX	Each	C32b	Bag	\$31.16	07/01/2002	Non-institutional only	Purchase only	3 per year	
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	C32b	Strap	\$1.30	11/15/1993	Non-institutional only	Purchase only	4 per year	
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET (FOR USE WITH URINARY LEG BAG)	Each	C32b	Strap	\$4.25	04/01/2001	Non-institutional only	Purchase only	4 per year	
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	Each	C32a	Wipes	\$0.17	01/01/2006	Non-institutional only	Purchase only	50 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5121	OSTOMY SKIN BARRIER; SOLID 6 X 6, OR EQUIVALENT	Each	C32a	Barrier	\$6.70	05/01/1990	Non-institutional only	Purchase only	5 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5122	OSTOMY SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	Each	C32a	Barrier	\$12.26	04/01/2001	Non-institutional only	Purchase only	6 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Each	C32a	Pad	\$1.11	07/01/2002	Non-institutional only	Purchase only	20 per month	Only one code may be reported each month in the categories of ostomy supplies, urinary ostomy supplies, ostomy faceplates, skin barriers, and irrigation supplies.
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	16 ounces	C32a	Cleaner	\$12.25	01/01/1998	Non-institutional only	Purchase only	1 per 3 months	
A5500	DIABS ONLY,FITTING,CUSTOM PREP, OFFSHELF, PER SHOE	Each	C31a	Diabetic shoes	\$46.07	01/01/2010	All	Purchase only	1 per foot per year	
A5501	FOR DIABETICS ONLY, CUSTOM MOLDED SHOE	Each	C31a	Diabetic shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	
A5512	DIABS ONLY, MULT DENSITY INSERT, DIRECT FORM	Each	C31a	Diabetic shoes	\$18.80	01/01/2010	All	Purchase only	1 per foot per year	
A5513	DIABS ONLY,MULT DENSITY INSERT, CUSTOM	Each	C31a	Diabetic shoes	\$28.04	01/01/2010	All	Purchase only	1 per foot per year	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM	Gram	C34	Wound fillers	\$30.96	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM	Gram	C34	Wound fillers	\$1.82	01/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6021	COLLAGEN DRESSING, LESS THAN 16 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$16.82	04/01/2006	Non-institutional only	Purchase only	10 per month	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6022	COLLAGEN DRESSING, MORE THAN 16 SQ IN, LESS THAN OR EQUAL TO 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$18.91	04/01/2006	Non-institutional only	Purchase only	10 per month	
A6023	COLLAGEN DRESSING, MORE THAN 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$171.27	04/01/2006	Non-institutional only	Purchase only	20 per month	
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	C34	Dressings / tape / gauze / bandages	\$11.40	01/01/1997	Non-institutional only	Purchase only	15 per month	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$6.00	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$12.50	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$31.40	04/01/2006	Non-institutional only	Purchase only	30 per month	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 IN.	6 inches	C34	Wound fillers	\$5.29	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$3.02	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.50	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	4 per month	
A6207	CONTACT LAYER, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$5.30	01/01/1997	Non-institutional only	Purchase only	4 per month	
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$11.98	04/01/2006	Non-institutional only	Purchase only	4 per month	
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$6.17	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$14.35	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$25.21	01/01/1999	Non-institutional only	Purchase only	12 per month	
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN., OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$7.00	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$12.54	04/01/2006	Non-institutional only	Purchase only	12 per month	
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$7.45	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	Gram	C34	Wound fillers	\$1.23	04/01/2006	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6216	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.04	07/16/2018	Non-institutional only	Purchase only	\$50 per month	
A6217	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.64	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6218	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$1.27	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.95	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$2.58	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.52	04/01/2006	Non-institutional only	Purchase only	\$50 per month	
A6222	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$1.65	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6223	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 16 BUT LESS THAN OR	Each	C34	Dressings / tape / gauze / bandages	\$1.75	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6224	GAUZE, IMPREGNATED, OTHER THAN WATER, HYDROGEL OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$2.60	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6231	GAUZE, IMPREGNATED, HYDROGEL, 16 SQ IN OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$1.65	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6232	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$1.75	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6233	GAUZE, IMPREGNATED, HYDROGEL, MORE THAN 48 SQ IN	Each	C34	Dressings / tape / gauze / bandages	\$2.60	01/01/2001	Non-institutional only	Purchase only	12 per month	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	12 per month	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$12.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$19.65	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$5.80	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	Each	C34	Dressings / tape / gauze / bandages	\$16.75	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OZ.	Fluid ounce	C34	Wound fillers	\$5.00	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	Gram	C34	Wound fillers	\$2.57	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$8.75	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$28.30	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$5.90	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	Each	C34	Dressings / tape / gauze / bandages	\$7.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$17.15	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ.	Fluid ounce	C34	Wound fillers	\$5.76	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT	Each	C34	Dressings / tape / gauze / bandages	\$2.35	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$4.60	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY	Each	C34	Dressings / tape / gauze / bandages	\$2.20	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN. WITH ANY SIZE ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	PA	01/01/1997	Non-institutional only	Purchase only	30 per month	
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS	Each	C34	Dressings / tape / gauze / bandages	\$1.10	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6258	TRANSPARENT FILM, MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$3.10	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN.	Each	C34	Dressings / tape / gauze / bandages	\$7.90	01/01/1997	Non-institutional only	Purchase only	12 per month	
A6261	WOUND FILLER, NOT ELSEW CLASSIFIED, GEL/PASTE, PER FLUID OZ.	Month	C34	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6262	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, DRY FORM, PER GRAM	Month	C34	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.75	08/01/1997	Non-institutional only	Purchase only	100 yards per month	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.12	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN. WITHOUT ADHESIVE	Each	C34	Dressings / tape / gauze / bandages	\$0.43	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER	Each	C34	Dressings / tape / gauze / bandages	\$0.61	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Submitted charge must not exceed manufacturer's suggested list price.
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	100 per month	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.14	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.23	01/01/2005	Non-institutional only	Purchase only	150 per month	



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.45	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.26	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.33	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	150 per month	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.04	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.05	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.60	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 PERCENT	Linear yard	C34	Dressings / tape / gauze / bandages	\$3.19	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT	Linear yard	C34	Dressings / tape / gauze / bandages	\$5.32	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.55	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS	Linear yard	C34	Dressings / tape / gauze / bandages	\$0.69	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	C34	Dressings / tape / gauze / bandages	\$1.25	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Each	C14b	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	
A6530	COMPRESSION STOCKING BK18-30, EACH	Each	C14a	Elastic supports	\$21.64	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6531	COMPRESSION STOCKING BK30-40	Each	C14a	Elastic supports	\$26.06	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6532	COMPRESSION STOCKING BK40-50	Each	C14a	Elastic supports	\$30.48	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6533	GC STOCKING THIGHLNGTH 18-30	Each	C14a	Elastic supports	\$24.64	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6534	GC STOCKING THIGHLNGTH 30-40	Each	C14a	Elastic supports	\$29.06	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6535	GC STOCKING THIGHLNGTH 40-50	Each	C14a	Elastic supports	\$33.48	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6536	GC STOCKING FULL LNGTH 18-30	Each	C14a	Elastic supports	\$43.27	01/01/2006	Non-institutional only	Purchase only	6 per year	
A6537	GC STOCKING FULL LNGTH 30-40	Each	C14a	Elastic supports	\$52.12	07/26/2007	Non-institutional only	Purchase only	6 per year	
A6538	GC STOCKING FULL LNGTH 40-50	Each	C14a	Elastic supports	\$60.96	01/01/2006	Non-institutional only	Purchase only	6 per year	
A6539	GC STOCKING WAISTLNGTH 18-30	Each	C14a	Elastic supports	\$50.00	07/26/2007	Non-institutional only	Purchase only	3 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A6540	GC STOCKING WAISTLNGTH 30-40	Each	C14a	Elastic supports	\$62.50	07/26/2007	Non-institutional only	Purchase only	3 per year	
A6541	GC STOCKING WAISTLNGTH 40-50	Each	C14a	Elastic supports	\$75.00	07/26/2007	Non-institutional only	Purchase only	3 per year	
A6549	G COMPRESSION STOCKING, NOS	Each	C14a	Elastic supports	PA	01/01/2011	Non-institutional only	Purchase only	6 per year	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	C01a	Suction pump	\$7.50	01/01/2000	Non-institutional only	Purchase only	3 per month	
A7002	TUBING, USED WITH SUCTION PUMP, INCLUDING CONNECTOR/ADAPTOR	Each	C01a	Suction pump	\$3.75	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	C01d	Respiratory care supplies	\$2.15	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	C01d	Respiratory care supplies	\$1.44	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Each	C01d	Respiratory care supplies	\$20.00	01/01/2000	Non-institutional only	Purchase only	2 per year	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Each	C01d	Respiratory care supplies	\$8.00	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Each	C01d	Respiratory care supplies	\$4.00	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Each	C01d	Respiratory care supplies	\$1.80	01/01/2000	Non-institutional only	Purchase only	4 per month	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Each	C01d	Respiratory care supplies	\$1.63	07/01/2002	Non-institutional only	Purchase only	4 per month	
A7018	WATER, DISTILLED, 1000 ML	Liter	C01d	Distilled water / sterile saline	\$0.28	01/01/2001	Non-institutional only	Purchase only	16 per month	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, ONLY FOR ADDITIONAL FAMILY MEMBER USING EQUIPMENT	Each	C08	HFCWO system	\$400.00	10/01/2004	Non-institutional only	Purchase only	1 per lifetime	
A7030	FULL FACEMASK INTERFACE, CPAP	Each	C19	Face mask	\$113.18	04/01/2006	Non-institutional only	Purchase only	1 per year	
A7031	FACE MASK INTERFACE, REPLACEMENT FULL FACE MASK	Each	C19	Replacement supply	\$51.12	02/08/2016	Non-institutional only	Purchase only	1 per year	
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	Each	C19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	Pair	C19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD	Each	C19	Nasal interface	\$66.71	10/01/2004	Non-institutional only	Purchase only	1 per year	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	PAP headgear	\$34.95	04/01/2003	Non-institutional only	Purchase only	1 per year	
A7036	CHINSTRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	PAP chinstrap	\$13.60	04/01/2003	Non-institutional only	Purchase only	2 per year	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Tubing	\$28.75	04/01/2003	Non-institutional only	Purchase only	1 per year	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Filter	\$3.25	04/01/2003	Non-institutional only	Purchase only	1 per month	
A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Filter	\$12.30	04/01/2003	Non-institutional only	Purchase only	4 per year	
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT	Each	C19	Vacuum	\$37.58	01/01/2015	Non-institutional only	Purchase only	4 per year	
A7504	FILTER FOR USE IN A TRACHEOSTOMY HEAT AND MOISTURE EXCHANGE SYSTEM	Each	C01d	Tracheostomy supplies	\$0.54	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A	Each	C01d	Tracheostomy supplies	\$3.74	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	Each	C01d	Tracheostomy supplies	\$0.26	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE	Each	C01d	Tracheostomy supplies	\$1.99	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	C01d	Tracheostomy supplies	\$2.30	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE	Each	C01d	Tracheostomy supplies	\$1.13	10/01/2004	Non-institutional only	Purchase only	100 per month	
A7520	TRACHEOSTOMY/LARYGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL	Each	C01d	Tracheostomy supplies	\$47.48	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7520	TRACHEOSTOMY/LARYGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- *CUSTOM-MADE*	Each	C01d	Tracheostomy supplies	\$389.55	04/01/2016	Non-institutional only	Purchase only	2 per month	Modifier U1 is used to differentiate this item.
A7520	TRACHEOSTOMY/LARYGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- *STOCK WITH MODIFICATIONS--PEDIATRIC*	Each	C01d	Tracheostomy supplies	\$100.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U2 is used to differentiate this item.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, PVC, SILICONE OR EQUAL -- *STANDARD OR STOCK WITH	Each	C01d	Tracheostomy supplies	\$60.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U3 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL	Each	C01d	Tracheostomy supplies	\$47.05	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- *CUSTOM-MADE*	Each	C01d	Tracheostomy supplies	\$404.25	04/01/2016	Non-institutional only	Purchase only	2 per month	Modifier U1 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- *STANDARD OR STOCK, WITH MODIFICATIONS--	Each	C01d	Tracheostomy supplies	\$220.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U2 is used to differentiate this item.
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, PVC, SILICONE OR EQUAL -- *CUFFED, STANDARD OR STOCK WITH	Each	C01d	Tracheostomy supplies	\$75.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Modifier U3 is used to differentiate this item.
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	C01d	Tracheostomy supplies	\$45.16	10/01/2004	Non-institutional only	Purchase only	2 per month	
A7525	TRACHEOSTOMY MASK	Each	C01d	Tracheostomy supplies	\$1.39	10/01/2004	Non-institutional only	Purchase only	4 per month	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	C01d	Tracheostomy supplies	\$3.00	10/01/2004	Non-institutional only	Purchase only	15 per month	This item is not payable in conjunction with twill tape. Only one type of tracheostomy tie is medically necessary.
A8000	SOFT PROTECT HELMET PREFAB	Each	C01c	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	
A8001	HARD PROTECT HELMET PREFAB	Each	C01c	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	
A8002	SOFT PROTECT HELMET CUSTOM	Each	C01c	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	
A8003	HARD PROTECT HELMET CUSTOM	Each	C01c	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Each	C01d	Heat / cold application	\$7.50	01/01/2011	Non-institutional only	Purchase only	1 per 5 years	
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	Each	C29	Sensor	\$12.26	07/16/2018	Non-institutional only	Purchase only	1 per day	
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	C29	Transmitter	\$522.30	07/16/2018	Non-institutional only	Purchase only	2 per year	
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	C29	Monitor	\$522.30	07/16/2018	Non-institutional only	Purchase only	1 per year	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	Each	C26	Feeding kit	\$3.72	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	Each	C26	Feeding kit	\$6.79	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED (PER DAY, INCLUDES BAGS/CONTAINERS)	Each	C26	Feeding kit	\$4.85	01/01/2010	Non-institutional only	Purchase only	1 per day	
B4081	NASOGASTRIC TUBING WITH STYLET	Each	C26	Tubing	\$19.19	01/01/2010	Non-institutional only	Purchase only	2 per month	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Each	C26	Tubing	\$14.29	01/01/2010	Non-institutional only	Purchase only	2 per month	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4083	STOMACH TUBE, LEVINE TYPE	Each	C26	Tubing	\$2.05	01/01/2010	Non-institutional only	Purchase only	8 per month	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD	Each	C26	Tubing	\$29.66	01/01/2010	Non-institutional only	Purchase only	4 per year	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE	Each	C26	Tubing	\$108.64	01/01/2010	Non-institutional only	Purchase only	4 per year	
B4100	FOOD THICKENER, ORAL, PER OUNCE	Ounce	C26	Nutritional supplement	\$0.65	01/01/2016	Non-institutional only	Purchase only	30 units per day	
B4100	FOOD THICKENER, ORAL, CONCENTRATED FORMULA, PER OUNCE	Ounce	C26	Nutritional supplement	\$1.62	02/01/2018	Non-institutional only	Purchase only	12 units per day	Modifier U1 is used to differentiate this item.
B4102	EF ADULT FLUIDS AND ELECTROLYTES	Each	C26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4103	EF PED FLUID AND ELECTROLYTES	Each	C26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 400	100 calories	C26	Formula	\$1.33	07/16/2018	Non-institutional only	Purchase only	Medical necessity	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES - 1 UNIT	100 calories	C26	Formula	\$0.61	01/01/2010	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED	100 calories	C26	Formula	\$0.51	01/01/2010	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
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 - PER DAY	100 calories	C26	Formula	\$1.75	01/01/2010	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS	100 calories	C26	Formula	\$1.12	01/01/2010	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FATS (E.G. MEDIUM CHAIN TRIGLYCERIDES)	100 calories	C26	Formula	\$0.87	01/01/2010	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit.
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 - PER DAY	100 calories	C26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Administration by mouth rather than by feeding tube is indicated by modifier BO.
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY	Each	C26	Supply kit	\$4.53	01/01/2010	Non-institutional only	Purchase only	1 per day	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY	Each	C26	Supply kit	\$6.95	01/01/2010	Non-institutional only	Purchase only	1 per day	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, COMPLETE	Each	C26	Administration kit	\$14.55	01/01/2010	Non-institutional only	Purchase only	1 per day	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Each	C26	Pump	\$679.00	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9004	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE	Each	C26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9006	PARENTERAL NUTRITION INFUSION PUMP - STATIONARY	Each	C26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	
B9998	ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED		C26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
B9999	PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED		C26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		
E0100	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	C30	Cane	\$10.19	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0100	CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	C30	Cane	\$10.19	01/01/2019	Non-institutional only	Purchase only	1 per year	Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals.
E0105	CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	Each	C30	Cane	\$39.28	04/01/2006	Non-institutional only	Purchase only	1 per 3 years	
E0110	CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Pair	C30	Crutches	\$50.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	
E0111	CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS	Each	C30	Crutches	\$25.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Pair	C30	Crutches	\$19.25	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0113	CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS	Each	C30	Crutches	\$10.30	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0114	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS	Pair	C30	Crutches	\$23.85	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0116	CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS	Each	C30	Crutches	\$11.95	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	C30	Walker	\$35.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS	Each	C30	Walker	\$47.00	02/17/1991	Non-institutional only	Purchase only	1 per 5 years	
E0140	WALKER WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Each	C30	Walker	\$200.00	09/01/2005	Non-institutional only	Purchase only	1 per 5 years	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	C30	Walker	\$58.00	11/01/1992	Non-institutional only	Purchase only	1 per 5 years	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	C30	Walker	\$52.80	07/16/2018	Non-institutional only	Purchase only	1 per 5 years	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Each	C30	Walker	\$150.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Each	C30	Walker	\$150.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0148	WALKER , HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	Each	C30	Walker	\$109.07	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0149	WALKER, HEAVY DUTY, WHEELED , RIGID OR FOLDING, ANY TYPE	Each	C30	Walker	\$135.00	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0154	PLATFORM ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$51.44	01/01/1999	Non-institutional only	Purchase only	2 per 3 years	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER , PAIR	Pair	C30	Ambulation accessory	\$16.25	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	
E0156	SEAT ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$15.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0157	CRUTCH ATTACHMENT, WALKER	Each	C30	Ambulation accessory	\$62.50	05/01/1990	Non-institutional only	Purchase only	2 per 3 years	
E0158	LEG EXTENSIONS FOR WALKER , PER SET OF FOUR	Set of 4	C30	Ambulation accessory	\$12.64	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	Each	C30	Ambulation accessory	\$15.00	10/01/2004	Non-institutional only	Purchase only	2 per 5 years	
E0163	COMMODE CHAIR, STATIONARY WITH FIXED ARMS	Each	C33	Fixed arms	\$52.80	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0165	COMMODE CHAIR, STATIONARY WITH DETACHABLE/DROP ARMS	Each	C33	Detachable arms	\$104.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR (REPLACEMENT ONLY)	Each	C33	Pail	\$5.25	05/01/1990	Non-institutional only	Purchase only	1 per year	
E0168	EXTRA WIDE/HEAVY DUTY COMMODE CHAIR	Each	C33	Heavy duty	\$129.56	01/01/2001	Non-institutional only	Purchase only	1 per 5 years	Extra-wide/heavy-duty commode chairs are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0181	PRESSURE PAD, ALTERNATING, WITH PUMP, HEAVY DUTY	Each	C18b	Pad	\$148.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Each	C18b	Pump	\$105.00	11/01/1992	Non-institutional only	Purchase only	1 per 4 years	
E0184	DRY PRESSURE MATTRESS	Each	C18b	Mattress	\$150.00	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	
E0185	GEL PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$102.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	
E0186	AIR PRESSURE MATTRESS	Each	C18b	Mattress	\$219.74	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	
E0187	WATER PRESSURE MATTRESS (E.G., AQUAPEDIC)	Each	C18b	Mattress	\$231.00	12/15/2002	Non-institutional only	Purchase only	1 per 2 years	
E0188	SYNTHETIC SHEEPSKIN PAD, WHEELCHAIR SIZE	Each	C18b	Pad	\$5.00	05/01/1990	Non-institutional only	Purchase only	2 per 6 months	
E0189	LAMBSWOOL/SHEEPSKIN PAD, ANY BED SIZE	Each	C18b	Pad	\$43.95	07/01/2002	Non-institutional only	Purchase only	2 per year	
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	C01a	Positioning cushion	\$100.00	04/01/2009	Non-institutional only	Purchase only	1 per 2 years	
E0191	HEEL OR ELBOW PROTECTOR	Each	C18b	Pressure-reducing supply	\$9.00	04/01/2001	Non-institutional only	Purchase only	4 per 6 months	
E0193	POWERED FLOTATION BED (LOW AIR LOSS THERAPY)	Day	C18b	Bed	\$32.50	01/01/1992	Non-institutional only	Rental only	180 per year	
E0194	AIR FLUIDIZED BED (BEAD BED)	Day	C18b	Bed	\$38.00	01/01/1992	Non-institutional only	Rental only	180 per year	
E0196	GEL PRESSURE MATTRESS	Each	C18b	Mattress	\$351.69	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	
E0197	AIR PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$199.42	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	
E0198	WATER PRESSURE PAD FOR MATTRESS	Each	C18b	Mattress	\$177.26	07/26/2007	Non-institutional only	Purchase only	1 per 4 years	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH (E.G., EGG CRATE)	Each	C18b	Pad	\$20.00	05/25/1991	Non-institutional only	Purchase only	1 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Course of treatment	C01a	Light therapy	\$55.00	07/16/2018	Non-institutional only	Rental only	1 per lifetime	
E0210	ELECTRIC HEAT PAD, STANDARD	Each	C01a	Heat / cold application	\$15.09	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0215	ELECTRIC HEAT PAD, MOIST	Each	C01a	Heat / cold application	\$25.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0235	PARAFFIN BATH UNIT, PORTABLE COMPLETE WITH WAX	Each	C01a	Heat / cold application	\$133.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Each	C01d	Bath and toilet aids	BR	01/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0241	BATHROOM WALL RAIL, STRAIGHT	Each	C01d	Bath and toilet aids	\$24.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	
E0243	TOILET RAIL	Each	C01d	Bath and toilet aids	\$40.00	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	
E0244	RAISED TOILET SEAT	Each	C01d	Bath and toilet aids	\$49.25	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	
E0245	TUB STOOL OR BENCH (ANY TYPE)	Each	C01d	Bath and toilet aids	\$45.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	C01d	Bath and toilet aids	\$57.90	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0247	TRANSFER BENCH FOR TUB OR TOILET	Each	C01d	Bath and toilet aids	\$80.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET	Each	C01d	Bath and toilet aids	\$80.00	10/01/2004	Non-institutional only	Purchase only	1 per 5 years	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$677.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$580.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$791.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$892.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0271	MATTRESS, INNERSPRING	Each	C18a	Mattress	\$97.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0272	MATTRESS, FOAM RUBBER	Each	C18a	Mattress	\$92.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	C01a	Bed pan	\$4.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	C01a	Bed pan	\$3.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0277	ALTERNATING PRESSURE MATTRESS	Each	C18b	Mattress	\$3,046.08	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$567.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$470.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Each	C18a	Hospital bed	\$703.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD & FOOT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	C18a	Hospital bed	\$625.60	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR	Each	C18a	Hospital bed	\$1,677.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0302	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	Each	C18a	Hospital bed	\$4,578.80	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR	Each	C18a	Hospital bed	\$1,945.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0304	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	Each	C18a	Hospital bed	\$4,932.32	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0305	BED, SIDE RAILS, HALF LENGTH, ATTACHMENT	Each	C18a	Hospital bed accessories	\$185.01	01/01/2010	Non-institutional only	Purchase only	2 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0310	BED, SIDE RAILS, FULL LENGTH, ATTACHMENT	Each	C18a	Hospital bed accessories	\$143.74	04/01/2009	Non-institutional only	Purchase only	2 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0325	URINAL; MALE, JUG TYPE, ANY MATERIAL	Each	C01a	Urinal	\$2.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0326	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	Each	C01a	Urinal	\$3.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	Each	C18a	Hospital bed	\$5,560.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	Each	C18a	Hospital bed	\$6,000.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	
E0371	NONPOWER ADVANCED PRESSURE-REDUCING MATTRESS OVERLAY	Each	C18b	Overlay	\$4,644.81	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH & WIDTH	Each	C18b	Overlay	\$5,838.28	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	
E0373	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	Each	C18b	Mattress	\$5,321.02	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY.	Each	C23	Pulse oximeter	\$2,250.00	03/29/2007	Non-institutional only	Rental / purchase	1 per 5 years	
E0455	OXYGEN TENT/CANOPY (REPLACEMENT FOR RECIPIENT- OWNED EQUIPMENT)	Each	C13	Respiratory care supplies	\$8.00	05/01/1990	Non-institutional only	Purchase only	6 per month	
E0457	CHEST SHELL (CUIRASS)	Each	C22	Shell	\$450.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0459	CHEST WRAP	Each	C22	Wrap	\$352.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G. TRACHEOSTOMY TUBE)	Each	C22	Invasive	\$900.00	01/01/2016	All	Rental only	1 per month	
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK, CHEST SHELL)	Each	C22	Non-invasive	\$900.00	01/01/2016	All	Rental only	1 per month	
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE	Each	C19	Respiratory assist device	\$1,900.00	10/01/2004	Non-institutional only	Rental / purchase	1 per 5 years	
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	Each	C19	Respiratory assist device	\$320.00	10/01/2004	Non-institutional only	Rental only	1 per month	
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE,	Each	C19	Respiratory assist device	\$320.00	10/01/2004	Non-institutional only	Rental only	1 per month	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Each	C01a	Percussors	\$321.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Each	C01a	Percussors	\$4,724.50	10/01/2004	Non-institutional only	Rental / purchase	1 per 8 years	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Each	C01a	Percussors	\$3,956.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST)	Each	C08	HFCWO system	\$12,190.00	10/01/2004	Non-institutional only	Rental / purchase	1 per lifetime	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	Each	C01a	Respiratory care equipment	\$27.70	09/01/2005	Non-institutional only	Purchase only	1 per 8 years	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION	Each	C19	IPPB machine	\$65.00	04/01/1992	Non-institutional only	Rental only	1 per month	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Humidifier	\$92.00	04/01/2009	Non-institutional only	Purchase only	1 per 4 years	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	C19	Humidifier	\$225.92	10/01/2004	Non-institutional only	Purchase only	1 per 4 years	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT NOT SELF-CONTAINED OR CYLINDER	Each	C01a	Respiratory care equipment	\$525.00	04/01/1996	Non-institutional only	Rental / purchase	1 per 4 years	
E0570	NEBULIZER, W/COMPRESSOR, (PULMO-AID)	Each	C01a	Respiratory care equipment	\$133.00	01/01/1992	Non-institutional only	Purchase only	1 per 5 years	This item is covered without prior authorization for individuals who have a documented, relevant respiratory system diagnosis. A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Each	C01a	Respiratory care equipment	\$430.00	04/01/1996	Non-institutional only	Purchase only	1 per 4 years	A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Each	C01a	Respiratory care equipment	\$115.00	05/01/1990	Non-institutional only	Purchase only	2 per year	A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription.
E0600	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, COMPLETE	Each	C19	Pump	\$379.75	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Each	C19	Nasal PAP device	\$775.00	04/01/1992	Non-institutional only	Rental / purchase	1 per 4 years	
E0602	BREAST PUMP, MANUAL, ANY TYPE	Each	C25	Breast pump	\$15.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Each	C25	Breast pump	\$202.50	07/26/2007	Non-institutional only	Purchase only	1 per 5 years	
E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED, PULSATILE VACUUM SUCTION/RELEASE CYCLES,	Day	C25	Breast pump	\$2.25	01/01/2002	Non-institutional only	Rental only	90 days	
E0605	VAPORIZER, ROOM TYPE	Each	C01d	Respiratory care supplies	\$20.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, & SUPPLIES	Each	C09	Monitor without recording feature	\$2,626.50	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	
E0619	APNEA MONITOR WITH RECORDING FEATURE; INCLUDING ALARMS, MAINTENANCE, SUPPLIES & DOWNLOADS	Each	C09	Monitor with recording feature	\$2,833.65	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	
E0621	SLING OR SEAT FOR PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)	Each	C01a	Portable lifts	\$89.70	01/01/1999	Non-institutional only	Purchase only	1 per 2 years	This item is covered only for a lift owned by the individual.
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Each	C01a	Portable lifts	\$447.00	05/01/1990	Non-institutional only	Purchase only	1 per 6 years	
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING, PORTABLE, COMPLETE	Each	C01a	Portable lifts	\$761.60	07/16/2018	Non-institutional only	Purchase only	1 per 6 years	
E0637	COMBINATION SIT TO STAND SYSTEM	Each	C01a	Portable lifts	PA	09/01/2005	Non-institutional only	Purchase only	1/per 5 years	
E0638	STANDING FRAME SYSTEM, ANY SIZE W/O WHEELS	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	
E0650	PNEUMATIC COMPRESSOR, NONSEGMENTAL, HOME MODEL (LYMPHEDEMA PUMP)	Each	C17	Home model	\$510.00	01/01/1994	Non-institutional only	Rental / purchase	1 per 5 years	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Each	C17	Home model	\$776.80	07/01/2002	Non-institutional only	Rental / purchase	1 per 5 years	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Each	C17	Half arm	\$77.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	C17	Full leg	\$135.12	07/01/2002	Non-institutional only	Purchase only	1 per 2 years	
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	C17	Full arm	\$101.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	C17	Half leg	\$95.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	C17	Full leg	\$172.30	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	C17	Full arm	\$150.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	C17	Half leg	\$143.75	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	Each	C01a	Safety Equipment	\$10.82	05/01/1990	Non-institutional only	Purchase only	2 per year	
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	Each	C01a	Transfer board	\$46.62	01/01/2006	Non-institutional only	Purchase only	1 per 2 years	
E0720	TENS UNIT, TWO LEAD, LOCALIZED STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	Each	C15	Two lead	\$525.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	All TENS units must include a battery charger and battery pack.
E0730	TENS UNIT, FOUR LEAD, LARGE AREA/MULTIPLE NERVE STIMULATION (INCLUDES SUPPLIES DURING RENTAL)	Each	C15	Four lead	\$564.18	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	All TENS units must include a battery charger and battery pack.
E0747	OSTEOGENESIS STIMULATOR, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	C28	Non-spinal	\$1,750.00	04/01/1992	Non-institutional only	Purchase only	1 per 8 years	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL	Each	C28	Spinal	\$1,750.00	08/01/1997	Non-institutional only	Purchase only	1 per 8 years	
E0760	OSTEOGENESIS STIM, LOW INTEN U/S NON INVASIS	Each	C28	Low intensity	\$1,750.00	10/15/2006	Non-institutional only	Purchase only	1 per 8 years	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Each	C28	Low intensity	PA	06/01/2014	Non-institutional only	Purchase only	1 per 8 years	
E0776	IV POLE (IF PUMP IS AUTHORIZED, PAYMENT FOR POLE IS INCLUDED IN PUMP RENTAL)	Each	C29	Infusion pump (non-nutrition) equipment	\$75.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE	Each	C29	Infusion pump (non-nutrition) equipment	\$8.73	01/01/1992	Non-institutional only	Rental only	1 per day	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	C29	Infusion pump (non-nutrition) equipment	\$4,000.00	01/01/1996	Non-institutional only	Rental / purchase	1 per 8 years	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL (NON-NUTRITION) (INCLUDING POLE)	Each	C29	Infusion pump (non-nutrition) equipment	\$8.73	05/01/1990	Non-institutional only	Rental only	1 per day	
E0840	TRACTION FRAME ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	C18a	Hospital bed accessories	\$58.62	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Each	C18a	Hospital bed accessories	\$84.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL, COMPLETE	Each	C18a	Hospital bed accessories	\$30.82	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G. BUCK'S)	Each	C18a	Hospital bed accessories	\$93.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION (E.G. BUCK'S)	Each	C18a	Hospital bed accessories	\$100.43	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Each	C18a	Hospital bed accessories	\$96.33	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., BUCK'S)	Each	C18a	Hospital bed accessories	\$102.50	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0910	TRAPEZE BAR, BED MOUNTED WITH GRAB BAR	Each	C18a	Hospital bed accessories	\$208.00	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0912	TRAPEZE BAR, HEAVY DUTY, FREE STANDING	Each	C18a	Hospital bed accessories	\$1,190.49	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Each	C18a	Hospital bed accessories	\$479.86	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0930	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS	Each	C18a	Hospital bed accessories	\$475.17	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0935	PASSIVE MOTION EXRCISE DEVICE (TOTAL KNEE REPLACEMENT ONLY)	Day	C27	CPM device	\$18.18	04/01/2006	Non-institutional only	Rental only	21 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0940	TRAPEZE BAR, FREESTANDING, COMPLETE W/GRAB BAR	Each	C18a	Hospital bed accessories	\$361.61	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Each	C18a	Hospital bed accessories	\$451.46	07/26/2007	Non-institutional only	Rental / purchase	1 per year	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0942	CERVICAL HEAD HARNESS/HALTER	Each	C18a	Hospital bed accessories	\$15.88	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0944	PELVIC BELT/HARNESS/BOOT	Each	C18a	Hospital bed accessories	\$36.70	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0945	EXTREMITY BELT/HARNESS	Each	C18a	Hospital bed accessories	\$35.46	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0946	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G. BALKEN, 4 POSTER)	Each	C18a	Hospital bed accessories	\$615.26	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Each	C18a	Hospital bed accessories	\$485.17	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Each	C18a	Hospital bed accessories	\$469.27	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Each	C01a	Whirlpool	\$170.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	
E1340	REPAIR, NON-ROUTINE SVC, DME LABOR, PER 15 MIN	Each	C01e	Labor	\$11.00	07/01/2008	All		1 per 120 days	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Each	C01a	Respiratory care equipment	\$118.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Each	C01a	Miscellanea or repair	PA	05/01/1990	Non-institutional only			
E1399	DURABLE MEDICAL EQUIPMENT, NOS	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	05/01/1990	All		1 per 120 days	
E1399	MAJOR REPAIR OF DME, >\$100	Each	C01e	Labor	PA	05/01/1990	Non-institutional only			
E1399	MAJOR REPAIR OF DME, >\$100, LTCF	Each	C01e	Labor	PA	05/01/1990	LTCF only			
E1399	MINOR REPAIR OF DME, <=\$100, OUTSIDE FREQUENCY LIMIT	Each	C01e	Labor	PA	05/01/1990	All		1 per 120 days	
E1399	MINOR REPAIR OF DME, <=\$100, WITHIN FREQUENCY LIMIT	Each	C01e	Labor	Supplier charge	05/01/1990	All		1 per 120 days	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	Each	C18a	Hospital bed accessories	\$65.39	04/01/2006	Non-institutional only	Purchase only	1 per medical event	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E2500	SPEECH GEN DEVICE <= 8 MIN	Each	C24	8 minutes or less recording time	\$266.75	01/01/2010	All	Rental / purchase	1 per 5 years	
E2502	SPEECH GEN DEVICE, > 8 MIN BUT <= 20 MIN	Each	C24	8-20 minutes recording time	\$811.95	01/01/2010	All	Rental / purchase	1 per 5 years	
E2504	SPEECH GEN DEVICE, > 20 BUT < 40 MIN	Each	C24	20-40 minutes recording time	\$1,071.06	01/01/2010	All	Rental / purchase	1 per 5 years	
E2506	SPEECH GEN DEVICE, > 40 MIN	Each	C24	40+ minutes recording time	\$2,129.15	01/01/2010	All	Rental / purchase	1 per 5 years	
E2508	SPEECH GEN DEVICE, SYN SPEECH MSG FORM. BY SPELL	Each	C24	Spell only messages	\$3,452.16	01/01/2010	All	Rental / purchase	1 per 5 years	
E2510	SPEECH GEN DEVICE, SYNTH SPEECH, MULTIPLE METH MSG	Each	C24	Multiple message methods	\$6,565.20	01/01/2010	All	Rental / purchase	1 per 5 years	
E2511	SPEECH GEN SOFTWARE	Each	C24	Software	PA	10/01/2004	All	Rental /	1 per 5 years	
E2512	ACC FOR SPEECH GEN DEV. MOUNT	Each	C24	Accessory	\$652.16	12/07/2010	All	Rental /	1 per 5 years	
E2599	ACC FOR SPEECH GEN DEV. NOS	Each	C24	Accessory	PA	10/01/2004	All	Rental /	1 per 5 years	
E8000	GAIT TRAINER, PED, POST SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
E8001	GAIT TRAINER, PED, UP SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
E8002	GAIT TRAINER, PED, ANT SUPP, INCL ACCES AND COMP	Each	C01a	Standing frames / gait trainers	PA	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	This item may be covered only for individuals younger than 14 years.
K0552	SUPPLIES FOR EXT. DRUG INFUSION PUMP, SYRINGE, CART, EA	Each	C29	Infusion pump (non-nutrition) supplies	\$2.65	10/15/2006	Non-institutional only	Purchase only	30 per month	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Each	C29	Allowance	\$198.70	01/01/2018	Non-institutional only	Purchase only	1 per month	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Each	C29	Monitor	\$209.03	01/01/2018	Non-institutional only	Purchase only	PA	
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Each	C01a	Drug delivery system	\$1,379.20	10/15/2006	Non-institutional only	Purchase only	1 per 5 years	
K0739	REPAIR OF DME OTHER THAN OXYGEN EQUIPMENT, LABOR, PER 15 MIN.	Each	C01e	Labor	\$12.17	01/01/2017	All			
L0120	FLEXIBLE, NON/ADJ., (FOAM COLLAR)	Each	C01c	Cervical spine	\$16.89	01/01/2010	All	Purchase only	1 per year	
L0140	SEMI-RIGID,ADJ.(PLASTIC COLLAR)	Each	C01c	Cervical spine	\$38.25	01/01/2010	All	Purchase only	1 per year	
L0170	COLLAR, MOLDED TO PATIENT MODEL	Each	C01c	Cervical spine	\$513.69	01/01/2010	All	Purchase only	1 per medical event	
L0172	CERVICAL COLLAR SEMIRIGID THRM/PLAS 2PC	Each	C01c	Cervical spine	\$90.48	01/01/2010	All	Purchase only	1 per year	
L0174	CER.COLL.SEMI RIG.THERM.2PC.W THORA.	Each	C01c	Cervical spine	\$177.92	01/01/2010	All	Purchase only	1 per year	
L0180	MULT POST COLLAR, OCC/MAN SUPPORT ADJ	Each	C01c	Cervical spine	\$288.26	01/01/2010	All	Purchase only	1 per medical event	
L0190	MULT COLLAR,OCCIP/MAND SUPP(SOMI,ETC)	Each	C01c	Cervical spine	\$339.95	01/01/2010	All	Purchase only	1 per medical event	
L0200	MULT P/COLLAR OCC/MAN SUP,ADJ BAR TH/EXT	Each	C01c	Cervical spine	\$394.31	01/01/2010	All	Purchase only	1 per medical event	
L0220	RIB BELT, CUSTOM FABRICATED	Each	C01c	Thoracic spine	\$82.55	01/01/2010	All	Purchase only	1 per year	
L0450	TLSO, UPPER THORACIC, PREFABRICATED	Each	C01c	Thoracic spine	\$155.00	07/16/2018	All	Purchase only	2 per year	
L0452	TLSO, UPPER THORACIC, CUSTOM FABRICATED	Each	C01c	Thoracic spine	\$202.07	01/01/2010	All	Purchase only	2 per year	
L0454	TLSO, FROM SACROCOCCYGEAL TO T-9 VERTEBRA, PREFABRICATED	Each	C01c	Thoracic spine	\$195.52	01/01/2010	All	Purchase only	1 per year	
L0466	TLSO, SAGITTAL CONTROL, PREFABRICATED	Each	C01c	Thoracic spine	\$242.40	01/01/2010	All	Purchase only	1 per 2 years	
L0468	TLSO, SAGITTAL-CORONAL CONTROL, PREFABRICATED	Each	C01c	Thoracic spine	\$303.78	01/01/2010	All	Purchase only	1 per 2 years	
L0470	TLSO, FROM SACROCOCC TO SCAP, LATERAL STRENGTH BY PELV. PREFAB	Each	C01c	Thoracic spine	\$413.62	01/01/2010	All	Purchase only	1 per 2 years	
L0472	TLSO, HYPEREXT, FROM SYMPH PUBIS TO STERNAL NOTCH, PREFAB	Each	C01c	Thoracic spine	\$258.66	01/01/2010	All	Purchase only	1 per medical event	

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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L0480	TLSO, 1-PC RIGID PLASTIC W/O LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$965.02	01/01/2010	All	Purchase only	1 per medical event	
L0482	TLSO, 1- PC RIGID PLASTIC W/ LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,077.94	01/01/2010	All	Purchase only	1 per medical event	
L0484	TLSO, 2-PC W/O LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,164.14	01/01/2010	All	Purchase only	1 per medical event	
L0486	TLSO, 2-PC W/ LINER, CARVED PLASTER OR CAD-CAM	Each	C01c	Thoracic spine	\$1,307.38	01/01/2010	All	Purchase only	1 per medical event	
L0488	TLSO, 1-PC, RESTR MOTION IN SAGITT/CORON/TRNSVRS PLANES, PREFAB	Each	C01c	Thoracic spine	\$727.15	12/07/2010	All	Purchase only	1 per medical event	
L0621	SIO FLEX PELVISACRAL PREFAB	Each	C01c	Sacroiliac joints	\$55.09	01/01/2010	All	Purchase only	2 per year	
L0625	LO FLEXIBL L1-BELOW L5 PRE	Each	C01c	Lumbar spine	\$39.90	12/07/2010	All	Purchase only	2 per year	
L0626	LO SAG STAYS/PANELS PRE-FAB	Each	C01c	Lumbar spine	\$56.46	12/07/2010	All	Purchase only	2 per year	
L0627	LO SAGITT RIGID PANEL PREFAB	Each	C01c	Lumbar spine	\$147.95	01/01/2006	All	Purchase only	2 per year	
L0628	LO FLEX W/O RIGID STAYS PRE	Each	C01c	Lumbar spine	\$60.76	12/07/2010	All	Purchase only	2 per year	
L0629	LSO FLEX W/RIGID STAYS CUST	Each	C01c	Lumbar spine	\$164.66	01/01/2010	All	Purchase only	2 per year	
L0630	LSO POST RIGID PANEL PRE	Each	C01c	Lumbar spine	\$135.00	07/16/2018	All	Purchase only	2 per year	
L0631	LSO SAG-CORO RIGID FRAME PRE	Each	C01c	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	
L0632	LSO SAG RIGID FRAME CUST	Each	C01c	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	
L0633	LSO FLEXION CONTROL PREFAB	Each	C01c	Lumbar spine	\$250.00	07/16/2018	All	Purchase only	1 per 2 years	
L0634	LSO FLEXION CONTROL CUSTOM	Each	C01c	Lumbar spine	\$246.18	01/01/2010	All	Purchase only	1 per 2 years	
L0635	LSO SAGIT RIGID PANEL PREFAB	Each	C01c	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	
L0636	LSO SAGITTAL RIGID PANEL CUS	Each	C01c	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	
L0639	LSO S/C SHELL/PANEL PREFAB	Each	C01c	Lumbar spine	\$827.69	01/01/2010	All	Purchase only	1 per medical event	
L0640	LSO S/C SHELL/PANEL CUSTOM	Each	C01c	Lumbar spine	\$757.98	12/07/2010	All	Purchase only	1 per medical event	
L0700	CTLISO, MINERVA	Each	C01c	Cervical-thoracic-lumbar-sacral spine	\$1,271.88	01/01/2010	All	Purchase only	1 per medical event	
L0710	CTLISO,MLD TO PAT MODEL, INTERFACE	Each	C01c	Cervical-thoracic-lumbar-sacral spine	\$1,398.16	01/01/2010	All	Purchase only	1 per medical event	
L0810	HALO PROC,CERV HALO ON THORACIC JACKET	Each	C01c	Halo procedure	\$1,707.70	01/01/2010	All	Purchase only	1 per medical event	
L0859	HALO/ MRI COMPATIBLE SYSTEM	Each	C01c	Halo procedure	\$750.27	01/01/2006	All	Purchase only	1 per medical event	
L0970	TLSO, CORSET FRONT	Each	C01c	Spine, addition to orthosis	\$68.28	01/01/2010	All	Purchase only	1 per medical event	
L0972	LSO, CORSET FRONT	Each	C01c	Spine, addition to orthosis	\$62.14	01/01/2010	All	Purchase only	1 per medical event	
L0974	TLSO, FULL CORSET	Each	C01c	Spine, addition to orthosis	\$111.65	01/01/2010	All	Purchase only	1 per medical event	
L0976	LSO, FULL CORSET	Each	C01c	Spine, addition to orthosis	\$95.52	01/01/2010	All	Purchase only	1 per medical event	
L0978	AXILLARY CRUTCH EXTENSION	Each	C01c	Spine, addition to orthosis	\$120.22	01/01/2010	All	Purchase only	1 per medical event	
L0980	PERITIONEAL STRAPS, PAIR	Each	C01c	Spine, addition to orthosis	\$10.93	01/01/2010	All	Purchase only	2 per year	
L0984	PROTECTIVE BODY SOCK , EACH	Each	C01c	Spine, addition to orthosis	\$43.25	01/01/2010	All	Purchase only	6 per year	
L0999	ADD TO SPINAL ORTHOSIS, NOS	Each	C01c	Spine, addition to orthosis	PA	09/01/2005	All	Purchase only		

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L1000	CTL SO,MILWAUKEE,INCL INIT ORTH,INCL MODL	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$1,295.56	01/01/2010	All	Purchase only	1 per 2 years	
L1010	ADD TO CLSO(SCOLIOSIS ORTH) AXILLA SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$53.46	01/01/2010	All	Purchase only	1 per 2 years	
L1020	ADD TO CLSO OR SCOL/ORTH,KYPHOSIS PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$68.85	01/01/2010	All	Purchase only	1 per 2 years	
L1025	ADD TO CTL SO OR SCOL.KYPHA.PAD FLOAT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$99.32	01/01/2010	All	Purchase only	1 per 2 years	
L1030	ADD TO CTL SO OR SCOL/ORTH,LUMB BOLST PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$50.01	01/01/2010	All	Purchase only	1 per 2 years	
L1040	ADD TO CTL SO OR SCOL/OR,LUMB RIB PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$56.65	01/01/2010	All	Purchase only	1 per 2 years	
L1050	ADD TO CTL SO,SCOL/OR, STERNAL PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.10	01/01/2010	All	Purchase only	1 per 2 years	
L1060	ADD TO CTL SO OR SCOL/OR, THORACIC PAD	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$69.19	01/01/2010	All	Purchase only	1 per 2 years	
L1070	ADD TO CTL SO OR SCOL/OR, TRAPEZE SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$71.67	01/01/2010	All	Purchase only	1 per 2 years	
L1080	ADD TO CTL SO OR SCOL/OR, OUTRIGGER	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$33.43	01/01/2010	All	Purchase only	1 per 2 years	
L1085	ADD CTL SO OR SCOL.OUTRIG BIAL. VERT.EXT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$111.91	01/01/2010	All	Purchase only	1 per 2 years	
L1090	ADD TO CTL SO OR SCOL/OR, LUMBAR SLING	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.30	01/01/2010	All	Purchase only	1 per 2 years	
L1100	ADD TO CTL SO, RING FLANGE, PLAS OR LEATH	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$125.08	01/01/2000	All	Purchase only	1 per 2 years	
L1110	ADD TO,RING FLANG,PLAS/LEATH MLD TO PAT	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$203.43	01/01/2010	All	Purchase only	1 per 2 years	
L1120	ADD TO, COVERS FOR UPRIGHT, EACH	Each	C01c	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$24.29	01/01/2010	All	Purchase only	6 per year	
L1200	TL SO INITIAL ORTHOSIS ONLY (LOW/PROFILE)	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$1,143.33	01/01/2010	All	Purchase only	1 per 2 years	
L1210	ADD TO TL SO (LOW PROFILE)LAT THOR EXTNEN	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$156.32	01/01/2010	All	Purchase only	1 per 2 years	
L1220	ADD TO TL SO (LOW PROF) ANT THOR EXTEN	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$152.14	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L1230	ADD TO TLSO,LOW PROF,MILWAKE TYPE SUPER	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$426.24	01/01/2010	All	Purchase only	1 per 2 years	
L1240	ADD TLSO LUMBAR DEROTATION PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$58.10	01/01/2010	All	Purchase only	1 per 2 years	
L1250	ADD TLSO ANTERIOR ASIS PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$50.51	01/01/2010	All	Purchase only	1 per 2 years	
L1260	ADD TLSO ANTER.THORACIC DEROTAT.PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$60.27	01/01/2010	All	Purchase only	1 per 2 years	
L1270	ADD TLSO ABDOMINAL PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$52.97	01/01/2010	All	Purchase only	1 per 2 years	
L1280	ADD TLSO RIB GUSSET ELASTIC EA	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$55.80	01/01/2010	All	Purchase only	1 per 2 years	
L1290	ADD TLSO LATERAL TROCHANTERIC PAD	Each	C01c	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$49.64	01/01/2010	All	Purchase only	1 per 2 years	
L1300	SCOL PROC, BODY JACKET MLD TO PAT MODEL	Each	C01c	Spine, scoliosis, other	\$1,101.13	01/01/2010	All	Purchase only	1 per 2 years	
L1310	SCOL PROC, PSOT-OP JKT MLD TO MODEL	Each	C01c	Spine, scoliosis, other	\$1,146.93	01/01/2010	All	Purchase only	1 per medical event	
L1499	SPINAL ORTHOSIS, NOS	Each	C01c	Spine, scoliosis, other	PA	10/01/1988	All	Purchase only		
L1600	FLEX HO,ABD HIP JTS, FREJKA TYPE/COVER	Each	C01c	Hip	\$82.33	01/01/2010	All	Purchase only	1 per lifetime	
L1620	FLEX HO, ABD HIP JTS, PAVLIK HARNESS	Each	C01c	Hip	\$100.40	01/01/2010	All	Purchase only	1 per lifetime	
L1630	HO ABDUCTION CONT.HIP JNT .SEMI-FLEX	Each	C01c	Hip	\$134.98	01/01/2010	All	Purchase only	1 per lifetime	
L1640	HO,ABD HP JTS,STATIC,PELV BAND,THIGH CUF	Each	C01c	Hip	\$302.44	01/01/2010	All	Purchase only	1 per lifetime	
L1650	HO,ABD HP JTS, STATIC, ADJ, PREFAB	Each	C01c	Hip	\$157.56	01/01/2010	All	Purchase only	1 per medical event	
L1660	HO,ABD HP JTS, STATIC,PLAS, PREFAB	Each	C01c	Hip	\$115.46	01/01/2010	All	Purchase only	1 per medical event	
L1680	HO,ABD HP JTS, DYNAMIC, ADJ HIP ACTION	Each	C01c	Hip	\$727.88	01/01/2010	All	Purchase only	1 per medical event	
L1685	HO ABDUCT CONTR OF HIP INT POST OPER	Each	C01c	Hip	\$710.59	01/01/2010	All	Purchase only	1 per medical event	
L1686	HO POST-OP HIP ABDUCTION PREFAB	Each	C01c	Hip	\$598.67	01/01/2010	All	Purchase only	1 per medical event	
L1690	COMBO, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS	Each	C01c	Hip	\$1,438.91	01/01/2010	All	Purchase only	1 per medical event	
L1720	LCP ORTHOSIS, TRILATERAL (TACHDIJAN TYPE)	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$942.49	01/01/2010	All	Purchase only	1 per medical event	
L1730	LCP ORTHOSIS, SCOTTISH RITE TYPE	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$795.67	01/01/2010	All	Purchase only	1 per medical event	
L1755	LCPRTHOSIS, PATTEN BOTTOM TYPE	Each	C01c	Hip, Legg-Calvé-Perthes disease	\$1,143.95	01/01/2010	All	Purchase only	1 per medical event	
L1810	KO, ELASTIC WITH JOINTS	Each	C01c	Knee	\$65.77	01/01/2010	All	Purchase only	2 per year	
L1820	KO, ELASTIC WITH CONDYLE PADS AND JOINTS	Each	C01c	Knee	\$90.80	01/01/2010	All	Purchase only	2 per year	
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	Each	C01c	Knee	\$53.13	01/01/2010	All	Purchase only	2 per year	
L1832	KO ADJ KNEE JTS RIGID SUPPORT, PREFAB	Each	C01c	Knee	\$473.52	01/01/2010	All	Purchase only	1 per 2 years	

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

HCP CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L1834	KO WITHOUT KNEE JT RIGID MOLD PT MODEL	Each	C01c	Knee	\$463.73	01/01/2010	All	Purchase only	1 per 2 years	
L1840	KO,DEROTATION, FAB TO PAT MODEL (LENOX HL	Each	C01c	Knee	\$600.83	01/01/2010	All	Purchase only	1 per 2 years	
L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, ADJ. FLEXION, EXT. JOINT	Each	C01c	Knee	\$345.00	01/01/2010	All	Purchase only	1 per 2 years	
L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, FLEX AND EXTENSION	Each	C01c	Knee	\$972.95	01/01/2010	All	Purchase only	1 per 2 years	
L1845	KO DBL, THIGH CALF ADJUST FILEX, PREFAB	Each	C01c	Knee	\$535.18	01/01/2010	All	Purchase only	1 per 2 years	
L1846	KO DBL, THIGH CALF ADJUS. FLEXMOLD TO PAT	Each	C01c	Knee	\$716.46	01/01/2010	All	Purchase only	1 per 2 years	
L1847	KO, DOUBLE UPRIGHT WITH ADJUST. JOINT W/AIR SUPPORT CHAM.	Each	C01c	Knee	\$427.98	01/01/2010	All	Purchase only	1 per 2 years	
L1850	KO, SWEDISH TYPE	Each	C01c	Knee	\$182.02	01/01/2010	All	Purchase only	1 per 2 years	
L1851	KO, SINGLE UPRIGHT, PREFAB OTS	Each	C01c	Knee	\$689.10	01/01/2017	All	Purchase only	1 per 2 years	
L1852	KO, DOUBLE UPRIGHT, PREFAB OTS	Each	C01c	Knee	\$643.33	01/01/2017	All	Purchase only	1 per 2 years	
L1860	KO, ALL PLASTIC FORM PATIENT MODEL (SK)	Each	C01c	Ankle-foot	\$796.69	01/01/2010	All	Purchase only	1 per 2 years	
L1900	AFO, SPRING WIRE, DORSIFLEX ASSIST CALF	Each	C01c	Ankle-foot	\$182.28	01/01/2010	All	Purchase only	1 per 2 years	
L1902	AFO ANKLE GAUNTLET, PREFAB	Each	C01c	Ankle-foot	\$47.69	01/01/2010	All	Purchase only	2 per year	
L1906	AFO MULTILIGAMENT US ANK SUPP(AIR CAST)	Each	C01c	Ankle-foot	\$71.85	01/01/2010	All	Purchase only	1 per medical event	
L1907	AFO, SUPREMALLEOLAR, CUSTOM FABRICATED	Each	C01c	Ankle-foot	\$364.11	04/01/2009	All	Purchase only	1 per 2 years	
L1920	AFO, SING UPRITE/STATIC/ADJ STOP (PHELPS)	Each	C01c	Ankle-foot	\$262.46	01/01/2010	All	Purchase only	1 per 2 years	
L1930	AFO, PLASTIC OR OTHER MATERIAL,PREMOLDED, PREFAB	Each	C01c	Ankle-foot	\$197.76	01/01/2010	All	Purchase only	1 per 2 years	
L1932	AFO RIG ANT TIB PREFAB TCF/=	Each	C01c	Ankle-foot	\$570.00	07/16/2018	All	Purchase only	1 per 2 years	
L1940	AFO,MOLDED TO PATIENT MODEL, PLASTIC OR OTHER MATERIAL	Each	C01c	Ankle-foot	\$311.11	01/01/2010	All	Purchase only	1 per 2 years	
L1945	AFO, MOLDED PT MODEL PLAS FLOOR REACTION	Each	C01c	Ankle-foot	\$717.14	01/01/2010	All	Purchase only	1 per 2 years	
L1951	AFO SPIRAL PREFABRICATED	Each	C01c	Ankle-foot	\$430.00	07/16/2018	All	Purchase only	1 per 2 years	
L1960	AFO, POST/SOLID/ANKLE,MLD TO PAT MODEL	Each	C01c	Ankle-foot	\$396.02	01/01/2010	All	Purchase only	1 per 2 years	
L1970	AFO PLASTIC MOLDED W/ANKLE JOINT	Each	C01c	Ankle-foot	\$442.20	01/01/2010	All	Purchase only	1 per 2 years	
L1971	AFO W/ANKLE JOINT, PREFAB	Each	C01c	Ankle-foot	\$360.00	07/16/2018	All	Purchase only	1 per 2 years	
L1980	AFO, (SINGLE BAR "BK" ORTHOSIS)	Each	C01c	Ankle-foot	\$257.98	01/01/2010	All	Purchase only	1 per 2 years	
L1990	AFO (BASIC/DOUBLE BAR "BK" ORTHOSIS)	Each	C01c	Ankle-foot	\$298.57	01/01/2010	All	Purchase only	1 per 2 years	
L2000	KAFO (SINGLE BAR"AK" ORTHOSIS) FREE K/A	Each	C01c	Knee-ankle-foot	\$714.72	01/01/2010	All	Purchase only	1 per 2 years	
L2010	KAFO (SINGLE BAR"AK"ORTH) W/O KNEE JOINT	Each	C01c	Knee-ankle-foot	\$557.47	01/01/2010	All	Purchase only	1 per 2 years	
L2020	KAFO (DOUBLE BAR "AK"ORTH) FREE KNEE/ANK	Each	C01c	Knee-ankle-foot	\$704.06	01/01/2010	All	Purchase only	1 per 2 years	
L2030	KAFO,(DOUBLE BAR "AK"ORTH)W/O KNEE JOINT	Each	C01c	Knee-ankle-foot	\$692.05	01/01/2010	All	Purchase only	1 per 2 years	
L2034	KAFO PLA SIN UP W/WO K/A CUS	Each	C01c	Knee-ankle-foot	\$1,419.88	01/01/2010	All	Purchase only	1 per 2 years	
L2035	KAFO, FULL PLASTIC, STAT. PREFAB. PEDIATRIC SIZE	Each	C01c	Knee-ankle-foot	\$110.68	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2036	KAFO FULL PLASTIC MOLD TO PATIENT MODEL	Each	C01c	Knee-ankle-foot	\$1,184.49	01/01/2010	All	Purchase only	1 per 2 years	
L2037	KAFO PLAS SGL UPRT FREE KNEE, MOLD MODEL	Each	C01c	Knee-ankle-foot	\$1,059.50	01/01/2010	All	Purchase only	1 per 2 years	
L2038	KAFO PLAS W/ KNEE JT MOLD MODEL LIVELY	Each	C01c	Knee-ankle-foot	\$854.11	01/01/2010	All	Purchase only	1 per 2 years	
L2040	HKAFO, BILAT ELASTIC STR.PELV BAND/BELT	Each	C01c	Hip-knee-ankle-foot	\$129.25	01/01/2010	All	Purchase only	1 per year	
L2050	HKAFO, BILAT TORSION CABLES,HP JT.PELVIC	Each	C01c	Hip-knee-ankle-foot	\$311.34	01/01/2010	All	Purchase only	1 per year	
L2060	HKAFO,BILAT CABLE, BALL/BEAR HIP JT	Each	C01c	Hip-knee-ankle-foot	\$389.41	01/01/2010	All	Purchase only	1 per year	
L2106	AFO FRAC.ORTH.TIB.CAST THERMPLA TYPE	Each	C01c	Lower limb, fracture	\$503.59	01/01/2010	All	Purchase only	1 per medical event	
L2108	AFO FRAC.ORTHO. TIB FRAC.CAST HOLD MOD.	Each	C01c	Lower limb, fracture	\$734.51	01/01/2010	All	Purchase only	1 per medical event	
L2112	AFO FRAC.ORTH TIB FRAC. SOFT, PREFAB	Each	C01c	Lower limb, fracture	\$322.32	01/01/2010	All	Purchase only	1 per medical event	
L2114	AFO FRAC.ORTH TIB.FRAC SEMI RIGID FIT	Each	C01c	Lower limb, fracture	\$403.71	01/01/2010	All	Purchase only	1 per medical event	
L2116	AFO FRAC.ORTH.TIB.FRAC.RIG., PREFAB	Each	C01c	Lower limb, fracture	\$492.44	01/01/2010	All	Purchase only	1 per medical event	
L2126	KAFO FRAC. ORTH.THERMPLA. TYPE PT MOLD	Each	C01c	Lower limb, fracture	\$815.82	01/01/2010	All	Purchase only	1 per medical event	
L2128	KAFO FRAC.ORTH.MOLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture	\$1,024.38	01/01/2010	All	Purchase only	1 per medical event	
L2132	KAFO FRAC ORTH. SOFT, PREFAB	Each	C01c	Lower limb, fracture	\$621.78	01/01/2010	All	Purchase only	1 per medical event	
L2134	KAFO FRAC. ORTH.SEMI RIGID, PREFAB	Each	C01c	Lower limb, fracture	\$736.26	01/01/2010	All	Purchase only	1 per medical event	
L2136	KAFO FRAC. ORTH. RIGID, PREFAB	Each	C01c	Lower limb, fracture	\$805.72	01/01/2010	All	Purchase only	1 per medical event	
L2180	ADD LOW EXTRE. FRAC. PLAS. SHOE INSERT	Each	C01c	Lower limb, fracture, addition to	\$84.69	01/01/2010	All	Purchase only	1 per medical event	
L2182	ADD LOW EXTRE FRAC. ORTH.DROP LOCK KN.	Each	C01c	Lower limb, fracture, addition to	\$73.00	01/01/2010	All	Purchase only	2 per orthosis	
L2184	ADD LOW EXTRE. FRAC. LIMIT MOT. KN. JNT.	Each	C01c	Lower limb, fracture, addition to	\$74.00	01/01/2010	All	Purchase only	2 per orthosis	
L2186	ADD LOW EXTRE. FRAC. ADJUST. MOT. KNEE	Each	C01c	Lower limb, fracture, addition to	\$98.43	01/01/2010	All	Purchase only	2 per orthosis	
L2188	ADD LOW EXTREME FRAC. ORTH. QUAN. BRIM	Each	C01c	Lower limb, fracture, addition to	\$178.92	01/01/2010	All	Purchase only	1 per orthosis	
L2190	ADD LOW EXTREM. ERAC. ORTH. WAIST BELT	Each	C01c	Lower limb, fracture, addition to	\$54.50	01/01/2010	All	Purchase only	1 per year	
L2192	ADD LOW EXTRE. FRAC HIP JNT. PELV. BELT	Each	C01c	Lower limb, fracture, addition to	\$213.01	01/01/2010	All	Purchase only	1 per orthosis	
L2200	LIMITED ANKLE MOTION, EACH JOINT	Each	C01c	Lower limb, fracture, addition to	\$32.22	01/01/2010	All	Purchase only	2 per year	
L2210	DORIFLEXION ASSIST (PLANTAR FLEX RESIST	Each	C01c	Lower limb, fracture, addition to	\$40.16	01/01/2010	All	Purchase only	2 per year	
L2220	DORIFLEX AND PLANT/FLEX ASSIST/RESIST	Each	C01c	Lower limb, fracture, addition to	\$51.69	01/01/2010	All	Purchase only	2 per year	
L2230	SPLIT FLAT CALIPER STIRRUPS & PLATE ATTAC	Each	C01c	Lower limb, fracture, addition to	\$61.12	01/01/2010	All	Purchase only	1 per orthosis	
L2240	ROUND CALIPER AND PLATE ATTACHMENT	Each	C01c	Lower limb, fracture, addition to	\$60.81	01/01/2010	All	Purchase only	1 per year	
L2250	FOOT PLATE, MLDED TO PAT,STIRRUP ATTACH	Each	C01c	Lower limb, fracture, addition to	\$213.41	01/01/2010	All	Purchase only	1 per orthosis	
L2260	REINFOR SOLID STIRRUP (SCOTT-CRAIG TYPE	Each	C01c	Lower limb, fracture, addition to	\$119.75	01/01/2010	All	Purchase only	1 per orthosis	
L2265	ADD ON LOWER EXTREM LONG TONGUE STIRRUP	Each	C01c	Lower limb, fracture, addition to	\$85.86	01/01/2010	All	Purchase only	1 per orthosis	
L2270	VARUS/VALGUS "T"STRAP,PADDED/LINED	Each	C01c	Lower limb, fracture, addition to	\$39.38	01/01/2010	All	Purchase only	2 per year	
L2275	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANK. JT.	Each	C01c	Lower limb, fracture, addition to	\$83.28	01/01/2010	All	Purchase only	2 per orthosis	
L2280	MOLDED INNER BOOT	Each	C01c	Lower limb, fracture, addition to	\$360.68	01/01/2010	All	Purchase only	1 per 3 years	
L2300	ABD BAR (BILATERAL) JOINTED, ADJUSTABLE	Each	C01c	Lower limb, fracture, addition to	\$160.85	01/01/2010	All	Purchase only	1 per 2 years	



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2310	ABDUCTION BAR-STRAIGHT, NON-ADJUSTABLE	Each	C01c	Lower limb, fracture, addition to	\$73.50	01/01/2010	All	Purchase only	1 per 2 years	
L2320	NON MOLDED LACER	Each	C01c	Lower limb, fracture, addition to	\$123.23	01/01/2010	All	Purchase only	1 per orthosis	
L2330	LACER MOLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture, addition to	\$234.57	01/01/2010	All	Purchase only	1 per orthosis	
L2335	ADD LOW EXTREME. ANTER. SWING BAND	Each	C01c	Lower limb, fracture, addition to	\$179.60	01/01/2010	All	Purchase only	1 per orthosis	
L2340	PER-TIBIAL SHELL, MLDED TO PATIENT MODEL	Each	C01c	Lower limb, fracture, addition to	\$267.00	01/01/2010	All	Purchase only	1 per orthosis	
L2350	PROS TYPE(BK) SKT MLDED TO PAT MODEL PTB	Each	C01c	Lower limb, fracture, addition to	\$532.31	01/01/2010	All	Purchase only	1 per orthosis	
L2360	EXTENDED STEEL SHANK	Each	C01c	Lower limb, fracture, addition to	\$32.96	01/01/2010	All	Purchase only	2 per year	
L2370	ADD LOW EXTREME. PATTEN BOTTOM	Each	C01c	Lower limb, fracture, addition to	\$204.48	01/01/2010	All	Purchase only	1 per orthosis	
L2375	ADD LOW EXTREME TORSI ON CONTR. ANK. JNT.	Each	C01c	Lower limb, fracture, addition to	\$78.60	01/01/2010	All	Purchase only	2 per orthosis	
L2380	ADD LOW EXTREM. TORS. CONTR. KNEE EA	Each	C01c	Lower limb, fracture, addition to	\$82.45	01/01/2010	All	Purchase only	2 per orthosis	
L2385	ADD LOW EXTRE. STRA. KNEE JNT HEAVY DUTY	Each	C01c	Lower limb, fracture, addition to	\$93.88	01/01/2010	All	Purchase only	2 per orthosis	
L2390	ADD LOW EXTRE. OFFSET KNEE JNT EA JNT	Each	C01c	Lower limb, fracture, addition to	\$65.39	01/01/2010	All	Purchase only	2 per orthosis	
L2395	ADD LOW EXTREM. OFFSET KNEE HEAVY DUTY	Each	C01c	Lower limb, fracture, addition to	\$93.47	01/01/2010	All	Purchase only	2 per orthosis	
L2397	ADDITION TO LOWER EXTREMITY, ORTHOSIS, SUSPEN. SLEEVE	Each	C01c	Lower limb, fracture, addition to	\$77.99	01/01/2010	All	Purchase only	4 per year	
L2405	ADD KNEE JNT. DROP LOCK EA. JNT.	Each	C01c	Knee joint, addition to orthosis	\$40.54	01/01/2010	All	Purchase only	2 per year	
L2415	ADD KNEE LOCK W/INTEGRATED RELEASE MECHEA JNT	Each	C01c	Knee joint, addition to orthosis	\$93.85	01/01/2010	All	Purchase only	2 per orthosis	
L2425	ADD KNEE JNT DISC DIAL LOCK ADJUST KNEE	Each	C01c	Knee joint, addition to orthosis	\$110.73	01/01/2010	All	Purchase only	2 per orthosis	
L2430	ADD LOW EXTREM. ORTHOSIS, INCR LOCK AT KNEE JOINT	Each	C01c	Knee joint, addition to orthosis	\$62.82	01/01/2010	All	Purchase only	2 per orthosis	
L2492	ADD KNEE JNT. LIFT LOOP DROP LOCK RING	Each	C01c	Knee joint, addition to orthosis	\$74.93	01/01/2010	All	Purchase only	1 per orthosis	
L2500	GLUTEAL/ISCHIAL WT BEARING, RING	Each	C01c	Thigh, addition to orthosis	\$199.94	01/01/2010	All	Purchase only	1 per orthosis	
L2510	QUADRILATERAL BRIM, MLDED TO PATIENT MOD	Each	C01c	Thigh, addition to orthosis	\$515.28	01/01/2010	All	Purchase only	1 per orthosis	
L2520	QUARILATERAL BRIM, CUSTOM FITTED	Each	C01c	Thigh, addition to orthosis	\$343.40	01/01/2010	All	Purchase only	1 per orthosis	
L2525	ADD ON L EXT I CONT/ML BRIM PT MODEL	Each	C01c	Thigh, addition to orthosis	\$728.22	01/01/2010	All	Purchase only	1 per orthosis	
L2526	ADD ON EXT L CONT/ML BRIM CUSTOM FIT	Each	C01c	Thigh, addition to orthosis	\$409.18	01/01/2010	All	Purchase only	1 per orthosis	
L2530	LACER, NON-MOLDED	Each	C01c	Thigh, addition to orthosis	\$153.22	01/01/2010	All	Purchase only	1 per orthosis	
L2540	LACER, MOLDED TO PATIENT MODEL	Each	C01c	Thigh, addition to orthosis	\$289.92	01/01/2010	All	Purchase only	1 per orthosis	
L2550	HIGH ROLL CUFF	Each	C01c	Thigh, addition to orthosis	\$217.39	01/01/2010	All	Purchase only	1 per orthosis	
L2570	2 POSTION LOCKING HIP JOINT	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$284.54	01/01/2010	All	Purchase only	1 per orthosis	
L2580	PELVIC/BUTTOCK BANDS/SLING, BILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$277.26	01/01/2010	All	Purchase only	1 per 2 years	
L2600	PELV CONTRL, HP JT, CLEVIS TYPE, FREE, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$136.26	01/01/2010	All	Purchase only	1 per orthosis	
L2610	PELV CONTROL, HP JT, CLEVIS, LOCK, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$150.57	01/01/2010	All	Purchase only	1 per orthosis	
L2620	PELV CONTRL, HP JT, HEAVY DUTY, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$159.73	01/01/2010	All	Purchase only	1 per orthosis	
L2622	ADD LOW EXTREM PELVIC CONTR. HIP JNT EA	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$203.30	01/01/2010	All	Purchase only	1 per orthosis	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L2624	ADD LOW EXTREM.PELVIC CONTR.ABDUCCON EA.	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$249.28	01/01/2010	All	Purchase only	1 per orthosis	
L2627	ADD L EXT RGO PLASTIC PELVIC HIP JT CABL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$1,365.48	01/01/2010	All	Purchase only	1 set per 2 years	
L2628	ADD RGO METAL PELVIC & HIPS & CABLES	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$1,000.88	01/01/2010	All	Purchase only	1 set per 2 years	
L2630	PELV CONTRL, BAND & BELT, UNILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$147.93	01/01/2010	All	Purchase only	1 per orthosis	
L2640	PELV CONTRL,BAND & BELT, BILATERAL	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$200.76	01/01/2010	All	Purchase only	1 per 2 years	
L2650	PELV & THORACIC CONTRL,GLUTEAL PAD, EACH	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$88.42	01/01/2010	All	Purchase only	1 per 2 years	
L2660	THORACIC CONTROL, THORACIC BAND	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$114.48	01/01/2010	All	Purchase only	1 per 2 years	
L2680	THORACIC CONTROL, LATERAL SUPP UPRIGHTS	Each	C01c	Pelvic and thoracic control, addition to orthosis	\$93.48	01/01/2010	All	Purchase only	1 set per 2 years	
L2755	ADD LOW EXTREM ORTHOSIS,HI-STR, LT-WT MAT	Each	C01c	General, addition to orthosis	\$83.49	01/01/2010	All	Purchase only	4 per year	
L2760	EXTENSION, PER BAR (ADJ FOR GROWTH)	Each	C01c	General, addition to orthosis	\$36.30	01/01/2010	All	Purchase only	4 per year	
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Each	C01c	General, addition to orthosis	\$100.06	07/16/2018	All	Purchase only	1 per 2 years	
L2785	ADD LOW EXTRE ORTH. DROP LOCK RETAIN EA	Each	C01c	General, addition to orthosis	\$18.93	01/01/2010	All	Purchase only	2 per year	
L2795	ADD LOW EXTREME ORTH KNEE CONTR. FULL	Each	C01c	General, addition to orthosis	\$52.37	01/01/2010	All	Purchase only	1 per year	
L2800	ADD LOW EXTREM.ORTH.KNEE CONTR.KNEE CAP	Each	C01c	General, addition to orthosis	\$64.35	01/01/2010	All	Purchase only	1 per orthosis	
L2810	ADD LOW EXTREM.ORTH.KNEE CONDYLAR PAD	Each	C01c	General, addition to orthosis	\$52.18	01/01/2010	All	Purchase only	1 per year	
L2820	ADD LOW EXTREM.ORTH.SOFT INTERFACE MOLD	Each	C01c	General, addition to orthosis	\$51.88	01/01/2010	All	Purchase only	1 per year	
L2830	ADD LOW EXTRE. ORTH SOFT ABOVE KNEE SEC	Each	C01c	General, addition to orthosis	\$56.12	01/01/2010	All	Purchase only	1 per year	
L2840	ADD ON TIBIAL LENGTH FRACTURE SOCK EACH	Each	C01c	General, addition to orthosis	\$27.56	01/01/2010	All	Purchase only	3 per year	
L2850	ADD ON FEMORAL LENGTH FRACTURE SOCK,EACH	Each	C01c	General, addition to orthosis	\$38.64	01/01/2010	All	Purchase only	3 per medical event	
L2999	LOWER EXTREMITY ORTHOSIS, NOS	Each	C01c	General, addition to orthosis	PA	10/01/1988	All	Purchase only		
L3000	INSERT, REMOV, MLDED TO PAT MOD,UCB TYPE	Each	C31b	Molded insert	\$134.48	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3001	INSERT, REMOV,MLDED TO PAT MOD,SPENCO,EA	Each	C31b	Molded insert	\$12.19	01/01/2010	All	Purchase only	2 per foot per year	
L3002	INSERT,REMOV,MLDED TO PAT, PLASTAZOTE,EA	Each	C31b	Molded insert	\$64.08	01/01/2010	All	Purchase only	2 per foot per year	
L3010	INS,REMOV,MLD/PAT,LONGITUD ARCH SUPP, EA	Each	C31b	Molded insert	\$96.11	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3020	INS,REMOV,MLD/PAT,LONG/METATAR SUPP,EA	Each	C31b	Molded insert	\$102.52	01/01/2010	All	Purchase only	1 per foot per 2 years	
L3030	INS,REMOV, FORMED TO PAT FOOT, EACH	Each	C31b	Formed insert	\$66.97	01/01/2010	All	Purchase only	2 per foot per year	
L3040	ARCH SUPP, REMOV, PREMLD, LONGITUD, EACH	Each	C31b	Premolded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	
L3050	ARCH SUPP, REMOV, PREMLD, METATARSAL, EA	Each	C31b	Premolded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	
L3060	ARCH SUPP/REM, PREMLD, LONG/METATAR, EA	Each	C31b	Premolded insert	\$34.30	01/01/2010	All	Purchase only	2 per foot per year	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	Each	C31b	Splint	\$25.63	01/01/2010	All	Purchase only	1 per medical event	
L3140	ABD/ROT BARS(DENNIS BROWNE) ,ATT TO SHOE	Each	C31b	Rotation bar	\$38.44	01/01/2010	All	Purchase only	2 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3150	ABD/ROT BARS(DENNIS BROWNE)CLAPPED TO SH	Each	C31b	Rotation bar	\$43.81	01/01/2010	All	Purchase only	2 per foot per year	
L3160	FOOT, ADJUST. SHOE-STYLED POSITIONING DEVICE	Each	C31b	Positioning device	\$96.11	01/01/2010	All	Purchase only	2 per orthosis	
L3170	PLASTIC HEEL STABILIZER	Each	C31b	Stabilizer	\$10.25	01/01/2010	All	Purchase only	2 per foot per year	
L3201	ORTHOPEDIC SHOE OXFORD SUPIN INFANT	Each	C31a	Infant shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	
L3202	ORTHOPEDIC SHOE OXFORD CHILD	Each	C31a	Child shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	
L3203	ORTHOPEDIC SHOES OXFORD JUNIOR	Each	C31a	Junior shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	
L3204	ORTHOPEDIC SHOES HIGHTOP INFANT	Each	C31a	Infant shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	
L3206	ORTHOPEDIC SHOES HIGHTOP CHILD	Each	C31a	Child shoes	\$54.24	01/01/2010	All	Purchase only	3 pairs per year	
L3207	ORTHOPEDIC SHOES HIGHTOP JUNIOR	Each	C31a	Junior shoes	\$53.12	01/01/2010	All	Purchase only	3 pairs per year	
L3208	SURGICAL BOOT EACH INFANT	Each	C31a	Infant shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3209	SURGICAL BOOT EACH CHILD	Each	C31a	Child shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3211	SURGICAL BOOT EACH JUNIOR	Each	C31a	Junior shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	
L3215	ORTHO FOOTWEAR, LADIES SHOES, OXFORD	Each	C31a	Ladies shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	
L3216	ORTHOPEDIC SHOES LADIES DEPTH INLAY	Each	C31a	Ladies shoes	\$102.52	01/01/2010	All	Purchase only	2 pairs per year	
L3217	ORTHOPEDIC SHOES LADIES HIGHTOP DPTH INL	Each	C31a	Ladies shoes	\$114.05	01/01/2010	All	Purchase only	2 pairs per year	
L3219	ORTHO FOOTWEAR, MENS SHOES, OXFORD	Each	C31a	Mens shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	
L3221	ORTHOPEDIC MENS SHOES DEPTH INLAY	Each	C31a	Mens shoes	\$112.77	01/01/2010	All	Purchase only	2 pairs per year	
L3222	ORTHOPEDIC MENS SHOES HIGHTOP DPT INLAY	Each	C31a	Mens shoes	\$117.89	01/01/2010	All	Purchase only	2 pairs per year	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S OXFORD, PART OF BRACE	Each	C31a	Ladies shoes	\$43.17	01/01/2010	All	Purchase only	1 per foot per year	
L3225	ORTHOPEDIC FOOTWEAR, MEN'S SHOE, OXFORD, PART OF BRACE	Each	C31a	Mens shoes	\$47.15	01/01/2010	All	Purchase only	1 per foot per year	
L3230	ORTHOPEDIC CUSTOM SHOES DEPTH INLAY	Each	C31a	Custom shoes	\$160.19	09/01/2011	All	Purchase only	1 per foot per year	
L3251	FOOT SHOE MOLDED TO PATIENT SILIC EA	Each	C31a	Molded shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	
L3252	CUSTOM MADE SHOE/MADE OVER PAT MODEL	Each	C31a	Custom shoes	\$84.76	01/01/2010	All	Purchase only	1 per foot per year	
L3253	FOOT MOLDED SHOE PLASTAZOTE CUS FIT EA	Each	C31a	Molded shoes	\$64.08	01/01/2010	All	Purchase only	1 per foot per year	
L3257	ORTHOPEDIC SHOES SPLIT SIZE MISMATES	Each	C31a	Mismate shoes	\$138.57	01/01/2010	All	Purchase only	2 pairs per year (adult)	
L3300	ELEVAT,HEEL TAPERED TO METAR/PER INCH	Each	C31b	Lift	\$43.57	01/01/2010	All	Purchase only	2 modifications per year	
L3310	ELEVAT, HEEL&SOLE.NEOPRENE/PER INCH	Each	C31b	Lift	\$51.25	01/01/2010	All	Purchase only	2 modifications per year	
L3320	ELEVAT, HEEL & SOLE, CORK, PER INCH	Each	C31b	Lift	\$64.08	01/01/2010	All	Purchase only	2 modifications per year	
L3332	ELEVAT,INSIDE SHOE,TAPERED,UP TO 1/2 IN	Each	C31b	Lift	\$25.79	01/01/2010	All	Purchase only	2 modifications per year	
L3334	ELEVATION, HEEL PER INCH	Each	C31b	Lift	\$30.12	01/01/2010	All	Purchase only	2 modifications per year	
L3340	HEEL WEDGE, EACH	Each	C31b	Wedge	\$19.22	01/01/2010	All	Purchase only	4 per year	
L3350	HEEL WEDGE	Each	C31b	Wedge	\$10.25	01/01/2010	All	Purchase only	4 per year	
L3360	SOLE WEDGE, OUTSIDE SOLE	Each	C31b	Wedge	\$17.95	01/01/2010	All	Purchase only	4 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3370	SOLE WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	
L3380	CLUBFOOT WEDGE	Each	C31b	Wedge	\$15.82	01/01/2010	All	Purchase only	4 per year	
L3390	OUTFLARE WEDGE	Each	C31b	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	
L3400	METATARSAL BAR WEDGE, ROCKER	Each	C31b	Wedge	\$32.04	01/01/2010	All	Purchase only	4 per year	
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$37.17	01/01/2010	All	Purchase only	4 per year	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Each	C31b	Wedge	\$43.57	01/01/2010	All	Purchase only	4 per year	
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Each	C31b	Heel	\$38.44	01/01/2010	All	Purchase only	2 heels per year	
L3440	HEEL, COUNTER, LEATHER REINFORCED	Each	C31b	Heel	\$33.19	01/01/2010	All	Purchase only	2 heels per year	
L3450	HEEL, SACH CUSHION TYPE	Each	C31b	Heel	BR	09/01/2005	All	Purchase only	2 heels per year	
L3455	HEEL, NEW LEATHER, STANDARD	Each	C31b	Heel	\$15.38	01/01/2010	All	Purchase only	2 heels per year	
L3460	HEEL, NEW RUBBER, STANDARD	Each	C31b	Heel	\$14.09	01/01/2010	All	Purchase only	2 heels per year	
L3465	HEEL, THOMAS WITH WEDGE	Each	C31b	Heel	\$17.64	01/01/2010	All	Purchase only	2 heels per year	
L3470	HEEL, THOMAS EXTENDED TO BALL	Each	C31b	Heel	\$37.30	01/01/2010	All	Purchase only	2 heels per year	
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Each	C31b	Heel	\$19.22	01/01/2010	All	Purchase only	2 per foot per year	
L3500	MISC. SHOE ADD, INSOLE, LEATHER	Each	C31a	Miscellaneous shoe addition	\$16.65	01/01/2010	All	Purchase only	2 insoles per year	
L3510	MISC SHOE ADD, INSOLE, RUBBER	Each	C31a	Miscellaneous shoe addition	\$11.59	01/01/2010	All	Purchase only	2 insoles per year	
L3520	MISC SHOE ADD, INSOLE, FELT COV/LEATHER	Each	C31a	Miscellaneous shoe addition	\$22.39	01/01/2010	All	Purchase only	2 insoles per year	
L3530	MISC SHOE ADDITIONS, SOLE, HALF	Each	C31a	Miscellaneous shoe addition	\$19.33	01/01/2010	All	Purchase only	2 half soles per year [for ODM-authorized]	
L3540	MISC SHOE ADDITIONS, SOLE, FULL	Each	C31a	Miscellaneous shoe addition	\$23.85	01/01/2010	All	Purchase only	2 full soles per year [for ODM-authorized]	
L3550	MISC SHOE ADD, TOE TAP, STANDARD	Each	C31a	Miscellaneous shoe addition	\$5.13	01/01/2010	All	Purchase only	4 per year	
L3570	MISC MODIFIED GUSSET (LEATHER W/EYE)	Each	C31a	Miscellaneous shoe addition	\$69.16	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children) [for ODM-authorized]	
L3580	MISC SHOE ADD, CONV INSTEP TO VELCRO CLS	Each	C31a	Miscellaneous shoe addition	\$25.63	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children)	
L3595	MISC SHOE ADDITIONS, MARCH BAR	Each	C31a	Miscellaneous shoe addition	\$32.04	01/01/2010	All	Purchase only	4 per year	
L3600	TRANS OF ORTH/FR SHOES,CALIPER EXISTING	Each	C31b	Transfer	\$37.44	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3610	TRANS ORTH/BETWEEN SHOES, NEW CALIPER PL	Each	C31b	Transfer	\$57.67	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3620	TRANS ORTHOSIS/SHOES,SOLID STIRRUP EXIST	Each	C31b	Transfer	\$48.56	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3630	TRANS ORTHOSIS/SHOES,NEW SOLID STIRRUP	Each	C31b	Transfer	\$63.26	01/01/2010	All	Purchase only	2 transfers per orthosis per year	
L3649	UNLISTED PROC FOR ORTHO SHOE,MODIF&TRANS	Each	C01c	Miscellaneous procedure	PA	10/01/1988	All	Purchase only		
L3650	SO, FIGURE "8" DESIGN ABD RESTRAINER	Each	C01c	Shoulder	\$41.90	01/01/2010	All	Purchase only	1 per medical event	
L3670	SO,ACROMIO/CLAVICULAR (CANV&WEB TYPE)	Each	C01c	Shoulder	\$66.10	01/01/2010	All	Purchase only	1 per medical event	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L3674	SHOULDER ORTHOSIS, ABD POS, THORACIC	Each	C01c	Shoulder	\$778.74	01/01/2011	All	Purchase only	1 per medical event	
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS OR EQUAL	Each	C01c	Shoulder	\$118.84	01/01/2010	All	Purchase only	1 per medical event	
L3710	EO, PLASTIC WITH METAL JOINTS	Each	C01c	Elbow	\$83.03	01/01/2010	All	Purchase only	2 per year	
L3720	EO, DBL UP W/FOREARM/ARM CUFF,FREE MOTION	Each	C01c	Elbow	\$397.27	01/01/2010	All	Purchase only	1 per 2 years	
L3730	EO, DBL UP W/FOREARM/ARM CUFF,F/E ASSIST	Each	C01c	Elbow	\$526.97	01/01/2010	All	Purchase only	1 per 2 years	
L3740	EO/FOREARM-ARM CUFF-ACTIVE CONTRL LOCK	Each	C01c	Elbow	\$624.77	01/01/2010	All	Purchase only	1 per 2 years	
L3760	EO/ADJUSTABLE POSITION LOCKING JOINT, PREFABRICATED	Each	C01c	Elbow	\$285.67	01/01/2010	All	Purchase only	1 per 2 years	
L3763	EWHO RIGID W/O JNTS CF	Each	C01c	Elbow	\$493.34	12/07/2010	All	Purchase only	1 per 2 years	
L3764	EWHO W/JOINT(S) CF	Each	C01c	Elbow	\$516.30	12/07/2010	All	Purchase only	1 per 2 years	
L3807	WHFO, WITHOUT JOINTS, PREFAB	Each	C01c	Wrist-hand-finger	\$147.26	04/01/2009	All	Purchase only	1 per 2 years	
L3808	WHFO, RIGID W/O JOINTS	Each	C01c	Wrist-hand-finger	\$168.26	01/01/2010	All	Purchase only	1 per 2 years	
L3900	WHFO,DYN FLEX HNG,WRIST DRIVEN	Each	C01c	Wrist-hand-finger	\$941.93	01/01/2010	All	Purchase only	1 per 2 years	
L3901	WHFO,DYN FLEX HNG, CABLE DRIVEN	Each	C01c	Wrist-hand-finger	\$1,234.46	01/01/2010	All	Purchase only	1 per 2 years	
L3906	WHFO, WRIST(GAUNTLET) MLD TO PAT MODEL	Each	C01c	Wrist-hand-finger	\$294.66	01/01/2010	All	Purchase only	1 per medical event	
L3908	WHFO,WRIST EXT CONT (COCK-UP) NON/MLDED	Each	C01c	Wrist-hand-finger	\$43.66	01/01/2010	All	Purchase only	1 per 180 days	
L3912	WHFO, FLEX GLOVE W/ELASTIC FINGER CONTRL	Each	C01c	Wrist-hand-finger	\$61.27	01/01/2010	All	Purchase only	1 per 2 years	
L3923	HFO, W/O JOINT(S), PREFABRICATED, ANY TYPE	Each	C01c	Wrist-hand-finger	\$27.65	01/01/2010	All	Purchase only	1 per medical event	
L3925	FINGER ORTHOSIS, PROX, PIP	Each	C01c	Wrist-hand-finger	\$39.04	01/01/2010	All	Purchase only	1 per medical event	
L3929	HAND FINGER ORTHOSIS	Each	C01c	Wrist-hand-finger	\$66.19	01/01/2010	All	Purchase only	1 per medical event	
L3931	WRIST HAND FINGER ORTHOSIS	Each	C01c	Wrist-hand-finger	\$142.53	01/01/2010	All	Purchase only	1 per medical event	
L3956	ADD JOINT UPPER EXTREM ORTHOSIS, ANY MAT. PER JOINT	Each	C01c	Wrist-hand-finger	\$187.75	01/01/2010	All	Purchase only	1 per medical event	
L3960	SEWHO,ABD POSIT, AIRPLANE DESIGN	Each	C01c	Shoulder-elbow-wrist-hand	\$463.75	01/01/2010	All	Purchase only	1 per medical event	
L3971	SEWHO CAP DESIGN W/JNT(S) CF	Each	C01c	Shoulder-elbow-wrist-hand	\$975.27	01/01/2010	All	Purchase only	1 per 2 years	
L3980	FX ORTHOSIS, HUMERAL	Each	C01c	Upper limb, fracture	\$224.94	01/01/2010	All	Purchase only	1 per medical event	
L3982	FX ORTH, RADIUS/ULNAR	Each	C01c	Upper limb, fracture	\$228.40	01/01/2010	All	Purchase only	1 per medical event	
L3984	FX ORTHOSIS, WRIST	Each	C01c	Upper limb, fracture	\$201.21	01/01/2010	All	Purchase only	1 per medical event	
L3995	ADD ON UPPER EXTREMITY FRACTURE SOCK, EA	Each	C01c	Upper limb, fracture	\$23.88	01/01/2010	All	Purchase only	3 per medical event	
L3999	UNLISTED PROCEDURES FOR UPPER LIMB ORTH	Each	C01c	Upper limb,	PA	10/01/1988	All	Purchase only		
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS	Each	C01c	Specific repair or replacement, including parts and labor	\$844.25	01/01/2010	All	Purchase only	1 per 4 years	
L4010	REPLACE TRILATERAL SOCKET BRIM	Each	C01c	Specific repair or replacement, including parts and labor	\$513.16	01/01/2010	All	Purchase only	1 per lifetime	
L4020	REPLACE QUAD/SOCKET BRIM,MLD TO PAT MODL	Each	C01c	Specific repair or replacement, including parts and labor	\$616.43	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L4030	REPLACE QUAD/SOCKET BRIM, CUSTOM FITTED	Each	C01c	Specific repair or replacement, including parts and labor	\$391.73	01/01/2010	All	Purchase only	1 per 2 years	
L4040	REPLACE MOLDED THIGH LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$265.30	01/01/2010	All	Purchase only	1 per 2 years	
L4045	REPLACE NON-MOLDED THIGH LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$195.96	01/01/2010	All	Purchase only	1 per 2 years	
L4050	REPLACE MOLDED CALF LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$262.73	01/01/2010	All	Purchase only	1 per 2 years	
L4055	REPLACE NON-MOLDED CALF LACER	Each	C01c	Specific repair or replacement, including parts and labor	\$159.70	01/01/2010	All	Purchase only	1 per 2 years	
L4060	REPLACE HIGH ROLL CUFF	Each	C01c	Specific repair or replacement, including parts and labor	\$211.11	01/01/2010	All	Purchase only	1 per 2 years	
L4070	REPLACE PROX & DIST UPRIGHT KAFO	Each	C01c	Specific repair or replacement, including parts and labor	\$183.88	01/01/2010	All	Purchase only	1 per 2 years	
L4080	REPLACE METAL BANDS KAFO, PROX THIGH	Each	C01c	Specific repair or replacement, including parts and labor	\$64.32	01/01/2010	All	Purchase only	1 per 2 years	
L4090	REPLACE BANDS,KAFO-AFO,DISTAL THIV/CALF	Each	C01c	Specific repair or replacement, including parts and labor	\$53.98	01/01/2010	All	Purchase only	1 per 2 years	
L4100	REPLACE LEATHER CUFF KAFO, PROX THIGH	Each	C01c	Specific repair or replacement, including parts and labor	\$64.88	01/01/2010	All	Purchase only	1 per 2 years	
L4110	REPL LEATHER CUFF KAFO-AFO,CALF/DIST THG	Each	C01c	Specific repair or replacement, including parts and labor	\$50.66	01/01/2010	All	Purchase only	1 per 2 years	
L4130	REPLACE RETIBIAL SHELL	Each	C01c	Specific repair or replacement, including parts and labor	\$306.22	01/01/2010	All	Purchase only	1 per 2 years	
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Each	C01e	Labor	\$10.67	01/01/2010	All		1 per 120 days	
L4210	REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	01/01/2006	All		1 per 120 days	
L4350	PNEUMATIC ANKLE CONTROL SPLINT AIR CAST	Each	C01c	Splint	\$61.83	01/01/2010	All	Purchase only	1 per medical event	
L4360	PNEUMATIC WALKING SPLINT AIRCAST OR EQUA	Each	C01c	Splint	\$165.41	01/01/2010	All	Purchase only	1 per medical event	
L4370	PNEUMATIC FULL LEG SPLINT AIRCAST OR EQ	Each	C01c	Splint	\$150.37	01/01/2010	All	Purchase only	1 per medical event	
L4386	NON-PNEUMATIC WALKING SPLINT	Each	C01c	Splint	\$99.06	01/01/2010	All	Purchase only	1 per medical event	
L4392	REPL SOFT INT-FACE MAT STATIC AFO	Each	C01c	Splint	\$15.04	01/01/2010	All	Purchase only	1 per medical event	
L4396	STATIC AFO INCL SOFT INTFACE MAT; ADJUSTABLE; PREFAB	Each	C01c	Splint	\$107.22	01/01/2010	All	Purchase only	1 per medical event	
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, ROCKER BOTTOM	Each	C01c	Splint	\$1,066.77	01/01/2011	All	Purchase only	1 per medical event	
L5000	P/F,SHOE INSW/LONGITUD ARCH, TOE FILLER	Each	C01b	Lower limb	\$366.87	01/01/2010	All	Purchase only	1 per 4 years	
L5010	P/F,ANKLE HEIGHT WITH TOE FILLER	Each	C01b	Lower limb	\$1,025.10	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5020	P/F, TIBIAL TUBERCLE HEIGHT	Each	C01b	Lower limb	\$1,605.99	01/01/2010	All	Purchase only	1 per 4 years	
L5050	SYMES, MOLDED SOCKET, EACH FOOT	Each	C01b	Lower limb	\$1,754.04	01/01/2010	All	Purchase only	1 per 4 years	
L5060	SYMES,METAL FR,MLD LEATH SOCK,ART/FOOT	Each	C01b	Lower limb	\$2,162.23	01/01/2010	All	Purchase only	1 per 4 years	
L5100	MOLDED SOCKET, SHIN, EACH FOOT	Each	C01b	Lower limb	\$1,746.54	01/01/2010	All	Purchase only	1 per 4 years	
L5105	BK PLASTIC SOCK JTS THI LACER EACH FOOT	Each	C01b	Lower limb	\$2,464.74	01/01/2010	All	Purchase only	1 per 4 years	
L5150	MLD SOCK,EXT KNEE JTS,SHIN,EACH FOOT	Each	C01b	Lower limb	\$2,740.21	01/01/2010	All	Purchase only	1 per 4 years	
L5160	MLD SOCK,BENT KNEE CONFIG,EXT KN JTS,SHN	Each	C01b	Lower limb	\$3,008.61	01/01/2010	All	Purchase only	1 per 4 years	
L5200	MLD SKT,SING AX,CONS FRICT KN,EACH FOOT	Each	C01b	Lower limb	\$2,326.94	01/01/2010	All	Purchase only	1 per 4 years	
L5210	SHORT PROS,NO KN/ANK JT*STUBBIES*W/FT BL	Each	C01b	Lower limb	\$1,847.59	01/01/2010	All	Purchase only	1 per 4 years	
L5220	ABOVE KNEE SHORT PROST W ARTICU ANK +FT	Each	C01b	Lower limb	\$2,035.24	01/01/2010	All	Purchase only	1 per 4 years	
L5230	PFFD AK PROS, CONS FRICT KN/EACH FOOT	Each	C01b	Lower limb	\$3,052.57	01/01/2010	All	Purchase only	1 per 4 years	
L5250	CANAD TYPE,MLD SOCK,HP JT ,1 AXIS/FRICT/K	Each	C01b	Lower limb	\$3,579.21	01/01/2010	All	Purchase only	1 per 4 years	
L5280	HEMIPELVECTOMY, CANADIAN TYPE,MLD SKT,HP	Each	C01b	Lower limb	\$3,876.41	01/01/2010	All	Purchase only	1 per 4 years	
L5301	B/K MLD SKT, SHIN, EACH, ENDO SYSTEM	Each	C01b	Lower limb	\$2,073.45	01/01/2010	All	Purchase only	1 per 4 years	
L5321	A/K MLD SKT, OPEN END, ENDO SYS, SINGLE AXIS	Each	C01b	Lower limb	\$2,764.88	01/01/2010	All	Purchase only	1 per 4 years	
L5331	CANAD TYPE,ENDO SYS,HP JT,EACH,SING AXIS	Each	C01b	Lower limb	\$4,049.55	01/01/2010	All	Purchase only	1 per 4 years	
L5341	HEMIPELVECT, CANAD TYPE, ENDO SYS, HIP JOINT, EACH FOOT	Each	C01b	Lower limb	\$4,304.60	01/01/2010	All	Purchase only	1 per 4 years	
L5400	B/K,POST SURG,INITIAL,INCL ONE CAST CHG	Each	C01b	Immediate post-surgery or early fitting	\$1,021.32	01/01/2010	All	Purchase only	1 per amputation	
L5410	B/K,IMMED/FIT,EACH ADDITIONAL CAST CHANG	Each	C01b	Immediate post-surgery or early fitting	\$282.16	01/01/2010	All	Purchase only	1 per amputation	
L5420	A/K,KN/DIS,INIT FIT,ALIGN INCL 1 CAST CH	Each	C01b	Immediate post-surgery or early fitting	\$1,289.89	01/01/2010	All	Purchase only	1 per amputation	
L5430	IMM POST SURG RIGID DRESS EA CAST CHANGE	Each	C01b	Immediate post-surgery or early fitting	\$350.13	01/01/2010	All	Purchase only	1 per amputation	
L5510	PTB, PLASTIC SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,377.79	01/01/2010	All	Purchase only	Medical necessity	
L5535	PTB, PREFABRICATED, OPEN END SOCKET	Each	C01b	Preparatory prosthesis	\$1,513.49	01/01/2010	All	Purchase only	Medical necessity	
L5540	PTB, LAMINATED SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,603.02	01/01/2010	All	Purchase only	Medical necessity	
L5560	PREP, ABOVE KNEE, PLASTER SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$1,826.51	01/01/2010	All	Purchase only	Medical necessity	
L5580	PREP, ABOVE KNEE, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$2,200.15	01/01/2010	All	Purchase only	Medical necessity	
L5585	PREP, ABOVE KNEE, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Each	C01b	Preparatory prosthesis	\$2,576.61	01/01/2010	All	Purchase only	Medical necessity	
L5590	PREP, ABOVE KNEE, LAMINATED SOCKET, MOLDED TO MODEL	Each	C01b	Preparatory prosthesis	\$2,293.95	01/01/2010	All	Purchase only	Medical necessity	
L5595	PREP HD THERMOPLASTIC OF EQUAL MLD MODEL	Each	C01b	Preparatory prosthesis	\$2,933.02	01/01/2010	All	Purchase only	1 per amputation	
L5600	PREP HD LAMINATED SOCKET MOLDED PT MODEL	Each	C01b	Preparatory prosthesis	\$3,338.21	01/01/2010	All	Purchase only	1 per amputation	
L5610	ABOVE KNEE, HYDRACADENCE	Each	C01b	Addition to lower limb	\$1,610.00	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5611	ADD ON AK/KD OHC 4-BAR FRICT SWING CNTRL	Each	C01b	Addition to lower limb	\$1,025.44	01/01/2010	All	Purchase only	1 per 4 years	
L5613	ADD AK/KD OHC 4-BAR HYDRAULIC SWING CTRL	Each	C01b	Addition to lower limb	\$1,559.75	01/01/2010	All	Purchase only	1 per 4 years	
L5614	ADD TO LOWER EXTREMITY, K-K DIS., 4-BAR LINK W/ PSPC	Each	C01b	Addition to lower limb	\$1,080.22	01/01/2010	All	Purchase only	1 per 4 years	
L5616	A/K UNIV MULTIPLEX SYS,FRICTION SW/PHASE	Each	C01b	Addition to lower limb	\$940.49	01/01/2010	All	Purchase only	1 per 4 years	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE, SELF ALIGN.	Each	C01b	Addition to lower limb	\$358.18	01/01/2010	All	Purchase only	1 per 4 years	
L5618	TEST SOCKET, SYMES	Each	C01b	Addition to lower limb	\$213.89	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5620	TEST SOCKET, BELOW KNEE	Each	C01b	Addition to lower limb	\$189.77	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5622	TEST SOCKET, KNEE DISARTICULATION	Each	C01b	Addition to lower limb	\$255.66	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5624	TEST SOCKET,ABOVE KNEE	Each	C01b	Addition to lower limb	\$255.59	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5626	TEST SOCKET, HIP DISARTIULATION	Each	C01b	Addition to lower limb	\$404.60	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5628	TEST SOCKET, HEMIPELVECTOMY	Each	C01b	Addition to lower limb	\$409.72	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	
L5629	ADD ON BK ACRYLIC SOCKET	Each	C01b	Addition to lower limb	\$202.26	01/01/2010	All	Purchase only	1 per prosthesis	
L5630	SYMES TYPE,EXPANDABLE WALL SOCKET	Each	C01b	Addition to lower limb	\$351.43	01/01/2010	All	Purchase only	1 per 4 years	
L5631	ADD ON AK/KD ACRYLIC SOCKET	Each	C01b	Addition to lower limb	\$279.65	01/01/2010	All	Purchase only	1 per prosthesis	
L5632	SYMES TYPE,"PTB" BRIM DESIGN SOCKET	Each	C01b	Addition to lower limb	\$172.35	01/01/2010	All	Purchase only	1 per 4 years	
L5634	SYMES TYPE, POST OPEN(CANADIAN) SOCKET	Each	C01b	Addition to lower limb	\$215.55	01/01/2010	All	Purchase only	1 per 4 years	
L5636	SYMES TYPE, MEDIAL OPENING SOCKET	Each	C01b	Addition to lower limb	\$164.75	01/01/2010	All	Purchase only	1 per 4 years	
L5637	ADD ON BK TOTAL CONTACT	Each	C01b	Addition to lower limb	\$245.16	01/01/2010	All	Purchase only	1 per 4 years	
L5638	BELOW KNEE, LEATHER SOCKET	Each	C01b	Addition to lower limb	\$412.99	01/01/2010	All	Purchase only	1 per 4 years	
L5639	ADD ON BK WOOD SOCKET	Each	C01b	Addition to lower limb	\$713.58	01/01/2010	All	Purchase only	1 per prosthesis	
L5640	KNEE DISARTICULATION,LEATHER SOCKET	Each	C01b	Addition to lower limb	\$469.04	01/01/2010	All	Purchase only	1 per 4 years	
L5642	ABOVE KNEE, LEATHER SOCKET	Each	C01b	Addition to lower limb	\$434.79	01/01/2010	All	Purchase only	1 per 4 years	
L5643	ADD L EXTRM HIP DISART FLEX SOCK EXT FRM	Each	C01b	Addition to lower limb	\$1,282.40	01/01/2010	All	Purchase only	1 per 4 years	
L5645	ADD L EXTRM BK FLEX IN SOCK EXTERN FRAME	Each	C01b	Addition to lower limb	\$623.61	01/01/2010	All	Purchase only	1 per 4 years	
L5646	BELOW KNEE, AIR CUSHION SOCKET	Each	C01b	Addition to lower limb	\$398.77	01/01/2010	All	Purchase only	1 per 4 years	
L5647	ADD L EXTRM,BK,SUCTION SOCKET	Each	C01b	Addition to lower limb	\$506.27	01/01/2010	All	Purchase only	1 per 4 years	
L5648	ABOVE KNEE, AIR CUSHION SOCKET	Each	C01b	Addition to lower limb	\$475.45	01/01/2010	All	Purchase only	1 per 4 years	
L5649	ADD L EXTRM CAT CAM SOCKET	Each	C01b	Addition to lower limb	\$1,569.04	01/01/2010	All	Purchase only	1 per 4 years	
L5650	TOTAL CONTACT,A/K OR KN DISARTIC SOCKET	Each	C01b	Addition to lower limb	\$310.70	01/01/2010	All	Purchase only	1 per 4 years	
L5651	ADD L EXTRM AK FLEX IN SOCK EXTRN FRAME	Each	C01b	Addition to lower limb	\$910.35	01/01/2010	All	Purchase only	1 per 4 years	



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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5652	SUCTION SUSPEN,A/K OR KNEE DISARTIC SKT	Each	C01b	Addition to lower limb	\$277.48	01/01/2010	All	Purchase only	1 per 4 years	
L5653	KNEE DISARTIC, EXPANDABLE WALL SOCKET	Each	C01b	Addition to lower limb	\$432.93	01/01/2010	All	Purchase only	1 per 4 years	
L5654	SOCKET INSERT,SYMES(PELITE PLASTAZ,ETC)	Each	C01b	Addition to lower limb	\$250.96	01/01/2010	All	Purchase only	1 per year	
L5655	SKT INS,B/K(KEMBOL,PELITE,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$181.21	01/01/2010	All	Purchase only	1 per year	
L5656	SKT INS,KN/DISART(KEMBLO,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$275.31	01/01/2010	All	Purchase only	1 per year	
L5658	SKT INS,A/K (KEMPLO,PELITE,ALIPLAST,ETC)	Each	C01b	Addition to lower limb	\$290.59	01/01/2010	All	Purchase only	1 per year	
L5661	ADD LOW EXTRE SOCK INSER MULTI DVROMET	Each	C01b	Addition to lower limb	\$416.91	01/01/2010	All	Purchase only	1 per year	
L5665	ADD LOW EXTRE SOCK LASER KNEE BK MLT DU	Each	C01b	Addition to lower limb	\$370.67	01/01/2010	All	Purchase only	1 per year	
L5666	BELOW KNEE,CUFF SUSPENSION	Each	C01b	Addition to lower limb	\$49.07	01/01/2010	All	Purchase only	1 per year	
L5668	BELOW KNEE, MOLDED DISTAL CUSHION	Each	C01b	Addition to lower limb	\$73.12	01/01/2010	All	Purchase only	1 per year	
L5670	B/K,MOLD SUPRACONDL SUSP (PTS OR SIM)	Each	C01b	Addition to lower limb	\$172.71	01/01/2010	All	Purchase only	1 per 4 years	
L5671	ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT	Each	C01b	Addition to lower limb	\$358.93	04/01/2009	All	Purchase only	1 per 4 years	
L5672	BELOW KNEE,REMOVABLE MEDIAL BRIM SUSPEN	Each	C01b	Addition to lower limb	\$228.53	01/01/2010	All	Purchase only	1 per 4 years	
L5673	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$745.00	07/16/2018	All	Purchase only	2 per year	
L5676	BELOW KNEE, KNEE JOINTS, PAIR	Each	C01b	Addition to lower limb	\$230.63	01/01/2010	All	Purchase only	1 per 4 years	
L5677	ADD LOW EXTRE BELOW KNEE POLYCN PAIR	Each	C01b	Addition to lower limb	\$353.23	01/01/2010	All	Purchase only	1 per 4 years	
L5678	BELOW KNEE, JOINT COVERS, PAIR	Each	C01b	Addition to lower limb	\$25.27	01/01/2010	All	Purchase only	1 per 2 years	
L5679	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$625.00	07/16/2018	All	Purchase only	2 per year	
L5680	BELOW KNEE, THIGH LACER, NON-MOLDED	Each	C01b	Addition to lower limb	\$193.72	01/01/2010	All	Purchase only	1 per 4 years	
L5681	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	
L5682	B/K.THIGH LACER,LGUTEAL/ISHCIAL, MOLDED	Each	C01b	Addition to lower limb	\$398.03	01/01/2010	All	Purchase only	1 per 4 years	
L5683	ADD TO LOWER EXTREM, BELOW KNEE/ABOVE KNEE, SOCKET INSERT	Each	C01b	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	
L5684	BELOW KNEE, FORK STRAP	Each	C01b	Addition to lower limb	\$30.63	01/01/2010	All	Purchase only	1 per 2 years	
L5685	ADD LOW EXTREM PROS, LOWER KNEE, SUSP/SEAL SLEEVE	Each	C01b	Addition to lower limb	\$55.13	01/01/2010	All	Purchase only	6 per year	
L5686	BELOW KNEE, BACK CHECK(EXTENSION CONTROL	Each	C01b	Addition to lower limb	\$36.84	01/01/2010	All	Purchase only	1 per 2 years	
L5688	BELOW KNEE, WAIST BELT, WEBBING	Each	C01b	Addition to lower limb	\$39.13	01/01/2010	All	Purchase only	1 per year	
L5690	BELOW KNEE, WAIST BELT, PADDED AND LINED	Each	C01b	Addition to lower limb	\$79.87	01/01/2010	All	Purchase only	1 per year	
L5692	A/K, PELVIC CONTROL BELT,LIGHT DUTY	Each	C01b	Addition to lower limb	\$84.57	01/01/2010	All	Purchase only	1 per year	
L5694	A/K,PELIC CONTROL BELT, PADDED/LINED	Each	C01b	Addition to lower limb	\$115.47	01/01/2010	All	Purchase only	1 per year	
L5695	ADD ON AK PELVIC CTRL SLEEVE SUSPEN TES	Each	C01b	Addition to lower limb	\$103.79	01/01/2010	All	Purchase only	2 per year	
L5696	A/K OR KNEE DISARTIC, PELVIC JOINT	Each	C01b	Addition to lower limb	\$125.38	01/01/2010	All	Purchase only	1 per 4 years	
L5697	A/K OR KNEE DISARTIC, PELVIC BAND	Each	C01b	Addition to lower limb	\$59.55	01/01/2010	All	Purchase only	1 per 4 years	
L5698	A/K OR KNEE DISARTIC, SILESIA BELT	Each	C01b	Addition to lower limb	\$76.38	01/01/2010	All	Purchase only	1 per year	
L5699	ALL LOW/EXTREM PROSTHESIS, SHLDR HARNESS	Each	C01b	Addition to lower limb	\$130.54	01/01/2010	All	Purchase only	1 per year	
L5700	REPLACE. SOCKET, BELOW K, MOLDED TO PATIENT MODEL	Each	C01b	Addition to lower limb	\$1,963.56	01/01/2010	All	Purchase only	Medical necessity	
L5701	REPLACE. SOCKET, HIP DIS., INC. ATT. PLATE, MOLDED	Each	C01b	Addition to lower limb	\$2,435.96	01/01/2010	All	Purchase only	Medical necessity	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5702	REPLACE. SOCKET, HIP DIS., INCLUDING HIP JOINT, MOLDED	Each	C01b	Addition to lower limb	\$3,070.16	01/01/2010	All	Purchase only	Medical necessity	
L5704	CUSTOM SHAPED PROT. COVER, ABOVE KNEE	Each	C01b	Addition to lower limb	\$400.36	01/01/2010	All	Purchase only	Medical necessity	
L5705	CUSTOM SHAPED PROT. COVER, ABOVE KNEE	Each	C01b	Addition to lower limb	\$733.99	01/01/2010	All	Purchase only	Medical necessity	
L5706	CUSTOM SHAPED PROT. COVER, KNEE DIS.	Each	C01b	Addition to lower limb	\$715.93	01/01/2010	All	Purchase only	Medical necessity	
L5707	CUST. SHAPED PROT. COVER, HIP DIS.	Each	C01b	Addition to lower limb	\$961.85	01/01/2010	All	Purchase only	Medical necessity	
L5710	SINGLE AXIS,MANUAL LOCK	Each	C01b	Addition to lower limb	\$228.91	01/01/2010	All	Purchase only	1 per 4 years	
L5711	ADD EXOSKE KNEE SHIN SINGLE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$384.17	01/01/2010	All	Purchase only	1 per 4 years	
L5712	FRICTION SWING & STANCE,SAFETY KNEE	Each	C01b	Addition to lower limb	\$274.25	01/01/2010	All	Purchase only	1 per 4 years	
L5714	SINGLE AXIS,VARIABLE FRICT,SW/PH CONT	Each	C01b	Addition to lower limb	\$279.04	01/01/2010	All	Purchase only	1 per 4 years	
L5716	POLYCENTRIC,MECHANICAL STANCE PHASE LOCK	Each	C01b	Addition to lower limb	\$551.77	01/01/2010	All	Purchase only	1 per 4 years	
L5718	POLYCENTRIC FRICTION SW/STANCE PH CONTRL	Each	C01b	Addition to lower limb	\$590.02	01/01/2010	All	Purchase only	1 per 4 years	
L5722	SINGLE AXIS, PNEUMATIC SWING PHASE	Each	C01b	Addition to lower limb	\$717.50	01/01/2010	All	Purchase only	1 per 4 years	
L5724	SINGLE AXIS, FLUID SWING CONTROL	Each	C01b	Addition to lower limb	\$1,105.92	01/01/2010	All	Purchase only	1 per 4 years	
L5728	SINGLE AXIS,FLUID CONTROL, SWING & STANCE	Each	C01b	Addition to lower limb	\$1,542.94	01/01/2010	All	Purchase only	1 per 4 years	
L5785	ADD ENDOSKE BELOW KNEE ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$330.67	01/01/2010	All	Purchase only	1 per 4 years	
L5790	ADD EXOSKE ABOVE KNEE ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$477.25	01/01/2010	All	Purchase only	1 per 4 years	
L5795	ADD EXOSKE HIP DISART ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$683.36	01/01/2010	All	Purchase only	1 per 4 years	
L5810	ADD ENDOSKE KNEE SINGLE MANUAL LOCK	Each	C01b	Addition to lower limb	\$364.10	01/01/2010	All	Purchase only	1 per 4 years	
L5811	ADD ENDOSK KNEE SING MANUAL ULTRA LIGHT	Each	C01b	Addition to lower limb	\$502.44	01/01/2010	All	Purchase only	1 per 4 years	
L5812	ADD ENDOSKE KNEE SING FRIC SWNG SAFE KN	Each	C01b	Addition to lower limb	\$378.10	01/01/2010	All	Purchase only	1 per 4 years	
L5814	ADD ENDOSKE KNEE SHIN, POLYCENTRIC, HYD SWING PHASE	Each	C01b	Addition to lower limb	\$2,377.43	01/01/2010	All	Purchase only	1 per 4 years	
L5816	ADD ENDOSKE KNEE SHIN POLYCN MECHANICAL	Each	C01b	Addition to lower limb	\$541.27	01/01/2010	All	Purchase only	1 per 4 years	
L5818	ADD ENDOSKE KNEE POLYCE FRIC SWING CNT	Each	C01b	Addition to lower limb	\$611.21	01/01/2010	All	Purchase only	1 per 4 years	
L5822	ADD ENDOSK KNEE SING PNEU SWING FRIC	Each	C01b	Addition to lower limb	\$1,121.22	01/01/2010	All	Purchase only	1 per 4 years	
L5824	ADD ENDOSK KNEE SING. FLUID SWING PHASE	Each	C01b	Addition to lower limb	\$1,059.89	01/01/2010	All	Purchase only	1 per 4 years	
L5826	ADD ENDOSK KNEE-SHIN, SING. AXIS HYD. SWING PHASE	Each	C01b	Addition to lower limb	\$1,999.12	01/01/2010	All	Purchase only	1 per 4 years	
L5828	ADD ENDOSK. SING. FLUID SWING + STANCE	Each	C01b	Addition to lower limb	\$1,886.34	01/01/2010	All	Purchase only	1 per 4 years	
L5830	ADD ENDOSK., KNEE SING. PNEU. HYDRAPNEU.	Each	C01b	Addition to lower limb	\$1,271.88	01/01/2010	All	Purchase only	1 per 4 years	
L5840	ADD., ENDOSKEL., KNEE-SHIN SYSTEM, MULTIAXIAL PSPC	Each	C01b	Addition to lower limb	\$2,496.40	01/01/2010	All	Purchase only	1 per 4 years	
L5845	ADD., ENDOSKEL, KNEE-SHIN, STANCE FLEX., ADJUSTABLE	Each	C01b	Addition to lower limb	\$1,147.38	01/01/2010	All	Purchase only	1 per 4 years	
L5850	ADD ENDOSK ABOVE KNEE HIP DISART. EXT AS	Each	C01b	Addition to lower limb	\$81.42	01/01/2010	All	Purchase only	1 per 4 years	
L5855	ADD ENDOSKEL SYS, HIP DIS., MECH. HIP EXT. ASSIST	Each	C01b	Addition to lower limb	\$196.55	01/01/2010	All	Purchase only	1 per 4 years	
L5857	ADD., ENDOSKEL, KNEE-SHIN, MICROPROCESSOR CONTROL, SWING ONLY	Each	C01b	Addition to lower limb	\$3,470.01	01/01/2010	All	Purchase only	1 per 4 years	
L5910	ADD ENDOSK SYSTEM BELOW KNEE ALIGN SYS	Each	C01b	Addition to lower limb	\$230.50	01/01/2010	All	Purchase only	1 per 4 years	
L5920	ADD ENDOSK SYS ABOVE KNEE HIP DIS ALNG	Each	C01b	Addition to lower limb	\$337.70	01/01/2010	All	Purchase only	1 per 4 years	
L5925	ADD. ENDOSKEL. SYS., ABOVE K, K DIS., OR HIP DIS.	Each	C01b	Addition to lower limb	\$213.86	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L5930	ADD., ENDOSKEL., HIGH ACTIVITY KNEE CONTROL FRAME	Each	C01b	Addition to lower limb	\$2,154.68	01/01/2010	All	Purchase only	1 per 4 years	
L5940	ADD ENDOSK BELOW KNEE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$319.25	01/01/2010	All	Purchase only	1 per 4 years	
L5950	ADD ENDOSK ABOVE KNEE ULTRA LIGHT	Each	C01b	Addition to lower limb	\$495.17	01/01/2010	All	Purchase only	1 per 4 years	
L5960	ADD ENDOSK HIP DISART ULTRA LIGHT MAT	Each	C01b	Addition to lower limb	\$740.39	01/01/2010	All	Purchase only	1 per 4 years	
L5961	ENDO POLY HIP, PNEU/HYD/ROT	Each	C01b	Addition to lower limb	PA	01/01/2011	All	Purchase only	1 per 4 years	
L5962	ADD ENDOSKEL., SYS., BELOW K, FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$374.10	01/01/2010	All	Purchase only	1 per 2 years	
L5964	ADD ENDOSKEL., SYS. ABOVE K, FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$717.60	01/01/2010	All	Purchase only	1 per 2 years	
L5966	ADD ENDOSKEL., SYS., HIP DIS., FLEX PROT OUTER SURF.	Each	C01b	Addition to lower limb	\$924.38	01/01/2010	All	Purchase only	1 per 2 years	
L5968	MULTIAXIAL ANKLE W DORSIFLEX	Each	C01b	Addition to lower limb	PA	07/01/2016	All	Purchase only	1 per 2 years	
L5970	ALL LOW/EXT PROS,FEET EXT KEEL EACH FT	Each	C01b	Addition to lower limb	\$139.06	01/01/2010	All	Purchase only	1 per 2 years	
L5972	ALL LOWER EXTREMITY PROTHESES SAFE FOOT	Each	C01b	Addition to lower limb	\$253.31	01/01/2010	All	Purchase only	1 per 2 years	
L5974	ALL LOW/EXT PROS FEET SGL AX ANK/FOOT	Each	C01b	Addition to lower limb	\$148.31	01/01/2010	All	Purchase only	1 per 2 years	
L5975	ALL LOWER EXT PROS, COMBO SINGLE AXIAL ANKLE	Each	C01b	Addition to lower limb	\$345.64	01/01/2010	All	Purchase only	1 per 2 years	
L5976	ALL LOWER EXTREME PROS ENERGY STOR. FT	Each	C01b	Addition to lower limb	\$376.20	01/01/2010	All	Purchase only	1 per 2 years	
L5978	ALL LOW/EXT, FEET,MULTIAX ANK/FT(GREISS)	Each	C01b	Addition to lower limb	\$199.35	01/01/2010	All	Purchase only	1 per 2 years	
L5979	ALL LOWER EXTREM. PROSTHESES, MULTIAX., A/F, DYN RESP	Each	C01b	Addition to lower limb	\$1,596.06	01/01/2010	All	Purchase only	1 per 4 years	
L5980	ALL LOWER EXTREMITY FLEX FOOT SYSTEM	Each	C01b	Addition to lower limb	\$2,431.74	01/01/2010	All	Purchase only	1 per 4 years	
L5981	ALL LOWER ENTREMITY PROSTHESIS, FLEX WALK SYSTEM	Each	C01b	Addition to lower limb	\$2,184.31	01/01/2010	All	Purchase only	1 per 4 years	
L5982	ALL LOW/EXT, AXIAL ROTATION UNIT (WEBER)	Each	C01b	Addition to lower limb	\$410.34	01/01/2010	All	Purchase only	1 per 2 years	
L5984	ALL ENDOSKEL LOW EXTER PROS AXIAL ROTA	Each	C01b	Addition to lower limb	\$411.61	01/01/2010	All	Purchase only	1 per 2 years	
L5985	ALL ENDOSKEL LOWER EXT. PROSTH., DYNAMIC PROSTH. PYLON	Each	C01b	Addition to lower limb	\$180.77	01/01/2010	All	Purchase only	1 per 2 years	
L5986	ALL LOW/EXT MULTI-AXIAL ROT UNIT (MCP=)	Each	C01b	Addition to lower limb	\$496.50	01/01/2010	All	Purchase only	1 per 2 years	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM	Each	C01b	Addition to lower limb	\$4,605.07	01/01/2010	All	Purchase only	1 per 2 years	
L5988	ALL LOWER EXT PROS, COMBO VERTICAL SHOCK	Each	C01b	Addition to lower limb	\$1,489.41	01/01/2010	All	Purchase only	1 per 2 years	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	C01b	Addition to lower limb	PA	01/01/1982	All	Purchase only	Medical necessity	
L6000	ROBIN AIDS, THUMB REMAINING OR EQUAL	Each	C01b	Upper limb	\$1,127.52	01/01/2010	All	Purchase only	1 per 4 years	
L6010	ROBIN AIDS, SOME FINGERS REMAINING	Each	C01b	Upper limb	\$1,254.75	01/01/2010	All	Purchase only	1 per 4 years	
L6020	ROBIN AIDS, NO FINGERS REMAINING	Each	C01b	Upper limb	\$1,169.86	01/01/2010	All	Purchase only	1 per 4 years	
L6050	MLD SKT, FLEX ELBOW HINGES, TRICEP PAD	Each	C01b	Upper limb	\$1,591.24	01/01/2010	All	Purchase only	1 per 4 years	
L6055	WRIST DISART MOLD SOCK W EXPAN INTERFA	Each	C01b	Upper limb	\$2,029.71	01/01/2010	All	Purchase only	1 per 4 years	
L6100	MDL SKT, FLEX ELBOW HNG. TRICEPS PAD	Each	C01b	Upper limb	\$1,610.29	01/01/2010	All	Purchase only	1 per 4 years	
L6110	MOLDED SOCKET (MUENSTER/NW SUSPENSION)	Each	C01b	Upper limb	\$1,703.56	01/01/2010	All	Purchase only	1 per 4 years	
L6120	MLMLD DBL WALL,STEP/UP HNG,HALF CUFF	Each	C01b	Upper limb	\$1,926.74	01/01/2010	All	Purchase only	1 per 4 years	
L6130	MLD DBL WALL STUMP ACTIVATED LKG/HINGE	Each	C01b	Upper limb	\$2,032.76	01/01/2010	All	Purchase only	1 per 4 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L6200	MLD SKT,OUTSIDE LOCKING HINGE,FOREARM	Each	C01b	Upper limb	\$2,093.98	01/01/2010	All	Purchase only	1 per 4 years	
L6205	ELBOW DISART MOLD SOCK W EXPAN INTERFA	Each	C01b	Upper limb	\$2,888.62	01/01/2010	All	Purchase only	1 per 4 years	
L6250	MLD DBL WALL SKT,INT LK/ELBOW, FOREARM	Each	C01b	Upper limb	\$2,060.12	01/01/2010	All	Purchase only	1 per 4 years	
L6300	MLD SKT,SH BULK/HHUM SECT,INT LK/ELB,FR	Each	C01b	Upper limb	\$2,841.46	01/01/2010	All	Purchase only	1 per 4 years	
L6310	PASSIVE RESTORATION(COMPLETE PROTHESIS)	Each	C01b	Upper limb	\$2,575.16	01/01/2010	All	Purchase only	1 per 4 years	
L6320	PASSIVE RESTORATIVE (SHOULDER CAP ONLY)	Each	C01b	Upper limb	\$1,342.11	01/01/2010	All	Purchase only	1 per 4 years	
L6350	MLD SKT, SH B/H,HUM SECT,INT L/K ELB,F/A	Each	C01b	Upper limb	\$3,113.36	01/01/2010	All	Purchase only	1 per 4 years	
L6360	PASSIVE RESTORATION (COMPLETE PROTHESIS	Each	C01b	Upper limb	\$2,702.94	01/01/2010	All	Purchase only	1 per 4 years	
L6370	PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	C01b	Upper limb	\$1,567.52	01/01/2010	All	Purchase only	1 per 4 years	
L6400	MLD SKT,ENDO SYS, INC SOFT PROS COVER	Each	C01b	Upper limb	\$1,741.93	01/01/2010	All	Purchase only	1 per 4 years	
L6450	MLD SKT,ENDO SYS,INCL SOFT RPOS COVER	Each	C01b	Upper limb	\$2,276.62	01/01/2010	All	Purchase only	1 per 4 years	
L6500	MLD SKT,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$2,235.58	01/01/2010	All	Purchase only	1 per 4 years	
L6550	MLD SKT,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$2,895.52	01/01/2010	All	Purchase only	1 per 4 years	
L6570	MLD SKI,ENDO SYS,INCL SOFT PROS COVER	Each	C01b	Upper limb	\$3,232.48	01/01/2010	All	Purchase only	1 per 4 years	
L6600	POLYCENTRIC HINGE, PAIR	Each	C01b	Addition to upper limb	\$145.21	01/01/2010	All	Purchase only	1 per 4 years	
L6605	SINGLE PIVOT HINGE, PAIR	Each	C01b	Addition to upper limb	\$149.46	01/01/2010	All	Purchase only	1 per 4 years	
L6610	FLEXIBLE METAL HINGE, PAIR	Each	C01b	Addition to upper limb	\$141.28	01/01/2010	All	Purchase only	1 per 4 years	
L6615	DISCONNECT LOCKING WRIST UNIT	Each	C01b	Addition to upper limb	\$137.13	01/01/2010	All	Purchase only	1 per 4 years	
L6616	ADD ON UP EXT ADDITIONAL DISC INSERTS	Each	C01b	Addition to upper limb	\$41.28	01/01/2010	All	Purchase only	3 per 4 years	
L6620	FLEXION-FRICTION WRIST UNIT	Each	C01b	Addition to upper limb	\$239.75	01/01/2010	All	Purchase only	1 per 4 years	
L6623	UPPER EXTREME ADD SPRING ASSISTED WRST	Each	C01b	Addition to upper limb	\$456.72	01/01/2010	All	Purchase only	1 per 4 years	
L6625	ROTATION WRIST UNIT WITH CABLE LOCK	Each	C01b	Addition to upper limb	\$338.50	01/01/2010	All	Purchase only	1 per 4 years	
L6628	UPPER EXTREME ADD QUICK DISCON HOOK ADAP	Each	C01b	Addition to upper limb	\$364.35	01/01/2010	All	Purchase only	1 per 4 years	
L6629	UPPER EXTREM QUICK DISCON LAMIN COLLAR	Each	C01b	Addition to upper limb	\$124.16	01/01/2010	All	Purchase only	1 per 4 years	
L6630	STAINLESS STEEL, ANY WRIST	Each	C01b	Addition to upper limb	\$182.89	01/01/2010	All	Purchase only	1 per 4 years	
L6632	UPPER EXTREM ADD LATEX SUSPEN SLEEVE EA	Each	C01b	Addition to upper limb	\$41.35	01/01/2010	All	Purchase only	6 per year	
L6635	LIST ASSIST FOR ELBOW	Each	C01b	Addition to upper limb	\$132.19	01/01/2010	All	Purchase only	1 per 4 years	
L6637	UPPER EXTREM ADD NUDGE CONTROL ELBOW	Each	C01b	Addition to upper limb	\$258.81	01/01/2010	All	Purchase only	1 per 4 years	
L6640	SHOULDER ABDUCTION JOINT, PAIR	Each	C01b	Addition to upper limb	\$215.53	01/01/2010	All	Purchase only	1 per 4 years	
L6641	UPPER EXTREM ADD EXCURS AMPLIF PULLEY	Each	C01b	Addition to upper limb	\$125.51	01/01/2010	All	Purchase only	1 per 4 years	
L6642	UPPER EXTREM ADD EXCUR AMPLIFIER LEVER	Each	C01b	Addition to upper limb	\$184.52	01/01/2010	All	Purchase only	1 per 4 years	
L6645	SHOULDER FLEXION-ABDUCTION JOINT, EACH	Each	C01b	Addition to upper limb	\$233.08	01/01/2010	All	Purchase only	1 per 4 years	
L6650	SHOULDER UNIVERSAL JOINT EACH	Each	C01b	Addition to upper limb	\$252.80	01/01/2010	All	Purchase only	1 per 4 years	
L6655	STANDARD CONTROL CABLE, EXTRA	Each	C01b	Addition to upper limb	\$49.02	01/01/2010	All	Purchase only	1 per year	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L6660	HEAVY DUTY CONTROL CABLE	Each	C01b	Addition to upper limb	\$65.62	01/01/2010	All	Purchase only	1 per year	
L6665	TEFLON, OR EQUAL, CABLE LINING	Each	C01b	Addition to upper limb	\$29.31	01/01/2010	All	Purchase only	1 per year	
L6670	HOOK TO HAND, CABLE ADAPTER	Each	C01b	Addition to upper limb	\$30.53	01/01/2010	All	Purchase only	1 per year	
L6672	HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Each	C01b	Addition to upper limb	\$140.08	01/01/2010	All	Purchase only	1 per year	
L6675	HARNESS, FIGURE "8", FOR SINGLE CONTROL	Each	C01b	Addition to upper limb	\$76.43	01/01/2010	All	Purchase only	1 per year	
L6676	HARNESS, FIGURE "8", FOR DUAL CONTROL	Each	C01b	Addition to upper limb	\$79.96	01/01/2010	All	Purchase only	1 per year	
L6680	TEST SKT, WRIST DISARTIC OR BELOW/ELBOW	Each	C01b	Addition to upper limb	\$196.88	01/01/2010	All	Purchase only	2 per prosthesis	
L6682	TEST SKT, ELBOW DISARTIC OR ABOVE/ELBOW	Each	C01b	Addition to upper limb	\$217.68	01/01/2010	All	Purchase only	2 per prosthesis	
L6684	TEST SKT,SH DISARTIC OR IN/SCAP THORACIC	Each	C01b	Addition to upper limb	\$295.80	01/01/2010	All	Purchase only	2 per prosthesis	
L6686	UPPER EXTREM ADD SUCTION SOCKET	Each	C01b	Addition to upper limb	\$438.93	01/01/2010	All	Purchase only	1 per 4 years	
L6687	UPPER EXTREM FRAME TYPE BELOW ELBOW ADD	Each	C01b	Addition to upper limb	\$367.11	01/01/2010	All	Purchase only	1 per 4 years	
L6688	UPPER EXTREM ADD FRAME TYPE ABOVE ELB	Each	C01b	Addition to upper limb	\$406.28	01/01/2010	All	Purchase only	1 per 4 years	
L6689	UP EXTRM ADD FRM SOCK SHOULD DISARTIC	Each	C01b	Addition to upper limb	\$484.22	01/01/2010	All	Purchase only	1 per 4 years	
L6690	UPPER EXTREM ADD FRAME TYPE INTERSCAP	Each	C01b	Addition to upper limb	\$570.12	01/01/2010	All	Purchase only	1 per 4 years	
L6691	UPPER EXTREM ADD REMOVABLE INSERT EA	Each	C01b	Addition to upper limb	\$225.03	01/01/2010	All	Purchase only	1 per year	
L6692	ADD ON UP EXT SILICONE GELL INSERT/EQUAL	Each	C01b	Addition to upper limb	\$409.41	01/01/2010	All	Purchase only	1 per 2 years	
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW	Each	C01b	Addition to upper limb	\$2,370.00	07/16/2018	All	Purchase only	1 per 2 years	
L6704	TERM DEV, SPORT/REC/WORK ATT	Each	C01b	Addition to upper limb, terminal device	\$352.81	01/01/2010	All	Purchase only	1 per 4 years	
L6706	TERM DEV MECH HOOK VOL OPEN	Each	C01b	Addition to upper limb, terminal device	\$261.92	01/01/2010	All	Purchase only	1 per 4 years	
L6707	TERM DEV MECH HOOK VOL CLOSE	Each	C01b	Addition to upper limb, terminal device	\$740.62	01/01/2010	All	Purchase only	1 per 4 years	
L6708	TERM DEV MECH HAND VOL OPEN	Each	C01b	Addition to upper limb, terminal device	\$589.16	01/01/2010	All	Purchase only	1 per 4 years	
L6709	TERM DEV MECH HAND VOL CLOSE	Each	C01b	Addition to upper limb, terminal device	\$795.89	01/01/2010	All	Purchase only	1 per 4 years	
L6805	MODIFER WRIST FLEXION UNIT	Each	C01b	Addition to upper limb, terminal device	\$245.52	01/01/2010	All	Purchase only	1 per 4 years	
L6810	TERMINAL DEVICE PINCHER TOOL OTTO BOCK=	Each	C01b	Addition to upper limb, terminal device	\$130.51	01/01/2010	All	Purchase only	1 per 4 years	
L6890	TER DEVICE, PRODUC GLOVE FOR ABOVE HAND	Each	C01b	Addition to upper limb, terminal device	\$127.85	01/01/2010	All	Purchase only	2 per year	
L6900	INCL CST ,SHAD&MEASURE)W/GLOVE,TH/FIN REM	Each	C01b	Addition to upper limb, terminal device	\$1,241.44	01/01/2010	All	Purchase only	1 per 4 years	
L6905	H/R, W/GLOVE, MULTIPLE FINGERS REMAINING	Each	C01b	Addition to upper limb, terminal device	\$1,228.68	01/01/2010	All	Purchase only	1 per 4 years	
L6910	H/R, W/GLOVE, NO FINGERS REMAINING	Each	C01b	Addition to upper limb, terminal device	\$1,207.87	01/01/2010	All	Purchase only	1 per 4 years	
L6915	H/R, REPLACMENT GLOVE FOR ABOVE	Each	C01b	Addition to upper limb, terminal device	\$518.99	01/01/2010	All	Purchase only	1 per 2 years	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L7368	LITHIUM ION BATTERY CHARGER	Each	C01b	Supply	\$366.30	09/01/2011	All	Purchase only	1 per 5 years	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	each	C01b	Upper limb	PA	10/01/1991	All	Purchase only	Medical necessity	
L7510	REPAIR OR REPL MINOR PARTS OF PROSTHETIC DEVICE	Each	C01e	Labor	Supplier charge (without PA), PA (with PA)	01/01/2006	All		1 per 120 days	
L7520	REPAIR PROSTHETIC DEVICE, LABOR, PER 15 MINUTES	Each	C01e	Labor	\$10.67	01/01/2010	All		1 per 120 days	
L8000	MASTECTOMY BRA	Each	C01b	Breast prosthesis	\$29.10	01/01/2010	All	Purchase only	2 per year	
L8010	MASTECTOMY SLEEVE	Each	C01b	Breast prosthesis	\$46.67	01/01/2010	All	Purchase only	3 per year	
L8015	EXTERNAL BREAST PROSTHESIS GARMENT	Each	C01b	Breast prosthesis	\$42.21	01/01/2010	All	Purchase only	3 per year	
L8020	MASTECTOMY FORM, EACH	Each	C01b	Breast prosthesis	\$144.73	01/01/2010	All	Purchase only	1 per 2 years	
L8030	BREAST PROTHESIS, SILICONE OR EQUAL	Each	C01b	Breast prosthesis	\$232.80	01/01/2010	All	Purchase only	1 per 2 years	
L8035	CUSTOM BREAST PROSTHESIS	Each	C01b	Breast prosthesis	\$2,579.86	01/01/2010	All	Purchase only	1 per 2 years	
L8300	TRUSS, SINGLE WITH STANDARD PAD	Each	C01c	Truss	\$59.12	01/01/2010	All	Purchase only	2 per year	
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Each	C01c	Truss	\$95.12	01/01/2010	All	Purchase only	2 per year	
L8320	TRUSS ADDITION TO STANDARD PAD, WATER PAD	Each	C01c	Truss	\$41.52	01/01/2010	All	Purchase only	2 per year	
L8330	TRUSS ADDITION TO STANDARD PADS, SCROT PD	Each	C01c	Truss	\$31.42	01/01/2010	All	Purchase only	2 per year	
L8400	PROSTHETIC SHEATH, B/K, EACH	Each	C01b	Sock	\$10.02	01/01/2010	All	Purchase only	12 per year	
L8410	PROSTHETIC SHEATH, A/K, EACH	Each	C01b	Sock	\$13.19	01/01/2010	All	Purchase only	12 per year	
L8415	PROSTHETIC SHEATH UPPER LIMB EA	Each	C01b	Sock	\$13.65	01/01/2010	All	Purchase only	12 per year	
L8417	PROSTHETIC SOCK/SHEATH, GEL LINER, BEL OR ABV KNEE	Each	C01b	Sock	\$48.14	01/01/2010	All	Purchase only	12 per year	
L8420	PROSTHETIC SOCK, WOOL, B/K, EACH	Each	C01b	Sock	\$13.36	01/01/2010	All	Purchase only	12 per year	
L8430	PROSTHETIC SOCK, WOOL, A/K, EACH	Each	C01b	Sock	\$15.11	01/01/2010	All	Purchase only	12 per year	
L8435	PROSTHETIC SOCK WOOL UPPER LIMB EA	Each	C01b	Sock	\$14.37	01/01/2010	All	Purchase only	12 per year	
L8440	PROSTHETIC SHRINKER, B/K, EACH	Each	C01b	Sock	\$29.85	01/01/2010	All	Purchase only	2 per year	
L8460	PROSTHETIC SHRINKER, A/K, EACH	Each	C01b	Sock	\$42.42	01/01/2010	All	Purchase only	2 per year	
L8465	PROSTHETIC SHRINKER UPPER LIMB EA	Each	C01b	Sock	\$39.22	01/01/2010	All	Purchase only	2 per year	
L8470	STUMP SOCK, SING PLY, FITTING B/K, EACH	Each	C01b	Sock	\$4.25	01/01/2010	All	Purchase only	24 per year	
L8480	STUMP SOCK, SING PLY, FITTING, A/K, EACH	Each	C01b	Sock	\$5.86	01/01/2010	All	Purchase only	24 per year	
L8485	STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	Each	C01b	Sock	\$7.89	01/01/2010	All	Purchase only	24 per year	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Each	C01b	Miscellaneous procedure	PA	10/01/1991	All	Purchase only	Medical necessity	
L8500	ARTIFICIAL LARYNX	Each	C01b	Speech aid	\$421.25	01/01/2010	All	Purchase only	1 per 4 years	
L8501	TRACHEOSTOMY SPEAKING VALVE	Each	C01b	Speech aid	\$83.66	01/01/2010	All	Purchase only	1 per 4 months	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Cochlear implant	\$346.02	01/01/2016	All	Purchase only	Medical necessity	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Cochlear implant	\$80.58	01/01/2016	All	Purchase only	Medical necessity	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Cochlear implant	\$70.39	01/01/2016	All	Purchase only	Medical necessity	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Each	C11	Cochlear implant	\$20.12	01/01/2016	All	Purchase only	Medical necessity	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Each	C11	Cochlear implant	\$6,448.80	01/01/2016	All	Purchase only	1 per 5 years	
L8621	ZINC AIR BATTERY, COCH IMPLANT DEV, REPL, EA	Each	C01b	Supply	\$0.45	09/01/2011	All	Purchase only	25 per month per implant	
L8622	ALKALINE BATTERY, COCH IMPLANT DEV, ANY SIZE, REPL	Each	C01b	Supply	\$0.24	09/01/2011	All	Purchase only	31 per month per implant	
L8623	LITH ION BATT CID, NON-EARLVL	Each	C01b	Supply	\$46.94	09/01/2011	All	Purchase only	2 per year per implant	
L8624	LITH ION BATT CID, EAR LEVEL	Each	C01b	Supply	\$117.04	09/01/2011	All	Purchase only	2 per year per implant	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Each	C11	Cochlear implant	\$5,473.60	01/01/2016	All	Purchase only	Medical necessity	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Each	C11	Cochlear implant	\$975.19	01/01/2016	All	Purchase only	Medical necessity	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	C11	Cochlear implant	\$137.06	01/01/2016	All	Purchase only	Medical necessity	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	Each	C01a	Other equipment	\$2,045.83	01/01/2016	All	Purchase only	Medical necessity	
Q9994	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Each	C26	Feeding kit	\$31.20	01/01/2019	Non-institutional only	Purchase only	1 per day	To be used in conjunction with B4034, B4035, or B4036
S1040	CRANIAL REMOLDING ORTHOSIS	Each	C35	Cranial remolding device	\$2,000.00	09/01/2011	All	Purchase only	Medical necessity	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK	Each	C01d	Respiratory care supplies	\$8.00	04/01/2006	Non-institutional only	Purchase only	1 per year	
S8420	CUSTOM GRADIENT SLEEVE/GLOVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8421	READY GRADIENT SLEEVE/GLOV	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8422	CUSTOM GRAD SLEEVE MED	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8423	CUSTOM GRAD SLEEVE HEAVY	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8424	READY GRADIENT SLEEVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8425	CUSTOM GRAD GLOVE MED	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8426	CUSTOM GRAD GLOVE HEAVY	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8427	READY GRADIENT GLOVE	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S8428	READY GRADIENT GAUNTLET	Each	C14a	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	
S9435	MEDICAL FOOD FOR INBORN ERRORS OF METABOLISM		C26	Medical food	BR	12/31/2014	Non-institutional only	Purchase only		
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	Each	C21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	Each	C21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	Each	C21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	Each	C21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	Each	C21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	

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

HCPDS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	Each	C21	Incontinence garment	\$0.54	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	Each	C21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	Each	C21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	Each	C21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	Each	C21	Incontinence garment	\$11.00	01/01/2005	Non-institutional only	Purchase only	12 per year	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	Each	C21	Incontinence supply	\$20.00	01/01/2005	Non-institutional only	Purchase only	6 per year	
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH	Each	C21	Incontinence service	\$0.53	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	Each	C21	Incontinence garment	\$10.00	01/01/2005	Non-institutional only	Purchase only	6 per year	
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	Each	C21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	Each	C21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	
T4543	DISP BARIATRIC BRIEF/DIAPER	Each	C21	Incontinence garment	\$2.12	01/01/2010	Non-institutional only	Purchase only	150 per month	
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	Each	C21	Incontinence garment	\$2.12	07/16/2018	Non-institutional only	Purchase only	150 per month	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED [Used to represent insect repellent]	Each	C01d	Insect repellent	\$10.00	06/06/2016	All	Purchase only		Coverage was established to help prevent the spread of the Zika virus.
T2101	BREAST MILK PROC/STORE/DIST, PER OZ	Ounce	C26	Donor human milk	\$4.75	07/16/2018	Non-institutional only	Purchase only	Medical necessity	
V5014	REPAIR, MODIFICATION OF HEARING AID	Each	C01e	Repair of hearing aid	Usual and customary charge (provider-performed); 125% of invoice (subcontracted)	01/01/2006	All		< \$120, 1 per 120 days; >= \$120, 1 per year	
V5030	BODY-WORN HEARING AID AIR	Each	C11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	



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

HPCPS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
V5040	BODY-WORN HEARING AID BONE	Each	C11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5050	HEARING AID MONAURAL IN EAR	Each	C11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	
V5060	BEHIND EAR HEARING AID	Each	C11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	
V5070	GLASSES AIR CONDUCTION	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5080	GLASSES BONE CONDUCTION	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5130	IN EAR BINAURAL HEARING AID	Each	C11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	
V5140	BEHIND EAR BINAUR HEARING AID	Each	C11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	
V5150	GLASSES BINAURAL HEARING AID	Each	C11	Glasses	\$485.00	01/01/2010	All	Purchase only	1 per 5 years	
V5160	DISPENSING FEE BINAURAL	Each	C11	Fee	\$291.00	01/01/2010	All	Purchase only	1 per 5 years	
V5170	WITHIN EAR CROS HEARING AID	Each	C11	CROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5180	BEHIND EAR CROS HEARING AID	Each	C11	CROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5190	GLASSES CROS HEARING AID	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5200	CROS HEARING AID DISPENS FEE	Each	C11	CROS	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5210	IN EAR BICROS HEARING AID	Each	C11	BiCROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5220	BEHIND EAR BICROS HEARING AID	Each	C11	BiCROS	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	
V5230	GLASSES BICROS HEARING AID	Each	C11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	
V5240	DISPENSING FEE BICROS	Each	C11	BiCROS	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5241	DISPENSING FEE, MONAURAL	Each	C11	Fee	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	
V5246	HEARING AID, PROG, MON, ITE	Each	C11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	
V5247	HEARING AID, PROG, MON, BTE	Each	C11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	
V5252	HEARING AID, PROG, BIN,ITE	Each	C11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	
V5253	HEARING AID, PROG, BIN, BTE	Each	C11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	
V5256	HEARING AID, DIGIT, MON, ITE	Each	C11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	
V5257	HEARING AID, DIGIT, MON, BTE	Each	C11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	
V5260	HEARING AID, DIGIT, BIN, ITE	Each	C11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	
V5261	HEARING AID, DIGIT,BIN,BTE	Each	C11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	
V5264	EAR MOLD, INSERT	Each	C11	Insert	\$24.25	01/01/2010	All	Purchase only	4 per year, < 5 year old; 1 per 2 years per ear, 5+ years old	
V5266	BATTERY FOR HEARING AID DEVICE	Each	C11	Battery	\$0.97	01/01/2010	All	Purchase only	48 per year per hearing aid	
V5267	HEARING AID SUPPLIES/ ACCESSORIES	Each	C11	Supply	PA	11/01/2004	All	Purchase only	1 per year	
Y2032	BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	Each	C22	Back-up	\$375.00	05/01/1990	All	Rental only	1 per month	
Y2090	HOME HEMODIALYSIS FOR ESRD	Each	C10	ESRD	\$1,200.00	05/01/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.

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

HCPCS CODE	DESCRIPTION	UNIT	CATEGORY	SUBCATEGORY / APPLICATION	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	LIMIT	NOTES
Y2091	CAPD HOME DIALYSIS	Each	C10	CAPD	\$1,200.00	05/01/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.
Y2092	CCPD HOME DIALYSIS	Each	C10	CCPD	\$1,500.00	09/05/1990	Non-institutional only	Rental only	1 per month	All supplies and equipment for home dialysis are to be reported under a single code.
Y9167	SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200	Each	C01d	Supply	\$4.00	06/20/1990	Non-institutional only	Purchase only	1 per 2 months	

## Key to CATEGORY indicator

### By DMEPOS category:

DME: ambulation aids	C30
DME: apnea monitors	C09
DME: commodes	C33
DME: compression burn garments	C14b
DME: compression garments	C14a
DME: continuous passive motion (CPM) devices	C27
DME: equipment and supplies categorized with oxygen	C13
DME: HFCWO devices	C08
DME: home dialysis equipment and supplies	C10
DME: hospital beds and bed accessories	C18a
DME: insulin pumps	C29
DME: lactation pumps	C25
DME: osteogenesis stimulators	C28
DME: pneumatic compression devices and accessories	C17
DME: positive airway pressure devices	C19
DME: pressure-reducing support surfaces	C18b
DME: pulse oximeters	C23
DME: speech generating devices	C24
DME: transcutaneous electrical nerve stimulation (TENS) units	C15
DME: ventilators	C22
DME: other equipment items	C01a
Orthotic devices and prostheses: cranial remolding devices	C35
Orthotic devices and prostheses: foot orthoses	C31b
Orthotic devices and prostheses: hearing aids	C11
Orthotic devices and prostheses: orthopedic shoes	C31a
Orthotic devices and prostheses: other orthotic devices	C01c
Orthotic devices and prostheses: other prostheses	C01b
Medical supplies: incontinence garments and related supplies	C21
Medical supplies: nutrition supplies	C26
Medical supplies: ostomy supplies	C32a
Medical supplies: urological supplies	C32b
Medical supplies: wound dressings and related supplies	C34
Medical supplies: other supply items	C01d
DMEPOS: labor	C01e

### By category number:

C01a	DME: other equipment items
C01b	Orthotic devices and prostheses: other prostheses
C01c	Orthotic devices and prostheses: other orthotic devices
C01d	Medical supplies: other supply items
C01e	DMEPOS: labor
C08	DME: HFCWO devices
C09	DME: apnea monitors
C10	DME: home dialysis equipment and supplies
C11	Orthotic devices and prostheses: hearing aids
C13	DME: equipment and supplies categorized with oxygen
C14a	DME: compression garments
C14b	DME: compression burn garments
C15	DME: transcutaneous electrical nerve stimulation (TENS) units
C17	DME: pneumatic compression devices and accessories
C18a	DME: hospital beds and bed accessories
C18b	DME: pressure-reducing support surfaces
C19	DME: positive airway pressure devices
C21	Medical supplies: incontinence garments and related supplies
C22	DME: ventilators
C23	DME: pulse oximeters
C24	DME: speech generating devices
C25	DME: lactation pumps
C26	Medical supplies: nutrition supplies
C27	DME: continuous passive motion (CPM) devices
C28	DME: osteogenesis stimulators
C29	DME: insulin pumps
C30	DME: ambulation aids
C31a	Orthotic devices and prostheses: orthopedic shoes
C31b	Orthotic devices and prostheses: foot orthoses
C32a	Medical supplies: ostomy supplies
C32b	Medical supplies: urological supplies
C33	DME: commodes
C34	Medical supplies: wound dressings and related supplies
C35	Orthotic devices and prostheses: cranial remolding devices

5160-10-01

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

(A) This rule sets forth general coverage and payment policies for durable medical equipment (DME), prostheses, orthotic devices, medical/surgical supplies, and supplier services.

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

(2) Policies set forth in other rules in this chapter supersede any provisions in this rule with which they conflict.

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

(1) "Certificate of medical necessity (CMN)" is a written statement by a practitioner attesting that a particular item or service is medically necessary for an individual.

(a) If no other form or format is specified, the CMN form specified in the relevant rule in this chapter of the Administrative Code is the default that is to be used.

(b) A CMN is not invalidated by a change in an individual's status from one medicaid eligibility category to another (e.g., from fee-for-service medicaid to medicaid managed care).

(c) Renewal of lifetime certification is not necessary.

(d) An illegible CMN will not be accepted.

(2) "Coverage" is the principle that medicaid payment is routinely made for a particular medically necessary item or service.

(a) The department maintains several payment schedules of covered items and services, which are posted on the department's web site. These schedules are neither all-inclusive nor exclusive. Neither the appearance of an item or service on a payment schedule nor its absence determines, in and of itself, coverage or non-coverage.

(b) For most covered items and services, medical necessity has already been established and is simply confirmed on a case-by-case basis through

the completion of a CMN (when applicable). For certain items and services, medical necessity and coverage are established through a prior authorization (PA) process.

- (c) Only the department can determine coverage. Providers cannot decide on their own that an item or service is not covered or would not be covered with PA. Providers should submit a PA request to obtain an official decision.
- (3) "Department" is the Ohio department of medicaid or, when applicable, its designee. The address of the department's web site is <http://medicaid.ohio.gov>.
- (4) "DMEPOS item" is a collective term for a covered durable medical equipment (DME) item, prosthetic device, orthotic device, or medical supply item furnished by an eligible provider to an eligible recipient.
- (5) "DMEPOS provider" is a collective term for the following eligible providers:
- (a) A basic DME supplier, which holds licensure or certification in accordance with Chapter 4752. of the Revised Code and furnishes items other than life-sustaining or technologically sophisticated equipment;
- (b) A specialized DME supplier, which holds licensure or certification in accordance with Chapter 4752. of the Revised Code and furnishes life-sustaining or technologically sophisticated equipment; and
- (c) An orthotics and prosthetics (O&P) supplier, which holds licensure or certification in accordance with section 4779.02 of the Revised Code and furnishes orthotic and prosthetic devices.
- (6) "DMEPOS service" is a covered service, such as labor for repair or replacement, that is furnished by an eligible provider and is related directly to a DMEPOS item.
- (7) "Frequency limit" is the average expected useful life of a DMEPOS item. A frequency limit is not an absolute restriction but a general guideline and therefore may be exceeded with medical justification. For certain DMEPOS items that can be dispensed in multiple units (such as fasteners or items with left/right orientation), a frequency limit applies to each unit that is requested.
- (8) "Invoice price" is the price printed on the invoice sent by the manufacturer to the provider. The provider is not permitted to enter, modify, obscure, or obliterate the invoice price on any supporting document submitted to the department. Documentation of an invoice price is subject to approval by the department.

(9) "Long-term care facility (LTCF)" is a collective term for a nursing facility (NF), a skilled nursing facility (SNF), and an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

(10) "Need verification" is a process by which the department determines whether to make payment for a DMEPOS item or service that exceeds the established cost threshold or frequency guideline. Because need verification is applied only to items or services for which medical necessity has been established or presumed, no extensive or in-depth clinical assessment is necessary (as it is with prior authorization). One purpose of need verification is to enable the department to consider whether the purchase of a new piece of equipment might be more cost-effective than continued repair.

(11) "Private residence" is a recipient's place of residence other than a long-term care facility (LTCF).

(C) Coverage.

(1) The provision of or payment for a medically necessary DME item or medical supply for a resident of a LTCF is the responsibility of the LTCF, in accordance with Chapter 5160-3 of the Administrative Code. In turn, the LTCF receives medicaid per diem payment on the basis of its cost report. Therefore, claims submitted for such items or supplies furnished to LTCF residents will be denied. Any exceptions are set forth in other rules in this chapter of the Administrative Code.

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

(3) A medically necessary DMEPOS item can be dispensed only by prescription. The following provisions apply:

(a) Eligible medicaid providers of the following types having prescriptive authority under Ohio law may certify the medical necessity of a DMEPOS item:

(i) A physician;

(ii) A podiatrist;

(iii) An advanced practice registered nurse with a relevant specialty; or

(iv) A physician assistant.

- (b) Before writing a prescription for certain DMEPOS items, a practitioner conducts a face-to-face encounter with the medicaid recipient and documents it in the recipient's medical record. Items for which an encounter is a prerequisite are listed on the website of the centers for medicare and medicaid services (CMS) at <http://www.cms.gov>.
- (c) A prescription cannot be written before an encounter.
- (d) Unless a different length of time is specified, a prescription for a particular DMEPOS item is valid for sixty days, regardless of whether it is based on a face-to-face encounter.
- (e) A single encounter can serve for twelve months as the basis for a single prescription or for more than one prescription addressing the same medical condition for which a DMEPOS item is being prescribed.
- (f) The medical practitioner acting as prescriber needs to be actively involved in managing the recipient's healthcare. The department may disallow a prescription written by a practitioner who has no professional relationship with the recipient.
- (g) There needs to be a direct relationship between the prescribed DMEPOS item and a medical condition of the recipient that the practitioner evaluates, assesses, or actively treats during the encounter.
- (h) Each prescription should specify a quantity (e.g., "TID," "thirty per month"). An unstated quantity is assumed to be one unit.
- (4) A prescription serves as an order to dispense, and a DMEPOS provider may dispense an item on receipt of a valid prescription. Payment, however, depends on the establishment of medical necessity, which is separate from the prescription process. For most DMEPOS items, a provider has the applicable CMN completed and signed by a prescribing practitioner after the prescription is written and before it expires. If no CMN is specified for an item, then the prescription itself establishes medical necessity.
- (5) Certain DMEPOS items are subject to prior authorization (PA). A list of such items is posted on the department's web site.

  - (a) The following DMEPOS items are always subject to PA:

    - (i) A custom or a specialized DMEPOS item;

- (ii) A "not otherwise specified," "miscellaneous," or "unlisted" item or service; and
        - (iii) Used DME.
  - (b) When PA is given, it may specify a quantity, manufacturer, model, part number, or other information identifying a particular item. When such identifying information is present, a provider may supply and subsequently submit claims for the specified items only. No changes or substitutions are allowed without explicit authorization by the department.
  - (c) The department, on the basis of clinical indications, may grant PA for an item other than one that has been requested.
  - (d) For items subject to PA, the provider submits the following documentation within sixty days after the date on which the CMN was signed (or, if there is no applicable CMN, within the validity period of the prescription):
    - (i) The fully completed and signed CMN (or, if there is no applicable CMN, the prescription);
    - (ii) Related information, such as a full description of any similar item currently in possession of the recipient or an explanation of a change in the recipient's condition that warrants a change in equipment;
    - (iii) For a "not otherwise specified," "miscellaneous," or "unlisted" item, a complete description of the item (including, as applicable, the manufacturer, model or style, and size), a list of all bundled components, and an itemization of all charges; and
    - (iv) Any other information requested by the department, as detailed in this chapter of the Administrative Code.
  - (e) A request for PA of a preparatory prosthesis includes the reason for the amputation, the date of the amputation, and an explanation of the benefit to be derived from having the recipient use a preparatory prosthesis before a definitive prosthesis is designed.
  - (f) A claim for an item or service that exceeds the specified maximum quantity or frequency but is not otherwise subject to PA may be subject to need verification before payment will be considered.



- (g) A request for PA or need verification may be denied in cases involving malicious damage, neglect, culpable irresponsibility, or wrongful disposition.
- (6) For items not subject to PA, the provider keeps on file the prescription and, if applicable, the fully completed and signed CMN. The provider cannot submit a claim until these documents have been obtained.
- (7) For an item that is shipped directly to a recipient, the shipping date is the dispensing date.
- (8) For an item that needs multiple fittings and special construction, the first date of service is the dispensing date.
- (9) If a recipient dies after measurements for a prescribed custom item have been taken but before the item has been dispensed, then payment for the item may be made under the following conditions:
  - (a) The code set description for the item indicates that it is designed or intended for a specific individual;
  - (b) The item is substantially complete and cannot be modified for use by another individual;
  - (c) No information available to the provider indicated that the death of the recipient was imminent;
  - (d) The provider can document the date of measurement; and
  - (e) On the claim, the provider reports the date of measurement as the date of service.
- (10) Any request for a DMEPOS item or service needs to originate with an individual recipient, the recipient's authorized representative, or a medical practitioner acting as the prescriber with the recipient's full knowledge and consent.
- (11) A request that is determined by the department to have resulted from a mass screening or examination will be denied.
- (12) When instruction in the safe and appropriate use of a particular DMEPOS item is indicated, it is the responsibility of the provider to ensure that the recipient or someone authorized to assist the recipient has received such instruction.

- (13) Payment for repair of a DME item, prosthetic device, or orthotic device or for purchase of a related medical supply item or service can be made only if the medical necessity of the DME item, prosthetic device, or orthotic device itself has been established. The medical necessity of an item purchased by the department is established during the purchasing process. For an item not purchased by the department, medical necessity may be documented on an appropriate medicaid certificate of medical necessity, on a prescription that addresses all specified criteria, or on any other form that is acceptable to the department. No additional documentation of medical necessity is necessary for subsequent repairs made to an item. The determination that an item not purchased by the department is medically necessary does not indicate that the item would be authorized for purchase.
- (14) Payment may be made for covered repair, maintenance, parts, accessories, or supplies for a DME item that is owned by an individual but has not been purchased by the department. Payment for the initial service or delivery is subject to PA; payment for subsequent service or deliveries is not subject to PA.
- (15) Unless otherwise specified elsewhere in this chapter of the Administrative Code, for each claim submitted for payment, a provider keeps the following supporting documents on file:
- (a) A completed and signed CMN, if needed;
  - (b) If no CMN is needed, a legible prescription that specifies a diagnosis;
  - (c) Information such as practitioner orders or chart notes, used to establish the medical necessity of the DMEPOS item;
  - (d) Any record indicating a change in an individual's needs or plan of care;
  - (e) Proof of delivery;
  - (f) Confirmation that the recipient or the recipient's authorized representative has been instructed in the safe use of the DMEPOS item, if applicable;
  - (g) A copy of the manufacturer's or dealer's warranty, if applicable; and
  - (h) A record of any repair or service that has been performed on equipment not paid for by medicaid, if applicable.
- (16) The default CMN form for general DME items and supplies is the ODM 01913, "Certificate of Medical Necessity / Request for Need Verification: General Medical Supplies and Equipment" (rev. XX/2021).

- (17) Proof is needed to show that a DMEPOS item has been delivered to the intended recipient.
- (a) Providers, their employees, and anyone else having a financial interest in the delivery of DMEPOS items are not permitted to accept delivery of an item on behalf of a medicaid recipient.
  - (b) If a provider delivers directly to a recipient, then acceptable proof of delivery includes the signature of the recipient or the recipient's authorized representative. For a DMEPOS item delivered to a resident of a LTCF, the LTCF is responsible for furnishing proof of delivery.
  - (c) If a provider uses a third-party shipper, then acceptable proof of delivery includes the shipper's tracking slip or a returned postage-paid delivery invoice.
  - (d) If a signature obtained physically at the time of delivery is not legible, then the provider or shipper records the name of the person accepting delivery and the relationship of the person to the recipient. If the provider or shipper records such information for a particular person and maintains it in a readily accessible format, then on subsequent deliveries only the signature is needed.
- (18) If more than one DMEPOS item or service will meet a recipient's needs, then the maximum payment amount cannot exceed the least costly alternative, in accordance with rule 5160-1-01 of the Administrative Code.
- (19) No separate payment will be made under this chapter of the Administrative Code for the following items or services:
- (a) Items presumed to be nonmedical in nature and for which no medical necessity can therefore be demonstrated, including but not limited to the following examples:
    - (i) Environmental control devices;
    - (ii) Items that have no medical benefit but are intended solely for the comfort or convenience of the user;
    - (iii) Physical fitness equipment;
    - (iv) Precautionary items (e.g., emergency alert systems);
    - (v) Training equipment (e.g., speech-teaching machines);

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

- (20) Payment is not available for DMEPOS items that duplicate or conflict with another item currently in the recipient's possession, regardless of payment or supply source. Providers are responsible for ascertaining whether duplication or conflict exists.
- (21) Certain DMEPOS items may be dispensed on a recurring basis. A provider is to confirm a recipient's current need before the next delivery. If DMEPOS items are routinely delivered without necessary confirmation of need, then any payment for excess quantities is subject to recovery.
- (22) No prescription for disposable items dispensed on a recurring basis (e.g., incontinence garments, wound dressings) can be renewed earlier than ninety days before the expiration of the current prescription.
- (23) Most covered DME items are purchased and become the property of the recipient. Some covered DME items that need ongoing servicing are rented exclusively. Some covered DME items may be rented on a short-term basis, purchased, or rented and then purchased.

  - (a) The short-term rental of a covered DME item other than a wheelchair is subject to PA, which may be given if rental is determined to be more cost-effective than purchase.
  - (b) Unless a different length of time is specified elsewhere in this chapter of the Administrative Code, the initial rental period does not exceed six months.
  - (c) PA may be given for additional rental periods.
  - (d) Regardless of its authorized length, a rental period ends when the rented item is no longer medically necessary.
  - (e) A monthly rental payment secures the rented item for the entire calendar month.
  - (f) During a rental period and for ninety days afterward, all rental amounts paid apply toward purchase.
  - (g) The department reserves the right to determine whether an item will be rented or purchased.
  - (h) The provider is to notify the recipient when an item in effect has been purchased through rental.

- (24) Medical supply items such as gauze pads and wound fillers/packing are dispensed in bulk. No payment amount per unit has been established for such items; instead, an overall payment limit per period is specified. The charge submitted by the provider cannot exceed one hundred forty-seven per cent of the invoice price for the quantity of the item.
- (25) The purchase of torsion cables may be authorized only for the treatment of children with neuromuscular diseases and related conditions. Requests for torsion cables to treat positional deformities will be denied because of anticipated resolution that occurs with maturation.
- (26) No provider can submit a claim for a DMEPOS item or service before the item or service has been supplied.

(D) Claim payment.

- (1) The payment amount specified in another rule in this chapter of the Administrative Code supersedes any payment amount established by provisions in this rule.
- (2) For a covered DMEPOS item or service represented by a new or newly adopted healthcare common procedure coding system (HCPCS) procedure code, the initial maximum payment amount may be established in accordance with rule 5160-1-60 of the Administrative Code. New or newly adopted HCPCS codes are published in a separate table on the department's web site and remain there until the appropriate DMEPOS payment schedules can be updated.
- (3) For any covered DMEPOS item or service not represented by a new or newly adopted HCPCS procedure code, the payment amount is the lesser of the submitted charge (which is to reflect any discounts or rebates available to the provider at the time of claim submission but need not reflect subsequent discounts or rebates) or the first applicable medicaid maximum from the following ordered list:

  - (a) For a "by report" DMEPOS item or service, an amount determined on a case-by-case basis;
  - (b) For a supply item for which payment is determined by PA, one hundred forty-seven per cent of the invoice price (minus discounts or rebates);
  - (c) For a non-supply DMEPOS item or service for which payment is determined by PA, an amount determined on a case-by-case basis;
  - (d) For a bulk item having an overall payment limit per period, the submitted charge;

- (e) For the authorized purchase of a DMEPOS item in used condition, eighty per cent of the payment amount for the item in new condition;
  - (f) For monthly payment for a "rental/purchase" DME item, ten per cent of the medicaid maximum specified for purchase;
  - (g) For a professional service for which separate payment is made (such as an evaluation), the applicable amount listed in appendix DD to rule 5160-1-60 of the Administrative Code; or
  - (h) The amount listed in the appendix to this rule.
- (4) In accordance with the principle stated in rule 5160-1-60 of the Administrative Code concerning correct coding, a "not otherwise specified," "miscellaneous," or "unlisted" procedure code of the appropriate DMEPOS type may be reported on a claim only if no other code listed on a payment schedule indicates coverage of the item or service. The department may deny a claim that omits necessary information or that includes a "not otherwise specified," "miscellaneous," or "unlisted" procedure code when an appropriate procedure-specific code is available.

Replaces: 5160-10-01

Effective:

Five Year Review (FYR) Dates:

---

### Certification

---

### Date

Promulgated Under: 119.03  
 Statutory Authority: 5164.02  
 Rule Amplifies: 5164.02, 5165.47  
 Prior Effective Dates: 04/07/1977, 12/21/1977, 12/30/1977, 01/08/1979, 01/01/1980, 02/01/1980, 03/01/1984, 12/30/1984, 05/19/1986, 07/01/1987, 10/01/1987, 04/01/1988, 10/01/1988, 04/13/1989 (Emer.), 05/15/1989, 09/01/1989, 12/01/1989, 05/01/1990, 06/20/1990 (Emer.), 09/05/1990, 02/17/1991, 05/25/1991, 12/30/1991, 04/01/1992 (Emer.), 07/01/1992, 11/16/1992, 12/31/1992 (Emer.), 04/01/1993, 07/08/1993, 12/10/1993, 12/30/1993 (Emer.), 03/31/1994, 07/01/1994, 02/01/1995, 08/01/1995, 12/29/1995 (Emer.), 03/21/1996, 12/31/1996 (Emer.), 03/31/1997, 08/01/1997, 08/01/1998, 09/01/1998, 12/31/1998 (Emer.), 03/31/1999, 01/04/2000 (Emer.), 03/20/2000, 12/29/2000 (Emer.), 03/30/2001, 12/31/2001 (Emer.), 03/29/2002, 09/01/2002, 12/12/2002, 03/24/2003, 07/01/2004, 10/01/2004, 11/01/2004 (Emer.), 12/30/2004 (Emer.), 01/16/2005, 03/28/2005, 09/01/2005, 12/30/2005 (Emer.), 03/27/2006, 07/01/2006, 10/15/2006, 12/29/2006 (Emer.), 03/29/2007, 04/16/2007, 07/30/2007, 11/20/2007, 12/16/2007, 12/31/2007 (Emer.), 03/30/2008, 12/31/2008 (Emer.), 03/31/2009, 04/01/2009, 07/31/2009 (Emer.), 10/29/2009, 12/31/2009 (Emer.), 01/01/2010, 02/01/2010 (Emer.),



03/31/2010, 12/30/2010 (Emer.), 03/30/2011,  
08/02/2011, 09/01/2011, 12/30/2011 (Emer.),  
03/29/2012, 07/01/2013, 12/31/2013, 04/01/2016,  
07/16/2018, 01/01/2019, 06/12/2020 (Emer.)

# Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)

## Appendix to OAC rule 5160-10-01

Payment schedule effective 07/01/2021

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

HCPDS CODE	DESCRIPTION	UNIT	RELATED RULE 5160-10-...	CATEGORY	CURRENT MAXIMUM PAYMENT AMOUNT	PAYMENT AMOUNT EFFECTIVE DATE	RESIDENCE	RENTAL OR PURCHASE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	NOTES
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC	Each	5160-10-01	Syringes / needles	\$0.23	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC	Each	5160-10-01	Syringes / needles	\$0.17	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER	Each	5160-10-01	Syringes / needles	\$0.27	05/01/1990	Non-institutional only	Purchase only	100 per month	Limit-based	
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	Each	5160-10-01	Syringes / needles	\$3.60	04/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	Each	5160-10-01	Syringes / needles	\$0.60	11/22/1990	Non-institutional only	Purchase only	50 per year	Limit-based	
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH	10-milliliter vial	5160-10-01	Distilled water / sterile saline	\$0.25	10/01/2004	Non-institutional only	Purchase only	90 per month	Never required	
A4217	STERILE WATER/SALINE, 500 ML	500-milliliter bottle	5160-10-01	Distilled water / sterile saline	\$2.50	10/06/2007	Non-institutional only	Purchase only	36 per month	Limit-based	
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$20.55	01/01/1998	Non-institutional only	Purchase only	4 per month	Limit-based	
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$40.00	01/01/2005	Non-institutional only	Purchase only	60 per month	Limit-based	
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$15.00	03/21/2007	Non-institutional only	Purchase only	30 per month	Limit-based	
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$15.52	01/01/2017	Non-institutional only	Purchase only	1 per week	Limit-based	
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE	Each	5160-10-29	Infusion pump (non-nutrition) supplies	\$2.08	01/01/2017	Non-institutional only	Purchase only	4 per month	Limit-based	
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING, PER WEEK	Each	5160-10-29	Infusion pump (non-nutrition) supplies	\$20.25	07/01/2021	Non-institutional only	Purchase only	1 per week	Limit-based	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$8.66	03/29/2007	Non-institutional only	Purchase only	30 per month	Never required	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$5.27	03/29/2007	Non-institutional only	Purchase only	30 per month	Never required	
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC	Each	5160-10-29	Infusion pump (non-nutrition) supplies	\$4.00	10/15/2006	Non-institutional only	Purchase only	30 per month	Never required	
A4244	ALCOHOL OR PEROXIDE, PER PINT	16 ounces	5160-10-01	Antiseptic solution	\$0.56	05/01/1990	Non-institutional only	Purchase only	15 per month	Limit-based	
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	16 ounces	5160-10-01	Antiseptic solution	\$10.00	06/20/1990	Non-institutional only	Purchase only	6 per month	Limit-based	
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	Box	5160-10-01	Antiseptic solution	\$19.00	01/01/2005	Non-institutional only	Purchase only	2 per month	Limit-based	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	Each	5160-10-01	Family planning supplies	\$17.65	01/01/1999	Non-institutional only	Purchase only	2 per year	Never required	
A4265	PARAFFIN, PER POUND	Pound	5160-10-01	Heat / cold application	\$3.37	12/15/2002	Non-institutional only	Purchase only	2 per month	Limit-based	
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	Each	5160-10-01	Family planning supplies	\$25.46	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE	Each	5160-10-01	Family planning supplies	\$0.40	04/01/2003	Non-institutional only	Purchase only	36 per month	Limit-based	
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE	Each	5160-10-01	Family planning supplies	\$2.10	04/01/2003	Non-institutional only	Purchase only	36 per month	Limit-based	
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL)	Each	5160-10-01	Family planning supplies	\$10.05	04/01/2003	Non-institutional only	Purchase only	1 per month	Limit-based	
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	Each	5160-10-29	Infusion pump (non-nutrition) equipment	\$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	Each	5160-10-29	Infusion pump (non-nutrition) equipment	\$12.73	04/01/2001	Non-institutional only	Purchase only	1 per day	Limit-based	
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Each	5160-10-32	Insertion tray	\$3.90	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR	Each	5160-10-32	Insertion tray	\$6.75	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	5160-10-32	Insertion tray	\$10.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	5160-10-32	Insertion tray	\$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC,	Each	5160-10-32	Insertion tray	\$10.75	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	Each	5160-10-32	Insertion tray	\$14.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	Each	5160-10-32	Insertion tray	\$18.00	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Each	5160-10-32	Insertion tray	\$2.50	04/01/1992	Non-institutional only	Purchase only	30 per month	Limit-based	
A4322	IRRIGATION SYRINGE, BULB OR PISTON	Each	5160-10-32	Insertion syringe	\$1.60	06/20/1990	Non-institutional only	Purchase only	30 per month	Limit-based	
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE	Each	5160-10-32	Catheter	\$9.00	08/01/1997	Non-institutional only	Purchase only	5 per year	Limit-based	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP	Each	5160-10-32	Cup	\$37.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	

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

A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH	Each	5160-10-32	Pouch	\$8.33	04/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE	Each	5160-10-32	Pouch	\$5.80	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH	Each	5160-10-32	Tubing	\$3.04	04/01/2001	Non-institutional only	Purchase only	2 per month	Limit-based	
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	Each	5160-10-32	Anchoring device	\$2.00	07/16/2018	Non-institutional only	Purchase only	12 per month	Limit-based	
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	Each	5160-10-32	Anchoring device	\$3.00	01/01/2001	Non-institutional only	Purchase only	1 per month	Limit-based	
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Each	5160-10-32	Supply	PA	05/01/1990	Non-institutional only	Purchase only	Medical necessity	Always required	
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	5160-10-32	Catheter	\$4.20	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.)	Each	5160-10-32	Catheter	\$24.00	08/01/1997	Non-institutional only	Purchase only	3 per month	Limit-based	
A4344	INDWELLING CATHETER; FOLEY TYPE, TWO WAY, ALL SILICONE	Each	5160-10-32	Catheter	\$9.39	04/01/1992	Non-institutional only	Purchase only	3 per month	Limit-based	
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION	Each	5160-10-32	Catheter	\$12.50	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE	Each	5160-10-32	Catheter	\$1.39	01/01/2005	Non-institutional only	Purchase only	60 per month	Limit-based	
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	5160-10-32	Catheter	\$0.79	01/01/1996	Non-institutional only	Purchase only	200 per month	Limit-based	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.)	Each	5160-10-32	Catheter	\$2.00	01/01/1996	Non-institutional only	Purchase only	200 per month	Limit-based	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Each	5160-10-32	Catheter	\$3.49	10/01/2004	Non-institutional only	Purchase only	60 per month	Limit-based	Payment for A4353 includes lubricant.
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	Each	5160-10-32	Insertion tray	\$7.40	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4355	IRRIGATION TUBING SET 3-WAY INDWELLING FOLEY CATHETER	Each	5160-10-32	Tubing	\$2.70	05/01/1990	Non-institutional only	Purchase only	3 per month	Limit-based	
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP)	Each	5160-10-32	Clamp	\$30.01	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE	Each	5160-10-32	Bag	\$6.00	06/20/1990	Non-institutional only	Purchase only	2 per month	Limit-based	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS	Each	5160-10-32	Bag	\$6.26	04/01/2001	Non-institutional only	Purchase only	4 per month	Limit-based	
A4361	OSTOMY FACEPLATE	Each	5160-10-32	Face plate	\$17.52	04/01/2001	Non-institutional only	Purchase only	4 per year	Limit-based	
A4362	SKIN BARRIER, SOLID, 4 X 4 OR EQUIVALENT	Each	5160-10-32	Barrier	\$3.22	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	Ounce	5160-10-32	Adhesive	\$2.38	04/01/2001	Non-institutional only	Purchase only	4 per 2 months	Limit-based	
A4367	OSTOMY BELT	Each	5160-10-32	Belt	\$6.96	04/01/2001	Non-institutional only	Purchase only	2 per 6 MOS	Limit-based	
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	Ounce	5160-10-32	Barrier	\$2.30	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	Ounce	5160-10-32	Barrier	\$3.48	04/01/2001	Non-institutional only	Purchase only	4 per month	Limit-based	
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY	Each	5160-10-32	Barrier	\$3.78	01/01/2000	Non-institutional only	Purchase only	20 per month	Limit-based	
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE	Each	5160-10-32	Barrier	\$5.99	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC	Each	5160-10-32	Pouch	\$15.56	01/01/2000	Non-institutional only	Purchase only	5 per month	Limit-based	
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER	Each	5160-10-32	Pouch	\$43.11	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC	Each	5160-10-32	Pouch	\$3.89	01/01/2000	Non-institutional only	Purchase only	10 per month	Limit-based	
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER	Each	5160-10-32	Pouch	\$27.86	01/01/2000	Non-institutional only	Purchase only	10 per month	Limit-based	
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC	Each	5160-10-32	Pouch	\$13.61	01/01/2000	Non-institutional only	Purchase only	5 per month	Limit-based	
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER	Each	5160-10-32	Pouch	\$33.82	07/26/2007	Non-institutional only	Purchase only	5 per month	Never required	
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC	Each	5160-10-32	Pouch	\$4.18	01/01/2000	Non-institutional only	Purchase only	10 per month	Limit-based	
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC	Each	5160-10-32	Pouch	\$22.31	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER	Each	5160-10-32	Pouch	\$25.55	07/26/2007	Non-institutional only	Purchase only	10 per month	Never required	
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING	Each	5160-10-32	Face plate	\$8.72	01/01/2000	Non-institutional only	Purchase only	4 per year	Limit-based	
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	Each	5160-10-32	Barrier	\$4.00	04/01/2001	Non-institutional only	Purchase only	5 per month	Limit-based	
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5160-10-32	Pouch	\$2.00	07/16/2018	Non-institutional only	Purchase only	45 per month	Limit-based	
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE)	Each	5160-10-32	Pouch	\$3.87	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5160-10-32	Pouch	\$5.55	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5160-10-32	Pouch	\$8.94	04/01/2001	Non-institutional only	Purchase only	5 per month	Limit-based	

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

A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	Each	5160-10-32	Pouch	\$6.04	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5160-10-32	Pouch	\$6.34	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE)	Each	5160-10-32	Pouch	\$7.81	04/01/2001	Non-institutional only	Purchase only	5 per month	Limit-based	
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	Each	5160-10-32	Belt	\$24.20	10/01/2004	Non-institutional only	Purchase only	1 per 3 months	Never required	
A4397	IRRIGATION SUPPLY; SLEEVE	Each	5160-10-32	Irrigation	\$4.41	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A4398	OSTOMY IRRIGATION SUPPLY; BAG	Each	5160-10-32	Irrigation	\$13.17	04/01/2001	Non-institutional only	Purchase only	4 per year	Limit-based	
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	Each	5160-10-32	Irrigation	\$9.95	01/01/1998	Non-institutional only	Purchase only	1 per 6 months	Limit-based	
A4400	OSTOMY IRRIGATION SET	Each	5160-10-32	Irrigation	\$45.00	08/01/1997	Non-institutional only	Purchase only	2 per year	Limit-based	
A4402	LUBRICANT, PER OUNCE	Ounce	5160-10-01	Other supply item	\$0.65	08/01/1998	Non-institutional only	Purchase only	8 per month	Limit-based	
A4404	OSTOMY RING	Each	5160-10-32	Ring	\$1.47	04/01/2001	Non-institutional only	Purchase only	5 per month	Limit-based	
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE	Ounce	5160-10-32	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	
A4406	OSTOMY SKIN BARRIER, PECTIN BASED PASTE	Ounce	5160-10-32	Barrier	\$3.27	04/01/2003	Non-institutional only	Purchase only	4 per month	Limit-based	
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	Each	5160-10-32	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	Limit-based	
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	Each	5160-10-32	Barrier	\$7.67	04/01/2003	Non-institutional only	Purchase only	5 per month	Limit-based	
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER	Each	5160-10-32	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	Limit-based	
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	Each	5160-10-32	Barrier	\$5.68	04/01/2003	Non-institutional only	Purchase only	5 per month	Limit-based	
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER	Each	5160-10-32	Pouch	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	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	5160-10-32	Pouch	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	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	5160-10-32	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	Limit-based	
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES	Each	5160-10-32	Barrier	\$4.24	04/01/2003	Non-institutional only	Purchase only	20 per month	Limit-based	
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE)	Each	5160-10-32	Pouch	\$1.91	07/01/2021	Non-institutional only	Purchase only	45 per month	Limit-based	This item and payment are crosswalked with A5051.
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE)	Each	5160-10-32	Pouch	\$2.00	07/01/2021	Non-institutional only	Purchase only	45 per month	Limit-based	This item and payment are crosswalked with A4387.
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE)	Each	5160-10-32	Pouch	\$1.36	07/01/2021	Non-institutional only	Purchase only	45 per month	Limit-based	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	5160-10-32	Pouch	\$1.35	07/01/2021	Non-institutional only	Purchase only	45 per month	Limit-based	This item and payment are crosswalked with A5054.
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Each	5160-10-32	Supply	PA	05/01/1990	Non-institutional only	Purchase only		Always required	
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE)	Each	5160-10-32	Pouch	\$1.35	07/01/2021	Non-institutional only	Purchase only	45 per month	Limit-based	This item and payment are crosswalked with A5054.
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE)	Each	5160-10-32	Pouch	\$2.45	07/01/2021	Non-institutional only	Purchase only	30 per month	Limit-based	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	5160-10-32	Pouch	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	This item and payment are crosswalked with A5063.
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM)	Each	5160-10-32	Pouch	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	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	5160-10-32	Pouch	\$2.13	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	This item and payment are crosswalked with A5063.
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE)	Each	5160-10-32	Pouch	\$2.98	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	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	5160-10-32	Pouch	\$2.98	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	This item and payment are crosswalked with A5073.
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	18 square inches	5160-10-01	Dressings / tape / gauze / bandages	\$0.08	10/01/2004	Non-institutional only	Purchase only	200 per month	Limit-based	
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	18 square inches	5160-10-01	Dressings / tape / gauze / bandages	\$0.32	10/01/2004	Non-institutional only	Purchase only	200 per month	Limit-based	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	Ounce	5160-10-01	Supply	\$1.36	04/01/2001	Non-institutional only	Purchase only	8 per month	Limit-based	
A4458	ENEMA BAG WITH TUBING, REUSABLE	Each	5160-10-01	Bag	\$8.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	Never required	
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	Each	5160-10-14	Elastic supports	\$40.00	01/01/2017	Non-institutional only	Purchase only	2 per year	Limit-based	
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Each	5160-10-01	Tracheostomy supplies	\$4.15	01/01/2005	Non-institutional only	Purchase only	100 per month	Limit-based	
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH	Each	5160-10-14	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	Always required	
A4495	SURGICAL STOCKINGS THIGH LENGTH	Each	5160-10-14	Surgical stockings and burn garments	\$25.00	10/15/2006	Non-institutional only	Purchase only	6 per year	Always required	
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH	Each	5160-10-14	Surgical stockings and burn garments	\$22.00	10/15/2006	Non-institutional only	Purchase only	6 per year	Always required	
A4510	SURGICAL STOCKINGS FULL LENGTH	Each	5160-10-14	Surgical stockings and burn garments	\$75.00	01/01/2008	Non-institutional only	Purchase only	3 per year	Always required	

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

A4556	ELECTRODES, (E.G., APNEA MONITOR)	Pair	5160-10-01	Electrodes	\$9.41	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	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	5160-10-01	Lead wires	\$16.36	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	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	5160-10-01	Supply	\$4.23	10/01/2004	Non-institutional only	Purchase only	1 per month	Limit-based	No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented.
A4561	PESSARY, RUBBER, ANY TYPE	Each	5160-10-01	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	
A4562	PESSARY, NON RUBBER, ANY TYPE	Each	5160-10-01	Supply	\$10.24	01/01/2001	Non-institutional only	Purchase only	1 per year	Limit-based	
A4565	SLINGS	Each	5160-10-01	Limb support	\$6.30	07/01/2002	Non-institutional only	Purchase only	2 per year	Limit-based	
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Shoulder	\$95.00	01/01/2011	All	Purchase only	1 per medical event	Always required	
A4570	SPLINT	Each	5160-10-01	Limb support	\$10.00	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	
A4580	CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY	Roll	5160-10-01	Casting	\$2.55	11/01/1992	Non-institutional only	Purchase only	1 per year	Never required	
A4590	CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY	Roll	5160-10-01	Casting	\$15.00	11/01/1992	Non-institutional only	Purchase only	1 per year	Limit-based	
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)	Each	5160-10-15	TENS supplies	\$25.00	01/01/1996	Non-institutional only	Purchase only	1 per month	Never required	No separate payment is made for TENS supplies during any month in which a TENS unit is rented. (FOR A RECIENT-OWNED UNIT)
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Tubing	\$53.40	02/08/2016	Non-institutional only	Purchase only	1 per year	Never required	
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM	Each	5160-10-01	Respiratory care supplies	\$13.12	01/01/2005	Non-institutional only	Purchase only	10 per month	Limit-based	A claim may be submitted for only one type of tracheal suction catheter per month.
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE, ADULT	Each	5160-10-23	Probe	\$110.25	07/01/2021	Non-institutional only	Purchase only	4 per year	Always required	
A4606 U1	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, PEDIATRIC	Each	5160-10-23	Probe	\$242.50	07/01/2021	Non-institutional only	Purchase only	4 per year	Always required	Modifier U1 is used to differentiate this item for pediatric use.
A4606 U2	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE	Each	5160-10-23	Probe	\$18.50	07/01/2021	Non-institutional only	Purchase only	4 per month	Limit-based	Modifier U2 is used to differentiate this item for disposable use.
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED-VENTILATOR	Each	5160-10-22	Ventilator battery	\$100.00	05/01/1990	Non-institutional only	Purchase only	1 per year	Always required	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	5160-10-22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	Always required	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	Each	5160-10-22	Ventilator battery	\$60.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Always required	
A4616	TUBING (OXYGEN), PER FOOT	Foot	5160-10-01	Respiratory care supplies	\$0.05	01/01/2008	Non-institutional only	Purchase only	15 per month	Never required	
A4617	MOUTH PIECE	Each	5160-10-13	Respiratory care supplies	\$1.00	05/01/1990	Non-institutional only	Purchase only	1 per 2 months	Limit-based	
A4618	BREATHING CIRCUITS	Each	5160-10-19	Breathing circuits	\$2.60	05/01/1990	Non-institutional only	Purchase only	4 per month	Always required	For consumer-owned IPB only
A4619	FACE TENT	Each	5160-10-13	Respiratory care supplies	\$1.21	01/01/2002	Non-institutional only	Purchase only	6 per month	Limit-based	
A4620	VARIABLE CONCENTRATION MASK	Each	5160-10-13	Respiratory care supplies	\$0.62	04/01/2009	Non-institutional only	Purchase only	6 per month	Never required	
A4623	TRACHEOSTOMY, INNER CANNULA	Each	5160-10-01	Tracheostomy supplies	\$4.38	01/01/1994	Non-institutional only	Purchase only	30 per month	Limit-based	Replacement only
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM	Each	5160-10-01	Respiratory care supplies	\$0.80	05/01/1990	Non-institutional only	Purchase only	150 per month	Limit-based	A claim may be submitted for only one type of tracheal suction catheter per month. (ADULT)
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Each	5160-10-01	Tracheostomy supplies	\$3.55	01/01/1996	Non-institutional only	Purchase only	30 per month	Limit-based	This item is covered only for the first two weeks following open surgical tracheostomy.
A4626	TRACHEOSTOMY CLEANING BRUSH	Each	5160-10-01	Tracheostomy supplies	\$1.38	01/01/1993	Non-institutional only	Purchase only	10 per month	Limit-based	
A4628	OROPHARYNGEAL SUCTION CATHETER	Each	5160-10-01	Respiratory care supplies	\$2.70	01/01/1996	Non-institutional only	Purchase only	4 per month	Limit-based	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	Each	5160-10-01	Tracheostomy supplies	\$2.55	01/01/1996	Non-institutional only	Purchase only	30 per month	Limit-based	
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM	Each	5160-10-01	Bulb	\$36.94	07/01/2019	Non-institutional only	Purchase only	1 per 5 years	Limit-based	1 each = 1 bulb per each socket of the phototherapy unit.
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT	Each	5160-10-30	Ambulation accessory	\$1.50	05/25/1991	Non-institutional only	Purchase only	2 per year	Limit-based	
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER	Each	5160-10-30	Ambulation accessory	\$1.66	05/25/1991	Non-institutional only	Purchase only	4 per year	Limit-based	
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER	Each	5160-10-30	Ambulation accessory	\$1.90	05/25/1991	Non-institutional only	Purchase only	4 per year	Limit-based	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	Each	5160-10-18	Pad	\$31.28	05/25/1991	Non-institutional only	Purchase only	1 per year	Limit-based	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Each	5160-10-01	Supply	PA	05/01/1990	Non-institutional only	Purchase only		Always required	Do not use for ostomy supplies
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	Set	5160-10-01	Blood pressure monitor and accessories	\$30.00	08/01/1997	Non-institutional only	Purchase only	1 per 8 years	Limit-based	
A4663	BLOOD PRESSURE CUFF ONLY	Each	5160-10-01	Blood pressure monitor and accessories	\$13.00	05/01/1990	Non-institutional only	Purchase only	1 per 8 years	Limit-based	Replacement
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	Each	5160-10-01	Blood pressure monitor and accessories	\$47.00	08/01/1997	Non-institutional only	Purchase only	1 per 8 years	Limit-based	
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS	Set	5160-10-29	Infusion pump (non-nutrition) supplies	\$5.00	10/01/2004	Non-institutional only	Purchase only	30 per month	Never required	
A4927	GLOVES, NON-STERILE, PER 100	100	5160-10-01	Supply	\$8.69	04/01/2003	Non-institutional only	Purchase only	2 per month	Limit-based	

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

A4930	GLOVES, STERILE, PER PAIR	Pair	5160-10-01	Supply	\$0.55	04/01/2003	Non-institutional only	Purchase only	100 pairs per month	Limit-based	
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE)	Each	5160-10-32	Pouch	\$1.91	04/01/2001	Non-institutional only	Purchase only	45 per month	Limit-based	
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	5160-10-32	Pouch	\$1.36	04/01/2001	Non-institutional only	Purchase only	45 per month	Limit-based	
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	Each	5160-10-32	Pouch	\$1.58	01/01/1998	Non-institutional only	Purchase only	45 per month	Limit-based	
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Each	5160-10-32	Pouch	\$1.35	04/01/2001	Non-institutional only	Purchase only	45 per month	Limit-based	
A5055	STOMA CAP	Each	5160-10-32	Cap	\$1.27	04/01/2001	Non-institutional only	Purchase only	30 per month	Limit-based	
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE)	Each	5160-10-32	Pouch	\$3.87	07/01/2021	Non-institutional only	Purchase only	10 per month	Limit-based	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	5160-10-32	Pouch	\$8.94	07/01/2021	Non-institutional only	Purchase only	5 per month	Limit-based	This item and payment are crosswalked with A4390.
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE)	Each	5160-10-32	Pouch	\$2.45	04/01/2001	Non-institutional only	Purchase only	30 per month	Limit-based	
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	5160-10-32	Pouch	\$1.90	08/01/1997	Non-institutional only	Purchase only	20 per month	Limit-based	
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM)	Each	5160-10-32	Pouch	\$2.13	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE)	Each	5160-10-32	Pouch	\$4.15	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)	Each	5160-10-32	Pouch	\$3.10	04/01/2001	Non-institutional only	Purchase only	20 per month	Limit-based	
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)	Each	5160-10-32	Pouch	\$2.98	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A5081	STOMA PLUG OR SEAL, ANY TYPE	Each	5160-10-32	Plug	\$3.00	01/01/1998	Non-institutional only	Purchase only	40 per month	Limit-based	
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Each	5160-10-32	Catheter	\$10.75	01/01/1998	Non-institutional only	Purchase only	1 per 2 months	Limit-based	
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Each	5160-10-32	Insert	\$1.58	04/01/2001	Non-institutional only	Purchase only	10 per month	Limit-based	
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE	Each	5160-10-32	Bottle	\$21.39	04/01/2001	Non-institutional only	Purchase only	2 per year	Limit-based	
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE	Each	5160-10-32	Suspensory	\$40.32	07/01/2002	Non-institutional only	Purchase only	2 per year	Limit-based	
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS	Each	5160-10-32	Bag	\$31.16	07/01/2002	Non-institutional only	Purchase only	3 per year	Limit-based	
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	Set	5160-10-32	Strap	\$1.30	11/15/1993	Non-institutional only	Purchase only	4 per year	Limit-based	For use with urinary leg bag
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	Set	5160-10-32	Strap	\$4.25	04/01/2001	Non-institutional only	Purchase only	4 per year	Limit-based	For use with urinary leg bag
A5120	SKIN BARRIER, WIPES OR SWABS	Each	5160-10-32	Wipes	\$0.17	01/01/2006	Non-institutional only	Purchase only	50 per month	Limit-based	
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT	Each	5160-10-32	Barrier	\$6.70	05/01/1990	Non-institutional only	Purchase only	5 per month	Limit-based	
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT	Each	5160-10-32	Barrier	\$12.26	04/01/2001	Non-institutional only	Purchase only	6 per month	Limit-based	
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Each	5160-10-32	Pad	\$1.11	07/01/2002	Non-institutional only	Purchase only	20 per month	Limit-based	
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	16 ounces	5160-10-32	Cleaner	\$12.25	01/01/1998	Non-institutional only	Purchase only	1 per 3 months	Limit-based	
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	5160-10-31	Diabetic shoes	\$46.07	01/01/2010	All	Purchase only	1 per foot per year	Always required	
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).	Each	5160-10-31	Diabetic shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	Always required	
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	5160-10-31	Diabetic shoes	\$18.80	01/01/2010	All	Purchase only	1 per foot per year	Always required	
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	5160-10-31	Diabetic shoes	\$28.04	01/01/2010	All	Purchase only	1 per foot per year	Always required	
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	5160-10-31	Diabetic shoes	\$35.65	01/01/2019	All	Purchase only	1per foot per year	Always required	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	Gram	5160-10-01	Wound fillers	\$30.96	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6011	COLLAGEN BASED WOUND FILLER, GELPASTE, PER GRAM OF COLLAGEN	Gram	5160-10-01	Wound fillers	\$1.82	01/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS	Each	5160-10-01	Dressings / tape / gauze / bandages	\$16.82	04/01/2006	Non-institutional only	Purchase only	10 per month	Always required	

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

A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN.	Each	5160-10-01	Dressings / tape / gauze / bandages	\$18.91	04/01/2006	Non-institutional only	Purchase only	10 per month	Always required	
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	Each	5160-10-01	Dressings / tape / gauze / bandages	\$171.27	04/01/2006	Non-institutional only	Purchase only	20 per month	Always required	
A6154	WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND	Each	5160-10-01	Dressings / tape / gauze / bandages	\$11.40	01/01/1997	Non-institutional only	Purchase only	15 per month	Limit-based	
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$6.00	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$12.50	01/01/1999	Non-institutional only	Purchase only	30 per month	Limit-based	
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$31.40	07/26/2007	Non-institutional only	Purchase only	30 per month	Limit-based	
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	6 inches	5160-10-01	Wound fillers	\$5.29	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$3.02	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$4.50	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6205	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$5.00	07/01/2021	Non-institutional only	Purchase only	12 per month	Always required	
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$6.25	07/01/2021	Non-institutional only	Purchase only	4 per month	Always required	
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$5.30	01/01/1997	Non-institutional only	Purchase only	4 per month	Limit-based	
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$11.98	04/01/2006	Non-institutional only	Purchase only	4 per month	Always required	
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$6.17	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6209 U1	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$14.90	07/01/2021	Non-institutional only	Purchase only	3 per week	Always required	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	5160-10-01	Dressings / tape / gauze / bandages	\$14.35	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$20.85	07/01/2021	Non-institutional only	Purchase only	12 per month	Limit-based	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	5160-10-01	Dressings / tape / gauze / bandages	\$25.21	01/01/1999	Non-institutional only	Purchase only	12 per month	Limit-based	
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$7.00	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$12.54	04/01/2006	Non-institutional only	Purchase only	12 per month	Always required	
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$7.45	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	Gram	5160-10-01	Wound fillers	\$1.23	06/28/2006	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.04	07/16/2018	Non-institutional only	Purchase only	\$50 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.64	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$1.27	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.95	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$2.58	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.52	06/28/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$1.65	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$1.75	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$2.60	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$1.65	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$1.75	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$2.60	01/01/2001	Non-institutional only	Purchase only	12 per month	Limit-based	
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$12.15	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$19.65	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$5.80	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$16.75	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$16.75	07/01/2021	Non-institutional only	Purchase only	12 per month	Always required	
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	Fluid ounce	5160-10-01	Wound fillers	\$5.00	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Never required	

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

A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	Gram	5160-10-01	Wound fillers	\$2.57	09/01/2005	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$4.80	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$8.75	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$28.30	01/01/1999	Non-institutional only	Purchase only	30 per month	Limit-based	
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$5.90	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$7.15	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$17.15	08/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	Fluid ounce	5160-10-01	Wound fillers	\$5.76	07/26/2007	Non-institutional only	Purchase only	\$100 per month	Never required	
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$2.35	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$4.60	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.90	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$2.20	01/01/1997	Non-institutional only	Purchase only	30 per month	Limit-based	
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$2.20	07/01/2021	Non-institutional only	Purchase only	30 per month	Always required	
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$1.10	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$3.10	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$7.90	01/01/1997	Non-institutional only	Purchase only	12 per month	Limit-based	
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	Month	5160-10-01	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	Month	5160-10-01	Wound fillers	\$100.00	01/01/1997	Non-institutional only	Purchase only	\$100 per month	Limit-based	
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$1.75	08/01/1997	Non-institutional only	Purchase only	100 yards per month	Limit-based	
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.12	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.43	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	Each	5160-10-01	Dressings / tape / gauze / bandages	\$0.61	04/01/2006	Non-institutional only	Purchase only	\$50 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	100 per month	Limit-based	
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$0.14	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.23	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$0.45	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$0.26	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.33	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$0.54	01/01/2005	Non-institutional only	Purchase only	150 per month	Limit-based	
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$1.04	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$1.05	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$1.60	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$3.19	01/01/2005	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$5.32	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$0.55	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$0.69	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$1.25	10/01/2004	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	Linear yard	5160-10-01	Dressings / tape / gauze / bandages	\$9.75	07/01/2021	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
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	5160-10-01	Dressings / tape / gauze / bandages	\$9.75	07/01/2021	Non-institutional only	Purchase only	18 per 3 months	Limit-based	
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	



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

A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	3 per year	Always required	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Each	5160-10-14	Surgical stockings and burn garments	PA	10/01/2004	Non-institutional only	Purchase only	4 per year	Always required	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG	Each	5160-10-14	Elastic supports	\$21.64	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG	Each	5160-10-14	Elastic supports	\$26.06	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG	Each	5160-10-14	Elastic supports	\$30.48	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG	Each	5160-10-14	Elastic supports	\$24.64	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG	Each	5160-10-14	Elastic supports	\$29.06	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG	Each	5160-10-14	Elastic supports	\$33.48	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG	Each	5160-10-14	Elastic supports	\$43.27	01/01/2006	Non-institutional only	Purchase only	6 per year	Always required	
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG	Each	5160-10-14	Elastic supports	\$52.12	07/26/2007	Non-institutional only	Purchase only	6 per year	Always required	
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG	Each	5160-10-14	Elastic supports	\$60.96	01/01/2006	Non-institutional only	Purchase only	6 per year	Always required	
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG	Each	5160-10-14	Elastic supports	\$50.00	07/26/2007	Non-institutional only	Purchase only	3 per year	Always required	
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG	Each	5160-10-14	Elastic supports	\$62.50	07/26/2007	Non-institutional only	Purchase only	3 per year	Always required	
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG	Each	5160-10-14	Elastic supports	\$75.00	07/26/2007	Non-institutional only	Purchase only	3 per year	Always required	
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	Each	5160-10-14	Elastic supports	PA	01/01/2011	Non-institutional only	Purchase only	6 per year	Always required	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	Each	5160-10-01	Suction pump	\$7.50	01/01/2000	Non-institutional only	Purchase only	3 per month	Limit-based	
A7002	TUBING, USED WITH SUCTION PUMP	Each	5160-10-01	Suction pump	\$3.75	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	Includes connector/adaptor
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	5160-10-01	Respiratory care supplies	\$2.15	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	Each	5160-10-01	Respiratory care supplies	\$1.44	10/01/2004	Non-institutional only	Purchase only	4 per month	Limit-based	
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	Each	5160-10-01	Respiratory care supplies	\$20.00	01/01/2000	Non-institutional only	Purchase only	2 per year	Limit-based	
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	Each	5160-10-01	Respiratory care supplies	\$8.00	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	Each	5160-10-01	Respiratory care supplies	\$4.00	10/01/2004	Non-institutional only	Purchase only	4 per month	Limit-based	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	Each	5160-10-01	Respiratory care supplies	\$1.80	01/01/2000	Non-institutional only	Purchase only	4 per month	Limit-based	
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	Each	5160-10-01	Respiratory care supplies	\$1.63	07/01/2002	Non-institutional only	Purchase only	4 per month	Limit-based	
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	Liter	5160-10-01	Distilled water / sterile saline	\$0.28	01/01/2001	Non-institutional only	Purchase only	16 per month	Limit-based	
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT	Each	5160-10-08	HFCWO system	\$400.00	10/01/2004	Non-institutional only	Purchase only	1 per lifetime	Always required	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Face mask	\$113.18	04/20/2006	Non-institutional only	Purchase only	4 per year	Limit-based	
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK	Each	5160-10-19	Replacement supply	\$51.12	02/01/2016	Non-institutional only	Purchase only	1 per year	Never required	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY	Each	5160-10-19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	Limit-based	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY	Pair	5160-10-19	Replacement supply	\$21.36	10/01/2004	Non-institutional only	Purchase only	2 per year	Limit-based	
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	Each	5160-10-19	Nasal interface	\$66.71	10/01/2004	Non-institutional only	Purchase only	1 per year	Limit-based	
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	PAP headgear	\$34.95	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	PAP chinstrap	\$13.60	04/01/2003	Non-institutional only	Purchase only	2 per year	Limit-based	
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Tubing	\$28.75	04/01/2003	Non-institutional only	Purchase only	1 per year	Limit-based	

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

A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Filter	\$3.25	04/01/2003	Non-institutional only	Purchase only	1 per month	Limit-based	
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Filter	\$12.30	04/01/2003	Non-institutional only	Purchase only	4 per year	Limit-based	
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER	Each	5160-10-19	Vacuum	\$37.58	01/01/2015	Non-institutional only	Purchase only	4 per year	Always required	
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	Each	5160-10-01	Tracheostomy supplies	\$0.54	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	5160-10-01	Tracheostomy supplies	\$3.74	10/01/2004	Non-institutional only	Purchase only	4 per month	Never required	
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE	Each	5160-10-01	Tracheostomy supplies	\$0.26	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	5160-10-01	Tracheostomy supplies	\$1.99	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE	Each	5160-10-01	Tracheostomy supplies	\$2.30	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM	Each	5160-10-01	Tracheostomy supplies	\$1.13	10/01/2004	Non-institutional only	Purchase only	100 per month	Never required	
A7520	TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	Each	5160-10-01	Tracheostomy supplies	\$47.48	10/01/2004	Non-institutional only	Purchase only	2 per month	Limit-based	
A7520	TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --"CUSTOM MADE"	Each	5160-10-01	Tracheostomy supplies	\$389.55	04/01/2016	Non-institutional only	Purchase only	2 per month	Always required	Modifier U1 is used to differentiate this item.
A7520	TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "STOCK WITH MODIFICATIONS--PEDIATRIC"	Each	5160-10-01	Tracheostomy supplies	\$100.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Always required	Modifier U2 is used to differentiate this item.
A7520	TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "STANDARD OR STOCK WITH MODIFICATIONS"	Each	5160-10-01	Tracheostomy supplies	\$60.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Always required	Modifier U3 is used to differentiate this item.
A7521	TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL	Each	5160-10-01	Tracheostomy supplies	\$47.05	10/01/2004	Non-institutional only	Purchase only	2 per month	Never required	
A7521	TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "CUSTOM MADE"	Each	5160-10-01	Tracheostomy supplies	\$404.25	04/01/2016	Non-institutional only	Purchase only	2 per month	Always required	Modifier U1 is used to differentiate this item.
A7521	TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "STANDARD OR STOCK, WITH MODIFICATIONS--PEDIATRIC"	Each	5160-10-01	Tracheostomy supplies	\$220.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Always required	Modifier U2 is used to differentiate this item.
A7521	TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "CUFFED, STANDARD OR STOCK WITH MODIFICATIONS--PEDIATRIC OR ADULT"	Each	5160-10-01	Tracheostomy supplies	\$75.00	07/16/2018	Non-institutional only	Purchase only	2 per month	Always required	Modifier U3 is used to differentiate this item.
A7522	TRACHEOSTOMYLARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE)	Each	5160-10-01	Tracheostomy supplies	\$45.16	10/01/2004	Non-institutional only	Purchase only	2 per month	Limit-based	
A7525	TRACHEOSTOMY MASK	Each	5160-10-01	Tracheostomy supplies	\$1.39	12/20/2005	Non-institutional only	Purchase only	4 per month	Limit-based	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER	Each	5160-10-01	Tracheostomy supplies	\$3.00	10/01/2004	Non-institutional only	Purchase only	15 per month	Limit-based	Payment is not made for both this item and twill tape. Only one type of tracheostomy tie is medically necessary.
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	5160-10-01	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	Limit-based	
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	5160-10-01	Cranium	\$103.41	01/01/2010	All	Purchase only	1 per year	Limit-based	
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	5160-10-01	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	Limit-based	
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	5160-10-01	Cranium	\$441.26	01/01/2010	All	Purchase only	1 per year	Limit-based	
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	Each	5160-10-01	Heat / cold application	\$7.50	01/01/2011	Non-institutional only	Purchase only	1 per 5 years	Never required	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	Each	5160-10-29	Delivery system	\$48.15	01/01/2019	Non-institutional only	Purchase only	1 per 3 days	Always required	
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	Each	5160-10-29	Sensor	\$12.26	07/16/2018	Non-institutional only	Purchase only	1 per day	Always required	
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	5160-10-29	Transmitter	\$522.30	07/16/2018	Non-institutional only	Purchase only	2 per year	Always required	
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Each	5160-10-29	Monitor	\$522.30	07/16/2018	Non-institutional only	Purchase only	1 per year	Always required	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	5160-10-26	Feeding kit	\$3.72	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	5160-10-26	Feeding kit	\$6.79	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Each	5160-10-26	Feeding kit	\$4.85	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	
B4081	NASOGASTRIC TUBING WITH STYLET	Each	5160-10-26	Tubing	\$19.19	01/01/2010	Non-institutional only	Purchase only	2 per month	Limit-based	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4082	NASOGASTRIC TUBING WITHOUT STYLET	Each	5160-10-26	Tubing	\$14.29	01/01/2010	Non-institutional only	Purchase only	2 per month	Limit-based	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224.
B4083	STOMACH TUBE - LEVINE TYPE	Each	5160-10-26	Tubing	\$2.05	01/01/2010	Non-institutional only	Purchase only	8 per month	Limit-based	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE	Each	5160-10-26	Tubing	\$29.66	01/01/2010	Non-institutional only	Purchase only	4 per year	Never required	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE	Each	5160-10-26	Tubing	\$108.64	01/01/2010	Non-institutional only	Purchase only	4 per year	Never required	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Ounce	5160-10-26	Nutritional supplement	\$0.65	06/01/2014	Non-institutional only	Purchase only	30 units per day	Never required	
B4100 U1	FOOD THICKENER, ADMINISTERED ORALLY, CONCENTRATED FORMULA, PER OUNCE	Ounce	5160-10-26	Nutritional supplement	\$1.62	02/01/2018	Non-institutional only	Purchase only	12 units per day	Never required	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	5160-10-26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	Always required	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	5160-10-26	Nutritional supplement	\$0.60	06/01/2014	Non-institutional only	Purchase only	Medical necessity	Always required	This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply.

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

B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Each	5160-10-26	Feeding kit	\$31.20	01/01/2019	Non-institutional only	Purchase only	1 per day	Always required	This item is to be used in conjunction with B4034, B4035, or B4036 only when the patient has pancreatic insufficiency and requires continuous feed, and has insufficient weight gain.
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	5160-10-26	Formula	\$1.20	12/01/2019	Non-institutional only	Purchase only	Medical necessity	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
B4149 U1	ENTERAL FORMULA, MANUFACTURED, NUTRITIONALLY COMPLETE WHOLE OR ORGANIC FOOD CONTAINING BLENDERIZED FORMULAS, 100 CALORIES = 1 UNIT	100 calories	5160-10-26	Formula	\$1.78	07/01/2021	Non-institutional only	Purchase only	Medical necessity	Always required	Modifier U1 differentiates this type of enteral formula. Administration by mouth rather than by feeding tube is differentiated by modifier B0. This enteral formula may be approved only when medical evidence shows that other formulas cannot be tolerated.
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	5160-10-26	Formula	\$0.61	01/01/2010	Non-institutional only	Purchase only	20 units per day	Limit-based	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$0.51	01/01/2010	Non-institutional only	Purchase only	20 units per day	Limit-based	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$2.00	07/01/2021	Non-institutional only	Purchase only	20 units per day	Limit-based	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$1.05	07/01/2021	Non-institutional only	Purchase only	20 units per day	Limit-based	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$1.60	07/01/2021	Non-institutional only	Purchase only	20 units per day	Always required	This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$0.87	01/01/2010	Non-institutional only	Purchase only	20 units per day	Limit-based	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	\$20.00	07/01/2021	Non-institutional only	Purchase only	20 units per day	Always required	This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
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	5160-10-26	Formula	PA	01/01/2005	Non-institutional only	Purchase only	20 units per day	Always required	Administration by mouth rather than by feeding tube is differentiated by modifier B0.
B4220	PARENTERAL NUTRITION SUPPLY KIT, PREMIX, PER DAY	Each	5160-10-26	Supply kit	\$4.53	01/01/2010	Non-institutional only	Purchase only	1 per day	Limit-based	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B4222	PARENTERAL NUTRITION SUPPLY KIT, HOME MIX, PER DAY	Each	5160-10-26	Supply kit	\$6.95	01/01/2010	Non-institutional only	Purchase only	1 per day	Never required	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Each	5160-10-26	Administration kit	\$14.55	11/29/2010	Non-institutional only	Purchase only	1 per day	Limit-based	Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual.
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Each	5160-10-26	Pump	\$679.00	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	With alarm

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

B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Each	5160-10-26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Each	5160-10-26	Pump	\$2,170.86	01/01/2010	Non-institutional only	Rental / purchase	1 per 8 years	Limit-based	
B9998	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES		5160-10-26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		Always required	
B9998 U1	NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES (EXTENSION SETS, ANY SIZE)		5160-10-26	Supply	\$13.00	07/01/2021	Non-institutional only	Purchase only	4 per month	Limit-based	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		5160-10-26	Supply	\$10.00	07/01/2021	Non-institutional only	Purchase only	1 per day	Limit-based	Modifier U2 is used to request Ferrell bags for use with feeding kits B4034, B4035, or B4036
B9999	NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES		5160-10-26	Supply	PA	05/01/1990	Non-institutional only	Purchase only		Always required	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	5160-10-30	Cane	\$10.19	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	
E0100 U1	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	Each	5160-10-30	Cane	\$10.19	01/01/2019	Non-institutional only	Purchase only	1 per year	Never required	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	5160-10-30	Cane	\$39.28	04/01/2006	Non-institutional only	Purchase only	1 per 3 years	Never required	
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	Pair	5160-10-30	Crutches	\$50.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	Each	5160-10-30	Crutches	\$25.00	01/01/1992	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Pair	5160-10-30	Crutches	\$19.25	05/01/1990	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	Each	5160-10-30	Crutches	\$10.30	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	Pair	5160-10-30	Crutches	\$23.85	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER	Each	5160-10-30	Crutches	\$11.95	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Each	5160-10-30	Walker	\$35.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	With tips and handgrips
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	Each	5160-10-30	Walker	\$47.00	02/17/1991	Non-institutional only	Purchase only	1 per 5 years	Never required	With tips and handgrips
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Each	5160-10-30	Walker	\$200.00	09/01/2005	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	5160-10-30	Walker	\$58.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	Each	5160-10-30	Walker	\$52.80	07/16/2018	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Each	5160-10-30	Walker	\$150.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Each	5160-10-30	Walker	\$150.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	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	5160-10-30	Walker	\$109.07	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	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	5160-10-30	Walker	\$135.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	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	5160-10-30	Ambulation accessory	\$51.44	01/01/1999	Non-institutional only	Purchase only	2 per 3 years	Never required	
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	Pair	5160-10-30	Ambulation accessory	\$16.25	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	Never required	
E0156	SEAT ATTACHMENT, WALKER	Each	5160-10-30	Ambulation accessory	\$15.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	
E0157	CRUTCH ATTACHMENT, WALKER	Each	5160-10-30	Ambulation accessory	\$62.50	05/01/1990	Non-institutional only	Purchase only	2 per 3 years	Limit-based	
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	Set	5160-10-30	Ambulation accessory	\$12.64	05/01/1990	Non-institutional only	Purchase only	4 per 3 years	Limit-based	
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT	Each	5160-10-30	Ambulation accessory	\$15.00	10/01/2004	Non-institutional only	Purchase only	2 per 5 years	Limit-based	
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	Each	5160-10-33	Fixed arms	\$52.80	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	Each	5160-10-33	Detachable arms	\$104.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	Each	5160-10-33	Pail	\$5.25	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE	Each	5160-10-33	Heavy duty	\$129.56	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	Extra-wide/heavy-duty commode chairs are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight.
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	Each	5160-10-18	Pad	\$148.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	Each	5160-10-18	Pump	\$105.00	11/01/1992	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
E0184	DRY PRESSURE MATTRESS	Each	5160-10-18	Mattress	\$150.00	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Mattress	\$102.00	08/01/1998	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0186	AIR PRESSURE MATTRESS	Each	5160-10-18	Mattress	\$219.74	04/01/2006	Non-institutional only	Purchase only	1 per 2 years	Always required	
E0187	WATER PRESSURE MATTRESS	Each	5160-10-18	Mattress	\$231.00	12/15/2002	Non-institutional only	Purchase only	1 per 2 years	Limit-based	
E0188	SYNTHETIC SHEEPSKIN PAD	Each	5160-10-18	Pad	\$5.00	05/01/1990	Non-institutional only	Purchase only	2 per 6 months	Limit-based	Wheelchair size

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

E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	Each	5160-10-18	Pad	\$43.95	07/01/2002	Non-institutional only	Purchase only	2 per year	Limit-based	Bed size
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	Each	5160-10-18	Positioning cushion	\$100.00	04/01/2009	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0191	HEEL OR ELBOW PROTECTOR	Each	5160-10-18	Pressure-reducing supply	\$9.00	04/01/2001	Non-institutional only	Purchase only	4 per 6 months	Limit-based	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Day	5160-10-18	Bed	\$32.50	01/01/1992	Non-institutional only	Rental only	180 per year	Never required	
E0194	AIR FLUIDIZED BED	Day	5160-10-18	Bed	\$38.00	01/01/1992	Non-institutional only	Rental only	180 per year	Always required	Bead bed
E0196	GEL PRESSURE MATTRESS	Each	5160-10-18	Mattress	\$351.69	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Mattress	\$199.42	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Mattress	\$177.26	07/26/2007	Non-institutional only	Purchase only	1 per 4 years	Always required	
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Pad	\$20.00	05/25/1991	Non-institutional only	Purchase only	1 per year	Never required	(e.g. egg crate)
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Course of treatment	5160-10-01	Light therapy	\$55.00	07/16/2018	Non-institutional only	Rental only	1 per lifetime	Limit-based	
E0210	ELECTRIC HEAT PAD, STANDARD	Each	5160-10-01	Heat / cold application	\$15.09	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	
E0215	ELECTRIC HEAT PAD, MOIST	Each	5160-10-01	Heat / cold application	\$25.00	05/01/1990	Non-institutional only	Purchase only	1 per 5 years	Limit-based	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Each	5160-10-01	Heat / cold application	\$133.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	Complete with wax
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	Each	5160-10-01	Bath and toilet aids	\$35.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0240 U1	BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR	Each	5160-10-07	Bathing seats	\$53.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	Modifier U1 differentiates this item. Description is located in the rule.
E0240 U2	BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR	Each	5160-10-07	Bathing seats	\$755.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U2 differentiates this item. Description is located in the rule.
E0240 U3	BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION SHOWER CHAIR	Each	5160-10-07	Bathing seats	\$500.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U3 differentiates this item. Description is located in the rule.
E0240 U4	BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION SHOWER CHAIR	Each	5160-10-07	Bathing seats	\$1,250.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U4 differentiates this item. Description is located in the rule.
E0240 U5	BATHING CHAIR, COMPLEX POSITIONING SHOWER CHAIR	Each	5160-10-07	Bathing seats	\$2,420.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U5 differentiates this item. Description is located in the rule.
E0241	BATH TUB WALL RAIL	Each	5160-10-01	Bath and toilet aids	\$24.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0243	TOILET RAIL	Each	5160-10-01	Bath and toilet aids	\$40.00	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0244	RAISED TOILET SEAT	Each	5160-10-01	Bath and toilet aids	\$49.25	04/01/1999	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0245	TUB STOOL OR BENCH	Each	5160-10-07	Bathing seats	\$30.00	01/01/1997	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0246	TRANSFER TUB RAIL ATTACHMENT	Each	5160-10-01	Bath and toilet aids	\$57.90	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Limit-based	
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	Each	5160-10-07	Bathing seats	\$60.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0247 U1	BATHING CHAIR, BASIC SLIDING TRANSFER BATH BENCH	Each	5160-10-07	Bathing seats	\$100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	Modifier U1 differentiates this item. Description is located in the rule.
E0247 U2	BATHING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR	Each	5160-10-07	Bathing seats	\$3,300.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	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	5160-10-07	Bathing seats	\$100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	5160-10-18	Hospital bed	\$677.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	5160-10-18	Hospital bed	\$580.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Never required	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	5160-10-18	Hospital bed	\$791.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	5160-10-18	Hospital bed	\$892.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0271	MATTRESS, INNERSPRING	Each	5160-10-18	Mattress	\$97.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0272	MATTRESS, FOAM RUBBER	Each	5160-10-18	Mattress	\$92.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Each	5160-10-01	Bed pan	\$4.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Each	5160-10-01	Bed pan	\$3.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Each	5160-10-18	Mattress	\$3,046.08	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Each	5160-10-18	Hospital bed	\$567.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	5160-10-18	Hospital bed	\$470.00	05/25/1991	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Each	5160-10-18	Hospital bed	\$703.20	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Each	5160-10-18	Hospital bed	\$625.60	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
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	5160-10-18	Hospital bed	\$1,677.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	

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

E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Each	5160-10-18	Hospital bed	\$4,578.80	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
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	5160-10-18	Hospital bed	\$1,945.44	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Each	5160-10-18	Hospital bed	\$4,932.32	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0305	BED SIDE RAILS, HALF LENGTH	Each	5160-10-18	Hospital bed accessories	\$185.01	01/01/2010	Non-institutional only	Purchase only	2 per 8 years	Never required	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	5160-10-18	Hospital bed accessories	\$143.74	04/01/2009	Non-institutional only	Purchase only	2 per 8 years	Never required	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	5160-10-01	Urinal	\$2.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Each	5160-10-01	Urinal	\$3.50	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
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	5160-10-18	Hospital bed	\$5,560.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	Always required	Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted.
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	5160-10-18	Hospital bed	\$6,000.00	09/01/2013	Non-institutional only	Rental / purchase	1 per 8 years	Always required	Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted.
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Overlay	\$4,644.81	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Each	5160-10-18	Overlay	\$5,838.28	04/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0373	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	Each	5160-10-18	Mattress	\$5,321.02	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Each	5160-10-23	Pulse oximeter	\$2,250.00	02/26/2010	Non-institutional only	Rental / purchase	1 per 5 years	Always required	
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	Each	5160-10-13	Respiratory care supplies	\$8.00	05/01/1990	Non-institutional only	Purchase only	6 per month	Never required	Replacement for recipient owned equipment
E0457	CHEST SHELL (CUIRASS)	Each	5160-10-22	Shell	\$450.00	08/01/1998	Non-institutional only	Purchase only	1 per 8 years	Limit-based	
E0459	CHEST WRAP	Each	5160-10-22	Wrap	\$352.00	08/01/1998	Non-institutional only	Purchase only	1 per 8 years	Limit-based	
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Each	5160-10-22	Invasive ventilation	\$900.00	01/01/2016	All	Rental only	1 per month	Never required	
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Each	5160-10-22	Non-invasive ventilation	\$900.00	01/01/2016	All	Rental only	1 per month	Never required	
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	5160-10-22	Non-invasive ventilation	\$1,000.00	07/01/2021	All	Rental only	1 per month	Always required	
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	5160-10-19	Respiratory assist device	\$1,900.00	08/01/2006	Non-institutional only	Rental / purchase	1 per 5 years	Always required	
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	5160-10-19	Respiratory assist device	\$320.00	08/01/2006	Non-institutional only	Rental only	1 per month	Always required	
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	5160-10-19	Respiratory assist device	\$320.00	08/01/2006	Non-institutional only	Rental only	1 per month	Never required	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Each	5160-10-01	Percussors	\$321.00	05/01/1990	Non-institutional only	Purchase only	1 per 3 years	Never required	
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	Each	5160-10-01	Percussors	\$4,724.50	10/01/2004	Non-institutional only	Rental / purchase	1 per 8 years	Never required	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Each	5160-10-01	Percussors	\$3,956.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 8 years	Always required	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES	Each	5160-10-08	HFCWO system	\$12,190.00	10/01/2004	Non-institutional only	Rental / purchase	1 per lifetime	Never required	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE	Each	5160-10-01	Respiratory care equipment	\$27.70	09/01/2005	Non-institutional only	Purchase only	1 per 8 years	Never required	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	Each	5160-10-19	IPPB machine	\$65.00	04/01/1992	Non-institutional only	Rental only	1 per month	Never required	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Humidifier	\$92.00	04/01/2009	Non-institutional only	Purchase only	1 per 4 years	Never required	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Each	5160-10-19	Humidifier	\$225.92	10/01/2004	Non-institutional only	Purchase only	1 per 4 years	Always required	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Each	5160-10-01	Respiratory care equipment	\$525.00	04/01/1996	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0570	NEBULIZER, WITH COMPRESSOR	Each	5160-10-01	Respiratory care equipment	\$133.00	04/01/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	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	5160-10-01	Respiratory care equipment	\$430.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	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	5160-10-01	Respiratory care equipment	\$115.00	04/01/2006	Non-institutional only	Purchase only	2 per year	Limit-based	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	5160-10-19	Pump	\$379.75	07/16/2018	Non-institutional only	Purchase only	1 per 4 years	Never required	

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

E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Each	5160-10-19	Nasal PAP device	\$775.00	04/01/1992	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0602	BREAST PUMP, MANUAL, ANY TYPE	Each	5160-10-25	Breast pump	\$15.00	10/01/2004	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	Each	5160-10-25	Breast pump	\$202.50	07/26/2007	Non-institutional only	Purchase only	1 per 5 years	Never required	
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	Day	5160-10-25	Breast pump	\$2.25	01/01/2002	Non-institutional only	Rental only	90 days	Never required	
E0605	VAPORIZER, ROOM TYPE	Each	5160-10-01	Respiratory care supplies	\$20.00	05/01/1990	Non-institutional only	Purchase only	1 per 4 years	Limit-based	
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Each	5160-10-09	Monitor without recording feature	\$2,626.50	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	Always required	Including alarms, maintenance, and supplies
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Each	5160-10-09	Monitor with recording feature	\$2,833.65	10/15/2006	Non-institutional only	Rental / purchase	1 per 5 years	Always required	Including alarms, maintenance, and supplies
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	Each	5160-10-01	Portable lifts	\$89.70	01/01/1999	Non-institutional only	Purchase only	1 per 2 years	Never required	This item is covered only for a lift owned by the individual.
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Each	5160-10-01	Portable lifts	\$447.00	03/20/2009	Non-institutional only	Purchase only	1 per 6 years	Never required	
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Each	5160-10-01	Portable lifts	\$761.60	07/16/2018	Non-institutional only	Purchase only	1 per 6 years	Never required	
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$2,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base only, no accessories
U1	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$3,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 1-2 accessories
U2	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$4,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 3-6 accessories
U3	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$5,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 7-10 accessories
U4	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$6,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 11 or more accessories
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$1,700.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base only, no accessories
E0638 U1	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$2,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 1-2 accessories
E0638 U2	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$2,500.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 3-6 accessories
E0638 U3	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$3,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 7-10 accessories
E0638 U4	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$4,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 11 or more accessories
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$2,700.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base only, no accessories
U1	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$3,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 1-2 accessories
U2	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$3,500.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 3-6 accessories
U3	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$4,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 7-10 accessories
U4	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Each	5160-10-01	Standing frames / gait trainers	\$5,000.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Stander base plus 11 or more accessories
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	Each	5160-10-15	Home model	\$510.00	01/01/1994	Non-institutional only	Rental / purchase	1 per 5 years	Never required	
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Each	5160-10-15	Home model	\$776.80	07/01/2002	Non-institutional only	Rental / purchase	1 per 5 years	Never required	
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	Each	5160-10-15	Half arm	\$77.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Always required	
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	5160-10-15	Full leg	\$135.12	07/01/2002	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	5160-10-15	Full arm	\$101.50	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Always required	
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	5160-10-15	Half leg	\$95.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	Each	5160-10-15	Full leg	\$172.30	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	Each	5160-10-15	Full arm	\$150.00	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	Each	5160-10-15	Half leg	\$143.75	01/01/1994	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA 2 SQUARE FEET OR LESS	Each	5160-10-01	Phototherapy system	\$809.08	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	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	5160-10-01	Phototherapy panel system	\$1,015.99	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	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	5160-10-01	Phototherapy panel system	\$1,252.42	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	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	5160-10-01	Phototherapy cabinet system	\$3,986.35	07/01/2019	Non-institutional only	Rental / purchase	1 per 10 years	Always required	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	5160-10-01	Safety Equipment	\$10.82	05/01/1990	Non-institutional only	Purchase only	2 per year	Limit-based	(e.g. belt, harness, or vest)
E0705	TRANSFER DEVICE, ANY TYPE, EACH	Each	5160-10-01	Transfer board	\$46.62	05/26/2006	Non-institutional only	Purchase only	1 per 2 years	Never required	
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	Each	5160-10-15	Two lead	\$525.00	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Never required	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	5160-10-15	Four lead	\$564.18	07/16/2018	Non-institutional only	Rental / purchase	1 per 4 years	Limit-based	All TENS units must include a battery charger and battery pack.

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

E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Each	5160-10-28	Non-spinal	\$1,750.00	03/21/2007	Non-institutional only	Purchase only	1 per 8 years	Always required	
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Each	5160-10-28	Spinal	\$1,750.00	03/21/2007	Non-institutional only	Purchase only	1 per 8 years	Always required	
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Each	5160-10-28	Low intensity	\$1,750.00	03/21/2007	Non-institutional only	Purchase only	1 per 8 years	Always required	
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Each	5160-10-28	Low intensity	PA	01/01/2009	Non-institutional only	Purchase only	1 per 8 years	Always required	
E0776	IV POLE	Each	5160-10-29	Infusion pump (non-nutrition) equipment	\$75.00	04/01/2006	Non-institutional only	Purchase only	1 per 8 years	Never required	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	5160-10-29	Infusion pump (non-nutrition) equipment	\$8.73	08/01/2006	Non-institutional only	Rental only	1 per day	Never required	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Each	5160-10-29	Infusion pump (non-nutrition) equipment	\$4,000.00	08/01/2006	Non-institutional only	Rental / purchase	1 per 4 years	Always required	
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	Each	5160-10-29	Infusion pump (non-nutrition) equipment	BR	01/01/2020	Non-institutional only	Purchase only	1 per 4 years	Always required	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Each	5160-10-29	Infusion pump (non-nutrition) equipment	\$8.73	08/01/2006	Non-institutional only	Rental only	1 per day	Never required	Includes pole
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	Each	5160-10-18	Hospital bed accessories	\$58.62	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	Each	5160-10-18	Hospital bed accessories	\$84.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	Each	5160-10-18	Hospital bed accessories	\$30.82	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S)	Each	5160-10-18	Hospital bed accessories	\$93.05	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	Each	5160-10-18	Hospital bed accessories	\$100.43	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	Each	5160-10-18	Hospital bed accessories	\$96.33	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	Each	5160-10-18	Hospital bed accessories	\$102.50	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	Each	5160-10-18	Hospital bed accessories	\$208.00	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	Each	5160-10-18	Hospital bed accessories	\$1,190.49	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Each	5160-10-18	Hospital bed accessories	\$479.86	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Each	5160-10-18	Hospital bed accessories	\$475.17	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	Day	5160-10-27	CPM device	\$18.18	08/01/2006	Non-institutional only	Rental only	21 per medical event	Never required	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. For total knee replacement only.
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	Each	5160-10-18	Hospital bed accessories	\$361.61	07/26/2007	Non-institutional only	Purchase only	1 per 8 years	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	Each	5160-10-18	Hospital bed accessories	\$451.46	07/26/2007	Non-institutional only	Rental / purchase	1 per year	Limit-based	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0942	CERVICAL HEAD HARNESS/HALTER	Each	5160-10-18	Hospital bed accessories	\$15.88	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0944	PELVIC BELT/HARNESS/BOOT	Each	5160-10-18	Hospital bed accessories	\$36.70	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Never required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0945	EXTREMITY BELT/HARNESS	Each	5160-10-18	Hospital bed accessories	\$35.46	07/26/2007	Non-institutional only	Purchase only	1 per medical event	Limit-based	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	Each	5160-10-18	Hospital bed accessories	\$615.26	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Each	5160-10-18	Hospital bed accessories	\$485.17	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Each	5160-10-18	Hospital bed accessories	\$469.27	07/26/2007	Non-institutional only	Rental / purchase	1 per medical event	Always required	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Each	5160-10-01	Whirlpool	\$170.00	04/01/2006	Non-institutional only	Purchase only	1 per 8 years	Limit-based	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Each	5160-10-01	Respiratory care equipment	\$118.00	04/01/2006	Non-institutional only	Purchase only	1 per 4 years	Limit-based	



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

E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Each	5160-10-01	Miscellaneous DME item	PA	01/01/2006	Non-institutional only			Always required	E1399 is not to be used to represent labor or repair.
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	Each	5160-10-18	Hospital bed accessories	\$65.39	04/01/2006	Non-institutional only	Purchase only	1 per medical event	Limit-based	Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames.
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Each	5160-10-24	8 minutes or less recording time	\$266.75	01/01/2010	All	Rental / purchase	1 per 5 years	Never required	
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	5160-10-24	8-20 minutes recording time	\$811.95	01/01/2010	All	Rental / purchase	1 per 5 years	Never required	
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	5160-10-24	20-40 minutes recording time	\$1,071.06	01/01/2010	All	Rental / purchase	1 per 5 years	Always required	
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Each	5160-10-24	40+ minutes recording time	\$2,129.15	01/01/2010	All	Rental / purchase	1 per 5 years	Always required	
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Each	5160-10-24	Spell only messages	\$3,452.16	01/01/2010	All	Rental / purchase	1 per 5 years	Always required	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Each	5160-10-24	Multiple message methods	\$6,565.20	01/01/2010	All	Rental / purchase	1 per 5 years	Always required	
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	Each	5160-10-24	Software	\$645.00	07/01/2021	All	Rental / purchase	1 per 5 years	Limit-based	
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Each	5160-10-24	Accessory	\$652.16	12/07/2010	All	Rental / purchase	1 per 5 years	Always required	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Each	5160-10-24	Accessory	PA	10/01/2004	All	Purchase only	1 per 5 years	Always required	
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	5160-10-01	Standing frames / gait trainers	\$550.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Mini or small size
E8000 U1	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	5160-10-01	Standing frames / gait trainers	\$1,100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U1 differentiates this as a medium sized item.
E8000 U2	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	5160-10-01	Standing frames / gait trainers	\$1,500.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	Modifier U2 differentiates this as a large or extra large sized item.
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	5160-10-01	Standing frames / gait trainers	\$2,100.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Each	5160-10-01	Standing frames / gait trainers	\$2,700.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Always required	
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE	Each	5160-10-29	Infusion pump (non-nutrition) supplies	\$2.65	10/15/2006	Non-institutional only	Purchase only	30 per month	Never required	
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES. 1 MONTH SUPPLY = 1 UNIT OF SERVICE	Each	5160-10-29	Allowance	\$198.70	01/01/2018	Non-institutional only	Purchase only	1 per month	Always required	
K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	Each	5160-10-29	Monitor	\$209.03	01/01/2018	Non-institutional only	Purchase only	PA	Always required	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Each	5160-10-06	Defibrillator	\$2,320.00	07/01/2021	Non-institutional only	Rental only	PA	Limit-based	PA required after first three months
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Each	5160-10-01	Drug delivery system	\$1,379.20	10/15/2006	Non-institutional only	Purchase only	1 per 5 years	Never required	
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15	Each	5160-10-01	Labor	\$12.17	01/01/2017	All			Limit-based	
K1005	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE	Each	5160-10-01	Supply	BR	01/01/2020	All	Purchase only	120 per month	Limit-based	
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	Each	5160-10-01	Cervical spine	\$16.89	01/01/2010	All	Purchase only	1 per year	Never required	
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	Each	5160-10-01	Cervical spine	\$38.25	01/01/2010	All	Purchase only	1 per year	Never required	
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Each	5160-10-01	Cervical spine	\$513.69	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Cervical spine	\$90.48	01/01/2010	All	Purchase only	1 per year	Limit-based	
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Cervical spine	\$177.92	01/01/2010	All	Purchase only	1 per year	Limit-based	
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	Each	5160-10-01	Cervical spine	\$288.26	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE (CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES))	Each	5160-10-01	Cervical spine	\$339.95	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE (CERVICAL BARS, AND THORACIC EXTENSION)	Each	5160-10-01	Cervical spine	\$394.31	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Each	5160-10-01	Thoracic spine	\$82.55	01/01/2010	All	Purchase only	1 per year	Always required	
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	Each	5160-10-01	Thoracic spine	\$155.00	07/16/2018	All	Purchase only	2 per year	Limit-based	
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	Each	5160-10-01	Thoracic spine	\$202.07	01/01/2010	All	Purchase only	2 per year	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$195.52	01/01/2010	All	Purchase only	1 per year	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$242.40	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	

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

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	Each	5160-10-01	Thoracic spine	\$303.78	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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,	Each	5160-10-01	Thoracic spine	\$413.62	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$258.66	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$965.02	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$1,077.94	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$1,164.14	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$1,307.38	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Thoracic spine	\$727.15	12/07/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Sacroiliac joints	\$55.09	01/01/2010	All	Purchase only	2 per year	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$39.90	12/07/2010	All	Purchase only	2 per year	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$56.46	12/07/2010	All	Purchase only	2 per year	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$147.95	01/01/2006	All	Purchase only	2 per year	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$60.76	12/07/2010	All	Purchase only	2 per year	Never required	
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, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Lumbar spine	\$164.66	01/01/2010	All	Purchase only	2 per year	Never required	
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	Each	5160-10-01	Lumbar spine	\$135.00	07/16/2018	All	Purchase only	2 per year	Never required	

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

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	Each	5160-10-01	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	Never required	
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	Each	5160-10-01	Lumbar spine	\$143.51	01/01/2010	All	Purchase only	2 per year	Never required	
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	Each	5160-10-01	Lumbar spine	\$250.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$246.18	01/01/2010	All	Purchase only	1 per 2 years	Always required	
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	Each	5160-10-01	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$271.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$827.69	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Lumbar spine	\$757.98	12/07/2010	All	Purchase only	1 per medical event	Limit-based	
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Each	5160-10-01	Cervical-thoracic-lumbar-sacral spine	\$1,271.88	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0710	CTLSSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Each	5160-10-01	Cervical-thoracic-lumbar-sacral spine	\$1,398.16	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Each	5160-10-01	Halo procedure	\$1,707.70	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	Each	5160-10-01	Halo procedure	\$750.27	01/01/2006	All	Purchase only	1 per medical event	Limit-based	
L0970	TLSSO, CORSET FRONT	Each	5160-10-01	Spine, addition to orthosis	\$68.28	01/01/2010	All	Purchase only	1 per medical event	Always required	
L0972	LSO, CORSET FRONT	Each	5160-10-01	Spine, addition to orthosis	\$62.14	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0974	TLSSO, FULL CORSET	Each	5160-10-01	Spine, addition to orthosis	\$111.65	01/01/2010	All	Purchase only	1 per medical event	Always required	
L0976	LSO, FULL CORSET	Each	5160-10-01	Spine, addition to orthosis	\$95.52	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L0978	AXILLARY CRUTCH EXTENSION	Each	5160-10-01	Spine, addition to orthosis	\$120.22	01/01/2010	All	Purchase only	1 per medical event	Always required	
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	Each	5160-10-01	Spine, addition to orthosis	\$10.93	01/01/2010	All	Purchase only	2 per year	Never required	
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Spine, addition to orthosis	\$43.25	01/01/2010	All	Purchase only	6 per year	Limit-based	
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Spine, addition to orthosis	PA	09/01/2005	All	Purchase only		Always required	
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$1,295.56	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$53.46	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	

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

L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$68.85	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$99.32	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$50.01	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$56.65	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.10	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$69.19	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$71.67	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$33.43	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$111.91	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$64.30	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$125.08	01/01/2000	All	Purchase only	1 per 2 years	Limit-based	
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$203.43	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT	Each	5160-10-01	Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee)	\$24.29	01/01/2010	All	Purchase only	6 per year	Never required	
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$1,143.33	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$156.32	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$152.14	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$426.24	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$58.10	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$50.51	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$60.27	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$52.97	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	

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

L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC)	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$55.80	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	Each	5160-10-01	Spine, scoliosis, thoracic-lumbar-sacral spine (low profile)	\$49.64	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Each	5160-10-01	Spine, scoliosis, other	\$1,101.13	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Each	5160-10-01	Spine, scoliosis, other	\$1,146.93	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Spine, scoliosis, other	PA	10/01/1988	All	Purchase only		Always required	
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 INDIVIDUAL WITH EXPERTISE	Each	5160-10-01	Hip	\$82.33	01/01/2010	All	Purchase only	1 per lifetime	Never required	
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	5160-10-01	Hip	\$100.40	01/01/2010	All	Purchase only	1 per lifetime	Never required	
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED	Each	5160-10-01	Hip	\$134.98	01/01/2010	All	Purchase only	1 per lifetime	Always required	
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	Each	5160-10-01	Hip	\$302.44	01/01/2010	All	Purchase only	1 per lifetime	Never required	
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Hip	\$157.56	01/01/2010	All	Purchase only	1 per medical event	Never required	
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Hip	\$115.46	01/01/2010	All	Purchase only	1 per medical event	Never required	
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM	Each	5160-10-01	Hip	\$727.88	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Each	5160-10-01	Hip	\$710.59	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Hip	\$598.67	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND	Each	5160-10-01	Hip	\$1,438.91	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHOUAN TYPE), CUSTOM FABRICATED	Each	5160-10-01	Hip, Legg-Calvé-Perthes disease	\$942.49	01/01/2010	All	Purchase only	1 per medical event	Always required	
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	Each	5160-10-01	Hip, Legg-Calvé-Perthes disease	\$795.67	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	Each	5160-10-01	Hip, Legg-Calvé-Perthes disease	\$1,143.95	01/01/2010	All	Purchase only	1 per medical event	Always required	
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	5160-10-01	Knee	\$65.77	01/01/2010	All	Purchase only	2 per year	Never required	
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Knee	\$90.80	01/01/2010	All	Purchase only	2 per year	Never required	
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Knee	\$53.13	01/01/2010	All	Purchase only	2 per year	Never required	
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	Each	5160-10-01	Knee	\$473.52	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	Each	5160-10-01	Knee	\$463.73	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	Each	5160-10-01	Knee	\$600.83	01/01/2010	All	Purchase only	1 per 2 years	Always required	
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	Each	5160-10-01	Knee	\$345.00	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee	\$972.95	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee	\$535.18	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee	\$716.46	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee	\$427.98	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Knee	\$182.02	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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-	Each	5160-10-01	Knee	\$689.10	01/01/2017	All	Purchase only	1 per 2 years	Limit-based	
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-	Each	5160-10-01	Knee	\$643.33	01/01/2017	All	Purchase only	1 per 2 years	Limit-based	
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	Each	5160-10-01	Ankle-foot	\$796.69	01/01/2010	All	Purchase only	1 per 2 years	Always required	

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

L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$182.28	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Ankle-foot	\$47.69	01/01/2010	All	Purchase only	2 per year	Never required	
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Ankle-foot	\$71.85	01/01/2010	All	Purchase only	1 per medical event	Never required	
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$364.11	04/01/2009	All	Purchase only	1 per 2 years	Limit-based	
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$262.46	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Ankle-foot	\$197.76	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Ankle-foot	\$570.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$311.11	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$717.14	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Ankle-foot	\$430.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$396.02	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$442.20	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Ankle-foot	\$360.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$257.98	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Each	5160-10-01	Ankle-foot	\$298.57	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Each	5160-10-01	Knee-ankle-foot	\$714.72	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM	Each	5160-10-01	Knee-ankle-foot	\$557.47	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Each	5160-10-01	Knee-ankle-foot	\$704.06	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee-ankle-foot	\$692.05	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Knee-ankle-foot	\$1,419.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Knee-ankle-foot	\$110.68	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Each	5160-10-01	Knee-ankle-foot	\$1,184.49	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Each	5160-10-01	Knee-ankle-foot	\$1,059.50	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Each	5160-10-01	Knee-ankle-foot	\$854.11	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	5160-10-01	Hip-knee-ankle-foot	\$129.25	01/01/2010	All	Purchase only	1 per year	Limit-based	
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Each	5160-10-01	Hip-knee-ankle-foot	\$311.34	01/01/2010	All	Purchase only	1 per year	Limit-based	
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	Each	5160-10-01	Hip-knee-ankle-foot	\$389.41	01/01/2010	All	Purchase only	1 per year	Limit-based	
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Each	5160-10-01	Lower limb, fracture	\$503.59	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Each	5160-10-01	Lower limb, fracture	\$734.51	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$322.32	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$403.71	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$492.44	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Each	5160-10-01	Lower limb, fracture	\$815.82	01/01/2010	All	Purchase only	1 per medical event	Always required	
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Each	5160-10-01	Lower limb, fracture	\$1,024.38	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$621.78	01/01/2010	All	Purchase only	1 per medical event	Always required	
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$736.26	01/01/2010	All	Purchase only	1 per medical event	Always required	
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Lower limb, fracture	\$805.72	01/01/2010	All	Purchase only	1 per medical event	Always required	
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$84.69	01/01/2010	All	Purchase only	1 per medical event	Never required	
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$73.00	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$74.00	01/01/2010	All	Purchase only	2 per orthosis	Always required	

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

L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$98.43	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$178.92	01/01/2010	All	Purchase only	1 per orthosis	Always required	
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$54.50	01/01/2010	All	Purchase only	1 per year	Limit-based	
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$213.01	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$32.22	01/01/2010	All	Purchase only	2 per year	Never required	
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$40.16	01/01/2010	All	Purchase only	2 per year	Never required	
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$51.69	01/01/2010	All	Purchase only	2 per year	Never required	
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$61.12	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$60.81	01/01/2010	All	Purchase only	1 per year	Never required	
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$213.41	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$119.75	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$85.86	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$39.38	01/01/2010	All	Purchase only	2 per year	Never required	
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$83.28	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$360.68	01/01/2010	All	Purchase only	1 per 3 years	Limit-based	
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$160.85	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$73.50	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$123.23	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$234.57	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$179.60	01/01/2010	All	Purchase only	1 per orthosis	Always required	
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$267.00	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$532.31	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$32.96	01/01/2010	All	Purchase only	2 per year	Never required	
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$204.48	01/01/2010	All	Purchase only	1 per orthosis	Limit-based	
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$78.60	01/01/2010	All	Purchase only	2 per orthosis	Always required	
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$82.45	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$93.88	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$65.39	01/01/2010	All	Purchase only	2 per orthosis	Never required	

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

L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$93.47	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2397	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to orthosis	\$77.99	01/01/2010	All	Purchase only	4 per year	Never required	
L2405	ADDITION TO KNEE JOINT, DROP LOCK	Each	5160-10-01	Knee joint, addition to orthosis	\$40.54	01/01/2010	All	Purchase only	2 per year	Never required	
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	Each	5160-10-01	Knee joint, addition to orthosis	\$93.85	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	Each	5160-10-01	Knee joint, addition to orthosis	\$110.73	01/01/2010	All	Purchase only	2 per orthosis	Limit-based	
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	Each	5160-10-01	Knee joint, addition to orthosis	\$62.82	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	Each	5160-10-01	Knee joint, addition to orthosis	\$74.93	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	Each	5160-10-01	Thigh, addition to orthosis	\$199.94	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	Each	5160-10-01	Thigh, addition to orthosis	\$515.28	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	Each	5160-10-01	Thigh, addition to orthosis	\$343.40	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Each	5160-10-01	Thigh, addition to orthosis	\$728.22	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Each	5160-10-01	Thigh, addition to orthosis	\$409.18	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	Each	5160-10-01	Thigh, addition to orthosis	\$153.22	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Each	5160-10-01	Thigh, addition to orthosis	\$289.92	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	Each	5160-10-01	Thigh, addition to orthosis	\$217.39	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$284.54	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$277.26	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$136.26	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$150.57	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$159.73	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$203.30	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$249.28	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$1,365.48	01/01/2010	All	Purchase only	1 set per 2 years	Limit-based	
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$1,000.88	01/01/2010	All	Purchase only	1 set per 2 years	Limit-based	
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$147.93	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$200.76	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$88.42	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$114.48	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	Each	5160-10-01	Pelvic and thoracic control, addition to orthosis	\$93.48	01/01/2010	All	Purchase only	1 set per 2 years	Never required	
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	General, addition to orthosis	\$83.49	01/01/2010	All	Purchase only	4 per year	Never required	
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	Each	5160-10-01	General, addition to orthosis	\$36.30	01/01/2010	All	Purchase only	4 per year	Never required	
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Each	5160-10-01	General, addition to orthosis	\$100.06	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER	Each	5160-10-01	General, addition to orthosis	\$18.93	01/01/2010	All	Purchase only	2 per year	Never required	
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	Each	5160-10-01	General, addition to orthosis	\$52.37	01/01/2010	All	Purchase only	1 per year	Never required	



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

L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	General, addition to orthosis	\$64.35	01/01/2010	All	Purchase only	1 per orthosis	Never required	
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	Each	5160-10-01	General, addition to orthosis	\$52.18	01/01/2010	All	Purchase only	1 per year	Never required	
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	Each	5160-10-01	General, addition to orthosis	\$51.88	01/01/2010	All	Purchase only	1 per year	Never required	
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	Each	5160-10-01	General, addition to orthosis	\$56.12	01/01/2010	All	Purchase only	1 per year	Never required	
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL	Each	5160-10-01	General, addition to orthosis	\$27.56	01/01/2010	All	Purchase only	3 per year	Never required	
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL	Each	5160-10-01	General, addition to orthosis	\$38.64	01/01/2010	All	Purchase only	3 per medical event	Never required	
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Each	5160-10-01	General, addition to orthosis	PA	10/01/1988	All	Purchase only	Medical necessity	Always required	
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL	Each	5160-10-31	Molded insert	\$134.48	01/01/2010	All	Purchase only	1 per foot per 2 years	Limit-based	
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO	Each	5160-10-31	Molded insert	\$12.19	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL	Each	5160-10-31	Molded insert	\$64.08	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT	Each	5160-10-31	Molded insert	\$96.11	01/01/2010	All	Purchase only	1 per foot per 2 years	Limit-based	
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT	Each	5160-10-31	Molded insert	\$102.52	01/01/2010	All	Purchase only	1 per foot per 2 years	Limit-based	
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT	Each	5160-10-31	Formed insert	\$66.97	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL	Each	5160-10-31	Pre-molded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL	Each	5160-10-31	Pre-molded insert	\$12.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL	Each	5160-10-31	Pre-molded insert	\$34.30	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-31	Splint	\$25.63	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	Each	5160-10-31	Rotation bar	\$38.44	01/01/2010	All	Purchase only	2 per year	Limit-based	
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	Each	5160-10-31	Rotation bar	\$43.81	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	Each	5160-10-31	Positioning device	\$96.11	01/01/2010	All	Purchase only	2 per orthosis	Always required	
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-31	Stabilizer	\$10.25	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Each	5160-10-31	Infant shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Each	5160-10-31	Child shoes	\$55.38	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Each	5160-10-31	Junior shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Each	5160-10-31	Infant shoes	\$57.67	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Each	5160-10-31	Child shoes	\$54.24	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Each	5160-10-31	Junior shoes	\$53.12	01/01/2010	All	Purchase only	3 pairs per year	Limit-based	
L3208	SURGICAL BOOT, EACH, INFANT	Each	5160-10-31	Infant shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3209	SURGICAL BOOT, EACH, CHILD	Each	5160-10-31	Child shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3211	SURGICAL BOOT, EACH, JUNIOR	Each	5160-10-31	Junior shoes	\$26.91	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD	Each	5160-10-31	Ladies shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY	Each	5160-10-31	Ladies shoes	\$102.52	01/01/2010	All	Purchase only	2 pairs per year	Always required	
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY	Each	5160-10-31	Ladies shoes	\$114.05	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD	Each	5160-10-31	Men's shoes	\$90.40	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY	Each	5160-10-31	Men's shoes	\$112.77	01/01/2010	All	Purchase only	2 pairs per year	Always required	
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY	Each	5160-10-31	Men's shoes	\$117.89	01/01/2010	All	Purchase only	2 pairs per year	Limit-based	
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Each	5160-10-31	Ladies shoes	\$43.17	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Each	5160-10-31	Men's shoes	\$47.15	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY	Each	5160-10-31	Custom shoes	\$160.19	09/01/2011	All	Purchase only	1 per foot per year	Always required	
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE	Each	5160-10-31	Molded shoes	\$160.19	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED	Each	5160-10-31	Custom shoes	\$84.76	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED	Each	5160-10-31	Molded shoes	\$64.08	01/01/2010	All	Purchase only	1 per foot per year	Limit-based	

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

L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Each	5160-10-31	Mis-mate shoes	\$138.57	01/01/2010	All	Purchase only	2 pairs per year (adult)	Limit-based	
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	Each inch	5160-10-31	Lift	\$43.57	01/01/2010	All	Purchase only	2 modifications per year	Never required	
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	Each inch	5160-10-31	Lift	\$51.25	01/01/2010	All	Purchase only	2 modifications per year	Never required	
L3320	ELEVAT, HEEL & SOLE, CORK, PER INCH	Each inch	5160-10-31	Lift	\$64.08	01/01/2010	All	Purchase only	2 modifications per year	Never required	
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	Each	5160-10-31	Lift	\$25.79	01/01/2010	All	Purchase only	2 modifications per year	Never required	
L3334	LIFT, ELEVATION, HEEL, PER INCH	Each	5160-10-31	Lift	\$30.12	01/01/2010	All	Purchase only	2 modifications per year	Never required	
L3340	HEEL WEDGE, SACH	Each	5160-10-31	Wedge	\$19.22	01/01/2010	All	Purchase only	4 per year	Never required	
L3350	HEEL WEDGE	Each	5160-10-31	Wedge	\$10.25	01/01/2010	All	Purchase only	4 per year	Never required	
L3360	SOLE WEDGE, OUTSIDE SOLE	Each	5160-10-31	Wedge	\$17.95	01/01/2010	All	Purchase only	4 per year	Never required	
L3370	SOLE WEDGE, BETWEEN SOLE	Each	5160-10-31	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	Never required	
L3380	CLUBFOOT WEDGE	Each	5160-10-31	Wedge	\$15.82	01/01/2010	All	Purchase only	4 per year	Never required	
L3390	OUTFLARE WEDGE	Each	5160-10-31	Wedge	\$26.91	01/01/2010	All	Purchase only	4 per year	Never required	
L3400	METATARSAL BAR WEDGE, ROCKER	Each	5160-10-31	Wedge	\$32.04	01/01/2010	All	Purchase only	4 per year	Never required	
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	Each	5160-10-31	Wedge	\$37.17	01/01/2010	All	Purchase only	4 per year	Never required	
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	Each	5160-10-31	Wedge	\$43.57	01/01/2010	All	Purchase only	4 per year	Never required	
L3430	HEEL, COUNTER, PLASTIC REINFORCED	Each	5160-10-31	Heel	\$38.44	01/01/2010	All	Purchase only	2 heels per year	Never required	
L3440	HEEL, COUNTER, LEATHER REINFORCED	Each	5160-10-31	Heel	\$33.19	01/01/2010	All	Purchase only	2 heels per year	Never required	
L3450	HEEL, SACH CUSHION TYPE	Each	5160-10-31	Heel	\$84.60	07/01/2021	All	Purchase only	2 heels per year	Never required	
L3455	HEEL, NEW LEATHER, STANDARD	Each	5160-10-31	Heel	\$15.38	01/01/2010	All	Purchase only	2 heels per year	Limit-based	
L3460	HEEL, NEW RUBBER, STANDARD	Each	5160-10-31	Heel	\$14.09	01/01/2010	All	Purchase only	2 heels per year	Limit-based	
L3465	HEEL, THOMAS WITH WEDGE	Each	5160-10-31	Heel	\$17.64	01/01/2010	All	Purchase only	2 heels per year	Never required	
L3470	HEEL, THOMAS EXTENDED TO BALL	Each	5160-10-31	Heel	\$37.30	01/01/2010	All	Purchase only	2 heels per year	Never required	
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	Each	5160-10-31	Heel	\$19.22	01/01/2010	All	Purchase only	2 per foot per year	Never required	
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	Each	5160-10-31	Miscellaneous shoe addition	\$16.65	01/01/2010	All	Purchase only	2 insoles per year	Never required	
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	Each	5160-10-31	Miscellaneous shoe addition	\$11.59	01/01/2010	All	Purchase only	2 insoles per year	Never required	
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	Each	5160-10-31	Miscellaneous shoe addition	\$22.39	01/01/2010	All	Purchase only	2 insoles per year	Never required	
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	Each	5160-10-31	Miscellaneous shoe addition	\$19.33	01/01/2010	All	Purchase only	2 half soles per year [for ODM-authorized shoes]	Limit-based	
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	Each	5160-10-31	Miscellaneous shoe addition	\$23.85	01/01/2010	All	Purchase only	2 full soles per year [for ODM-authorized shoes]	Never required	
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	Each	5160-10-31	Miscellaneous shoe addition	\$5.13	01/01/2010	All	Purchase only	4 per year	Never required	
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	Each	5160-10-31	Miscellaneous shoe addition	\$69.16	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children) [for ODM-authorized shoes]	Never required	
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	Each	5160-10-31	Miscellaneous shoe addition	\$25.63	01/01/2010	All	Purchase only	4 per year (adults), 6 per year (children)	Never required	
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	Each	5160-10-31	Miscellaneous shoe addition	\$32.04	01/01/2010	All	Purchase only	4 per year	Never required	
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	Each	5160-10-31	Transfer	\$37.44	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	Each	5160-10-31	Transfer	\$57.67	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	Each	5160-10-31	Transfer	\$48.56	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	Each	5160-10-31	Transfer	\$63.26	01/01/2010	All	Purchase only	2 transfers per orthosis per year	Never required	
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Miscellaneous procedure	PA	10/01/1988	All	Purchase only		Always required	
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Shoulder	\$41.90	01/01/2010	All	Purchase only	1 per medical event	Never required	

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

L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Shoulder	\$66.10	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Shoulder	\$778.74	01/01/2011	All	Purchase only	1 per medical event	Never required	
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Shoulder	\$118.84	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Elbow	\$83.03	01/01/2010	All	Purchase only	2 per year	Never required	
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Each	5160-10-01	Elbow	\$397.27	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	Each	5160-10-01	Elbow	\$526.97	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Each	5160-10-01	Elbow	\$624.77	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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	Each	5160-10-01	Elbow	\$285.67	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Elbow	\$493.34	12/07/2010	All	Purchase only	1 per 2 years	Limit-based	
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBuckles, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Elbow	\$516.30	12/07/2010	All	Purchase only	1 per 2 years	Limit-based	
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Each	5160-10-01	Wrist-hand-finger	\$147.26	04/01/2009	All	Purchase only	1 per 2 years	Limit-based	
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Wrist-hand-finger	\$168.26	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	Each	5160-10-01	Wrist-hand-finger	\$155.00	07/01/2021	All	Purchase only	1 per 2 years	Never required	
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM	Each	5160-10-01	Wrist-hand-finger	\$941.93	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	Each	5160-10-01	Wrist-hand-finger	\$1,234.46	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Wrist-hand-finger	\$294.66	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Wrist-hand-finger	\$43.66	01/01/2010	All	Purchase only	1 per 180 days	Never required	
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Wrist-hand-finger	\$61.27	01/01/2010	All	Purchase only	1 per 2 years	Never required	
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	Each	5160-10-01	Wrist-hand-finger	\$27.65	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Wrist-hand-finger	\$69.82	07/01/2021	All	Purchase only	1 per medical event	Never required	
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Wrist-hand-finger	\$39.04	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Wrist-hand-finger	\$66.19	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Wrist-hand-finger	\$142.53	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Each	5160-10-01	Wrist-hand-finger	\$187.75	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Shoulder-elbow-wrist-hand	\$463.75	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Shoulder-elbow-wrist-hand	\$975.27	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Upper limb, fracture	\$224.94	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Upper limb, fracture	\$228.40	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Upper limb, fracture	\$201.21	01/01/2010	All	Purchase only	1 per medical event	Never required	
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL	Each	5160-10-01	Upper limb, fracture	\$23.88	01/01/2010	All	Purchase only	3 per medical event	Limit-based	
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Upper limb, fracture	PA	10/01/1988	All	Purchase only		Always required	
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$844.25	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L4010	REPLACE TRILATERAL SOCKET BRIM	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$513.16	01/01/2010	All	Purchase only	1 per lifetime	Always required	
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$616.43	01/01/2010	All	Purchase only	1 per 2 years	Always required	

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

L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$391.73	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$265.30	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$195.96	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$262.73	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$159.70	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4060	REPLACE HIGH ROLL CUFF	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$211.11	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$183.88	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$64.32	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$53.98	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$64.88	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$50.66	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L4130	REPLACE PRETIBIAL SHELL	Each	5160-10-01	Specific repair or replacement, including parts and labor	\$306.22	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES	Each	5160-10-01	Labor	\$12.17	07/01/2021	All		1 per 120 days	Limit-based	
L4210	REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS)	Each	5160-10-01	Labor	\$12.17	07/01/2021	All		2 or more per 120 days	Always required	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)	Each	5160-10-01	Labor	\$12.17	07/01/2021	All		1 per 120 days	Never required	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	Each	5160-10-01	Splint	\$61.83	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Splint	\$165.41	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	Each	5160-10-01	Splint	\$150.37	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Splint	\$99.06	01/01/2010	All	Purchase only	1 per medical event	Never required	
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	Each	5160-10-01	Splint	\$15.04	01/01/2010	All	Purchase only	1 per medical event	Never required	
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	Each	5160-10-01	Splint	\$107.22	01/01/2010	All	Purchase only	1 per medical event	Limit-based	
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	Each	5160-10-01	Splint	\$1,066.77	01/01/2011	All	Purchase only	1 per medical event	Always required	
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Each	5160-10-01	Lower limb	\$366.87	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Each	5160-10-01	Lower limb	\$1,025.10	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Each	5160-10-01	Lower limb	\$1,605.99	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Each	5160-10-01	Lower limb	\$1,754.04	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Each	5160-10-01	Lower limb	\$2,162.23	01/01/2010	All	Purchase only	1 per 4 years	Always required	

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

L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$1,746.54	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Each	5160-10-01	Lower limb	\$2,464.74	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$2,740.21	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$3,008.61	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$2,326.94	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS	Each	5160-10-01	Lower limb	\$1,847.59	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Each	5160-10-01	Lower limb	\$2,035.24	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$3,052.57	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$3,579.21	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Each	5160-10-01	Lower limb	\$3,876.41	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Each	5160-10-01	Lower limb	\$2,073.45	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Each	5160-10-01	Lower limb	\$2,764.88	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Each	5160-10-01	Lower limb	\$4,049.55	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Each	5160-10-01	Lower limb	\$4,304.60	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	Each	5160-10-01	Immediate post-surgery or early fitting	\$1,021.32	01/01/2010	All	Purchase only	1 per amputation	Always required	
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	Each	5160-10-01	Immediate post-surgery or early fitting	\$282.16	01/01/2010	All	Purchase only	1 per amputation	Always required	
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	Each	5160-10-01	Immediate post-surgery or early fitting	\$1,289.89	01/01/2010	All	Purchase only	1 per amputation	Always required	
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	Each	5160-10-01	Immediate post-surgery or early fitting	\$350.13	01/01/2010	All	Purchase only	1 per amputation	Always required	
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Each	5160-10-01	Preparatory prosthesis	\$1,377.79	01/01/2010	All	Purchase only	Medical necessity	Always required	
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	Each	5160-10-01	Preparatory prosthesis	\$1,513.49	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Each	5160-10-01	Preparatory prosthesis	\$1,603.02	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Each	5160-10-01	Preparatory prosthesis	\$1,826.51	01/01/2010	All	Purchase only	Medical necessity	Always required	
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Each	5160-10-01	Preparatory prosthesis	\$2,200.15	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Each	5160-10-01	Preparatory prosthesis	\$2,576.61	01/01/2010	All	Purchase only	Medical necessity	Always required	
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Each	5160-10-01	Preparatory prosthesis	\$2,293.95	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	Each	5160-10-01	Preparatory prosthesis	\$2,933.02	01/01/2010	All	Purchase only	1 per amputation	Always required	
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Each	5160-10-01	Preparatory prosthesis	\$3,338.21	01/01/2010	All	Purchase only	1 per amputation	Always required	
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	Each	5160-10-01	Addition to lower limb	\$1,610.00	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,025.44	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,559.75	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,080.22	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$940.49	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE	Each	5160-10-01	Addition to lower limb	\$358.18	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Each	5160-10-01	Addition to lower limb	\$213.89	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	Each	5160-10-01	Addition to lower limb	\$189.77	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	

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

L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	Each	5160-10-01	Addition to lower limb	\$255.66	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	Each	5160-10-01	Addition to lower limb	\$255.59	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	Each	5160-10-01	Addition to lower limb	\$404.60	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPLECTOMY	Each	5160-10-01	Addition to lower limb	\$409.72	01/01/2010	All	Purchase only	1 per preparatory prosthesis, 2 per definitive prosthesis	Limit-based	
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Each	5160-10-01	Addition to lower limb	\$202.26	01/01/2010	All	Purchase only	1 per prosthesis	Limit-based	
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	Each	5160-10-01	Addition to lower limb	\$351.43	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	Each	5160-10-01	Addition to lower limb	\$279.65	01/01/2010	All	Purchase only	1 per prosthesis	Limit-based	
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	Each	5160-10-01	Addition to lower limb	\$172.35	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	Each	5160-10-01	Addition to lower limb	\$215.55	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	Each	5160-10-01	Addition to lower limb	\$164.75	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Each	5160-10-01	Addition to lower limb	\$245.16	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	Each	5160-10-01	Addition to lower limb	\$412.99	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Each	5160-10-01	Addition to lower limb	\$713.58	01/01/2010	All	Purchase only	1 per prosthesis	Always required	
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Each	5160-10-01	Addition to lower limb	\$469.04	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	Each	5160-10-01	Addition to lower limb	\$434.79	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	5160-10-01	Addition to lower limb	\$1,282.40	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	5160-10-01	Addition to lower limb	\$623.61	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Each	5160-10-01	Addition to lower limb	\$398.77	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Each	5160-10-01	Addition to lower limb	\$506.27	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Each	5160-10-01	Addition to lower limb	\$475.45	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Each	5160-10-01	Addition to lower limb	\$1,569.04	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Each	5160-10-01	Addition to lower limb	\$310.70	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Each	5160-10-01	Addition to lower limb	\$910.35	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	Each	5160-10-01	Addition to lower limb	\$277.48	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Each	5160-10-01	Addition to lower limb	\$432.93	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$250.96	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$181.21	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$275.31	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$290.59	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	Each	5160-10-01	Addition to lower limb	\$416.91	01/01/2010	All	Purchase only	1 per year	Always required	
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	Each	5160-10-01	Addition to lower limb	\$370.67	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	Each	5160-10-01	Addition to lower limb	\$49.07	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	Each	5160-10-01	Addition to lower limb	\$73.12	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS' OR SIMILAR)	Each	5160-10-01	Addition to lower limb	\$172.71	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5671	ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT	Each	5160-10-01	Addition to lower limb	\$358.93	04/01/2009	All	Purchase only	1 per 4 years	Limit-based	
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	Each	5160-10-01	Addition to lower limb	\$228.53	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	

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

L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Each	5160-10-01	Addition to lower limb	\$745.00	07/16/2018	All	Purchase only	2 per year	Always required	
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	Each	5160-10-01	Addition to lower limb	\$230.63	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	Pair	5160-10-01	Addition to lower limb	\$353.23	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Pair	5160-10-01	Addition to lower limb	\$25.27	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Each	5160-10-01	Addition to lower limb	\$625.00	07/16/2018	All	Purchase only	2 per year	Always required	
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	Each	5160-10-01	Addition to lower limb	\$193.72	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
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)	Each	5160-10-01	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Each	5160-10-01	Addition to lower limb	\$398.03	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
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)	Each	5160-10-01	Addition to lower limb	\$1,029.21	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	Each	5160-10-01	Addition to lower limb	\$30.63	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL	Each	5160-10-01	Addition to lower limb	\$55.13	01/01/2010	All	Purchase only	6 per year	Never required	
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	Each	5160-10-01	Addition to lower limb	\$36.84	01/01/2010	All	Purchase only	1 per 2 years	Never required	
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	Each	5160-10-01	Addition to lower limb	\$39.13	01/01/2010	All	Purchase only	1 per year	Never required	
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	Each	5160-10-01	Addition to lower limb	\$79.87	01/01/2010	All	Purchase only	1 per year	Never required	
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	Each	5160-10-01	Addition to lower limb	\$84.57	01/01/2010	All	Purchase only	1 per year	Never required	
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	Each	5160-10-01	Addition to lower limb	\$115.47	01/01/2010	All	Purchase only	1 per year	Never required	
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL	Each	5160-10-01	Addition to lower limb	\$103.79	01/01/2010	All	Purchase only	2 per year	Limit-based	
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	Each	5160-10-01	Addition to lower limb	\$125.38	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	Each	5160-10-01	Addition to lower limb	\$59.55	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	Each	5160-10-01	Addition to lower limb	\$76.38	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Each	5160-10-01	Addition to lower limb	\$130.54	01/01/2010	All	Purchase only	1 per year	Limit-based	
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Each	5160-10-01	Addition to lower limb	\$1,963.56	01/01/2010	All	Purchase only	Medical necessity	Always required	
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Each	5160-10-01	Addition to lower limb	\$2,435.96	01/01/2010	All	Purchase only	Medical necessity	Always required	
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Each	5160-10-01	Addition to lower limb	\$3,070.16	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Each	5160-10-01	Addition to lower limb	\$400.36	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Each	5160-10-01	Addition to lower limb	\$733.99	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Each	5160-10-01	Addition to lower limb	\$715.93	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Each	5160-10-01	Addition to lower limb	\$961.85	01/01/2010	All	Purchase only	Medical necessity	Limit-based	
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Each	5160-10-01	Addition to lower limb	\$228.91	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Each	5160-10-01	Addition to lower limb	\$384.17	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Each	5160-10-01	Addition to lower limb	\$274.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$279.04	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Each	5160-10-01	Addition to lower limb	\$551.77	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$590.02	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$717.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,105.92	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,542.94	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$330.67	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$477.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	

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

L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$683.36	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	Each	5160-10-01	Addition to lower limb	\$364.10	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Each	5160-10-01	Addition to lower limb	\$502.44	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	Each	5160-10-01	Addition to lower limb	\$378.10	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	Each	5160-10-01	Addition to lower limb	\$2,377.43	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Each	5160-10-01	Addition to lower limb	\$541.27	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$611.21	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,121.22	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,059.89	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Each	5160-10-01	Addition to lower limb	\$1,999.12	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,886.34	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$1,271.88	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5840	ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Each	5160-10-01	Addition to lower limb	\$2,496.40	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Each	5160-10-01	Addition to lower limb	\$1,147.38	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	Each	5160-10-01	Addition to lower limb	\$81.42	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Each	5160-10-01	Addition to lower limb	\$196.55	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSORS/SLING TYPE	Each	5160-10-01	Addition to lower limb	\$3,470.01	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	Each	5160-10-01	Addition to lower limb	\$230.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	Each	5160-10-01	Addition to lower limb	\$337.70	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	Each	5160-10-01	Addition to lower limb	\$213.86	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Each	5160-10-01	Addition to lower limb	\$2,154.68	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$319.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$495.17	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$740.39	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION	Each	5160-10-01	Addition to lower limb	\$3,835.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	5160-10-01	Addition to lower limb	\$374.10	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	5160-10-01	Addition to lower limb	\$717.60	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Each	5160-10-01	Addition to lower limb	\$924.38	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Each	5160-10-01	Addition to lower limb	\$2,920.00	07/01/2021	All	Purchase only	1 per 2 years	Limit-based	
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	Each	5160-10-01	Addition to lower limb	\$139.06	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	Each	5160-10-01	Addition to lower limb	\$253.31	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	Each	5160-10-01	Addition to lower limb	\$148.31	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	Each	5160-10-01	Addition to lower limb	\$345.64	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$376.20	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	Each	5160-10-01	Addition to lower limb	\$199.35	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Each	5160-10-01	Addition to lower limb	\$1,596.06	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Each	5160-10-01	Addition to lower limb	\$2,431.74	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Each	5160-10-01	Addition to lower limb	\$2,184.31	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	Each	5160-10-01	Addition to lower limb	\$410.34	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	Each	5160-10-01	Addition to lower limb	\$411.61	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	Each	5160-10-01	Addition to lower limb	\$180.77	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT (MCP' OR EQUAL)	Each	5160-10-01	Addition to lower limb	\$496.50	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	



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

L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Each	5160-10-01	Addition to lower limb	\$4,605.07	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Each	5160-10-01	Addition to lower limb	\$1,489.41	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Addition to lower limb	PA	10/01/1988	All	Purchase only	Medical necessity	Always required	
L6000	PARTIAL HAND, THUMB REMAINING	Each	5160-10-01	Upper limb	\$1,127.52	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	Each	5160-10-01	Upper limb	\$1,254.75	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6020	PARTIAL HAND, NO FINGER REMAINING	Each	5160-10-01	Upper limb	\$1,169.86	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Each	5160-10-01	Upper limb	\$1,591.24	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Each	5160-10-01	Upper limb	\$2,029.71	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Each	5160-10-01	Upper limb	\$1,610.29	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Each	5160-10-01	Upper limb	\$1,703.56	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Each	5160-10-01	Upper limb	\$1,926.74	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Each	5160-10-01	Upper limb	\$2,032.76	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Each	5160-10-01	Upper limb	\$2,093.98	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Each	5160-10-01	Upper limb	\$2,888.62	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Each	5160-10-01	Upper limb	\$2,060.12	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Each	5160-10-01	Upper limb	\$2,841.46	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Each	5160-10-01	Upper limb	\$2,575.16	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	5160-10-01	Upper limb	\$1,342.11	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Each	5160-10-01	Upper limb	\$3,113.36	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Each	5160-10-01	Upper limb	\$2,702.94	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Each	5160-10-01	Upper limb	\$1,567.52	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	5160-10-01	Upper limb	\$1,741.93	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	5160-10-01	Upper limb	\$2,276.62	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	5160-10-01	Upper limb	\$2,235.58	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	5160-10-01	Upper limb	\$2,895.52	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Each	5160-10-01	Upper limb	\$3,232.48	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	Pair	5160-10-01	Addition to upper limb	\$145.21	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	Pair	5160-10-01	Addition to upper limb	\$149.46	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	Pair	5160-10-01	Addition to upper limb	\$141.28	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	Each	5160-10-01	Addition to upper limb	\$137.13	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT	Each	5160-10-01	Addition to upper limb	\$41.28	01/01/2010	All	Purchase only	3 per 4 years	Limit-based	
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	Each	5160-10-01	Addition to upper limb	\$239.75	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Each	5160-10-01	Addition to upper limb	\$456.72	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	Each	5160-10-01	Addition to upper limb	\$338.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	Each	5160-10-01	Addition to upper limb	\$364.35	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	Each	5160-10-01	Addition to upper limb	\$124.16	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	Each	5160-10-01	Addition to upper limb	\$182.89	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE	Each	5160-10-01	Addition to upper limb	\$41.35	01/01/2010	All	Purchase only	6 per year	Limit-based	
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	Each	5160-10-01	Addition to upper limb	\$132.19	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	Each	5160-10-01	Addition to upper limb	\$258.81	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	Pair	5160-10-01	Addition to upper limb	\$215.53	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	Each	5160-10-01	Addition to upper limb	\$125.51	01/01/2010	All	Purchase only	1 per 4 years	Always required	

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

L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	Each	5160-10-01	Addition to upper limb	\$184.52	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT	Each	5160-10-01	Addition to upper limb	\$233.08	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT	Each	5160-10-01	Addition to upper limb	\$252.80	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	Each	5160-10-01	Addition to upper limb	\$49.02	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	Each	5160-10-01	Addition to upper limb	\$65.62	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	Each	5160-10-01	Addition to upper limb	\$29.31	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	Each	5160-10-01	Addition to upper limb	\$30.53	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	Each	5160-10-01	Addition to upper limb	\$140.08	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	Each	5160-10-01	Addition to upper limb	\$76.43	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	Each	5160-10-01	Addition to upper limb	\$79.96	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	Each	5160-10-01	Addition to upper limb	\$196.88	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	Each	5160-10-01	Addition to upper limb	\$217.68	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Each	5160-10-01	Addition to upper limb	\$295.80	01/01/2010	All	Purchase only	2 per prosthesis	Limit-based	
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	Each	5160-10-01	Addition to upper limb	\$438.93	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	Each	5160-10-01	Addition to upper limb	\$367.11	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	Each	5160-10-01	Addition to upper limb	\$406.28	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Each	5160-10-01	Addition to upper limb	\$484.22	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Each	5160-10-01	Addition to upper limb	\$570.12	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT	Each	5160-10-01	Addition to upper limb	\$225.03	01/01/2010	All	Purchase only	1 per year	Limit-based	
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL	Each	5160-10-01	Addition to upper limb	\$409.41	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW	Each	5160-10-01	Addition to upper limb	\$2,370.00	07/16/2018	All	Purchase only	1 per 2 years	Limit-based	
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	Each	5160-10-01	Addition to upper limb, terminal device	\$352.81	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Each	5160-10-01	Addition to upper limb, terminal device	\$261.92	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Each	5160-10-01	Addition to upper limb, terminal device	\$740.62	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Each	5160-10-01	Addition to upper limb, terminal device	\$589.16	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Each	5160-10-01	Addition to upper limb, terminal device	\$795.89	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	Each	5160-10-01	Addition to upper limb, terminal device	\$245.52	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	Each	5160-10-01	Addition to upper limb, terminal device	\$130.51	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Each	5160-10-01	Addition to upper limb, terminal device	\$127.85	01/01/2010	All	Purchase only	2 per year	Limit-based	
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Each	5160-10-01	Addition to upper limb, terminal device	\$1,241.44	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Each	5160-10-01	Addition to upper limb, terminal device	\$1,228.68	01/01/2010	All	Purchase only	1 per 4 years	Always required	
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Each	5160-10-01	Addition to upper limb, terminal device	\$1,207.87	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Each	5160-10-01	Addition to upper limb, terminal device	\$518.99	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	Each	5160-10-01	Supply	\$366.30	09/01/2011	All	Purchase only	1 per 5 years	Never required	
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Each	5160-10-01	Upper limb	PA	10/01/1991	All	Purchase only	Medical necessity	Always required	
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Each	5160-10-01	Labor	\$12.17	07/01/2021	All		1 per 120 days	Limit-based	
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Each	5160-10-01	Labor	\$12.17	07/01/2021	All		1 per 120 days	Limit-based	

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

L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	Each	5160-10-01	Breast prosthesis	\$29.10	01/01/2010	All	Purchase only	2 per year	Never required	
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	Each	5160-10-01	Breast prosthesis	\$46.67	01/01/2010	All	Purchase only	3 per year	Never required	
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	Each	5160-10-01	Breast prosthesis	\$42.21	01/01/2010	All	Purchase only	3 per year	Never required	
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Each	5160-10-01	Breast prosthesis	\$144.73	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	Each	5160-10-01	Breast prosthesis	\$232.80	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Each	5160-10-01	Breast prosthesis	\$2,579.86	01/01/2010	All	Purchase only	1 per 2 years	Always required	
L8300	TRUSS, SINGLE WITH STANDARD PAD	Each	5160-10-01	Truss	\$59.12	01/01/2010	All	Purchase only	2 per year	Never required	
L8310	TRUSS, DOUBLE WITH STANDARD PADS	Each	5160-10-01	Truss	\$95.12	01/01/2010	All	Purchase only	2 per year	Never required	
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	Each	5160-10-01	Truss	\$41.52	01/01/2010	All	Purchase only	2 per year	Always required	
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	Each	5160-10-01	Truss	\$31.42	01/01/2010	All	Purchase only	2 per year	Never required	
L8400	PROSTHETIC SHEATH, BELOW KNEE	Each	5160-10-01	Sock	\$10.02	01/01/2010	All	Purchase only	12 per year	Never required	
L8410	PROSTHETIC SHEATH, ABOVE KNEE	Each	5160-10-01	Sock	\$13.19	01/01/2010	All	Purchase only	12 per year	Never required	
L8415	PROSTHETIC SHEATH, UPPER LIMB	Each	5160-10-01	Sock	\$13.65	01/01/2010	All	Purchase only	12 per year	Never required	
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE	Each	5160-10-01	Sock	\$48.14	01/01/2010	All	Purchase only	12 per year	Never required	
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE	Each	5160-10-01	Sock	\$13.36	01/01/2010	All	Purchase only	12 per year	Never required	
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE	Each	5160-10-01	Sock	\$15.11	01/01/2010	All	Purchase only	12 per year	Never required	
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB	Each	5160-10-01	Sock	\$14.37	01/01/2010	All	Purchase only	12 per year	Limit-based	
L8440	PROSTHETIC SHRINKER, BELOW KNEE	Each	5160-10-01	Sock	\$29.85	01/01/2010	All	Purchase only	2 per year	Never required	
L8460	PROSTHETIC SHRINKER, ABOVE KNEE	Each	5160-10-01	Sock	\$42.42	01/01/2010	All	Purchase only	2 per year	Limit-based	
L8465	PROSTHETIC SHRINKER, UPPER LIMB	Each	5160-10-01	Sock	\$39.22	01/01/2010	All	Purchase only	2 per year	Limit-based	
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE	Each	5160-10-01	Sock	\$4.25	01/01/2010	All	Purchase only	24 per year	Never required	
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE	Each	5160-10-01	Sock	\$5.86	01/01/2010	All	Purchase only	24 per year	Limit-based	
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB	Each	5160-10-01	Sock	\$7.89	01/01/2010	All	Purchase only	24 per year	Limit-based	
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Each	5160-10-01	Miscellaneous procedure	PA	10/01/1988	All	Purchase only	Medical necessity	Always required	
L8500	ARTIFICIAL LARYNX, ANY TYPE	Each	5160-10-01	Speech aid	\$421.25	01/01/2010	All	Purchase only	1 per 4 years	Limit-based	
L8501	TRACHEOSTOMY SPEAKING VALVE	Each	5160-10-01	Speech aid	\$83.66	01/01/2010	All	Purchase only	1 per 4 months	Never required	
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$346.02	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$80.58	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$70.39	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$20.12	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$6,448.80	01/01/2016	All	Purchase only	1 per 5 years	Never required	
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT	Each	5160-10-01	Supply	\$0.45	09/01/2011	All	Purchase only	25 per month per implant	Limit-based	
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT	Each	5160-10-01	Supply	\$0.24	09/01/2011	All	Purchase only	31 per month per implant	Limit-based	
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT	Each	5160-10-01	Supply	\$46.94	09/01/2011	All	Purchase only	2 per year per implant	Limit-based	
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT	Each	5160-10-01	Supply	\$117.04	09/01/2011	All	Purchase only	2 per year per implant	Limit-based	
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$5,473.60	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$975.19	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Each	5160-10-11	Cochlear implant	\$137.06	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY	Each	5160-10-01	Other equipment	\$2,045.83	01/01/2016	All	Purchase only	Medical necessity	Always required	
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	Each	5160-10-01	Other equipment	\$3,500.00	07/01/2021	All	Purchase only	Medical necessity	Always required	
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	Each	5160-10-35	Cranial remolding device	\$2,000.00	09/01/2011	All	Purchase only	Medical necessity	Never required	
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER, WITH MASK	Each	5160-10-01	Respiratory care supplies	\$8.00	04/01/2006	Non-institutional only	Purchase only	1 per year	Limit-based	

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

S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	Each	5160-10-14	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE	Each	5160-10-14	Elastic supports	\$95.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	Each	5160-10-14	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	Each	5160-10-14	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE	Each	5160-10-14	Elastic supports	\$50.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	Each	5160-10-14	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	Each	5160-10-14	Elastic supports	PA	10/15/2006	Non-institutional only	Purchase only	4 per year	Always required	
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	Each	5160-10-14	Elastic supports	\$70.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	Each	5160-10-14	Elastic supports	\$35.00	07/01/2021	Non-institutional only	Purchase only	4 per year	Never required	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM		5160-10-26	Medical food	BR	12/31/2014	Non-institutional only	Purchase only		Never required	
T2101	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY	Ounce	5160-10-26	Donor human milk	\$4.75	07/16/2018	Non-institutional only	Purchase only	Medical necessity	Never required	
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL	Each	5160-10-21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM	Each	5160-10-21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	Each	5160-10-21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	Each	5160-10-21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE	Each	5160-10-21	Incontinence garment	\$0.55	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE	Each	5160-10-21	Incontinence garment	\$0.63	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE	Each	5160-10-21	Incontinence garment	\$0.71	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE	Each	5160-10-21	Incontinence garment	\$0.79	01/01/2010	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE	Each	5160-10-21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE	Each	5160-10-21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE	Each	5160-10-21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE	Each	5160-10-21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER	Each	5160-10-21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON	Each	5160-10-21	Incontinence garment	\$0.46	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE	Each	5160-10-21	Incontinence garment	\$0.40	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE	Each	5160-10-21	Incontinence garment	\$11.00	01/01/2005	Non-institutional only	Purchase only	12 per year	Limit-based	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE	Each	5160-10-21	Incontinence supply	\$20.00	01/01/2005	Non-institutional only	Purchase only	6 per year	Limit-based	

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

T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	Each	5160-10-21	Incontinence service	\$0.53	01/01/2005	Non-institutional only	Purchase only	300 per month, 3-20 years old; 200 per month, 21+ years old	Limit-based	
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE	Each	5160-10-21	Incontinence garment	\$11.00	03/28/2005	Non-institutional only	Purchase only	12 per year	Limit-based	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE	Each	5160-10-21	Incontinence garment	\$10.00	01/01/2005	Non-institutional only	Purchase only	6 per year	Limit-based	
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE	Each	5160-10-21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	Limit-based	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE	Each	5160-10-21	Incontinence garment	\$0.28	01/01/2005	Non-institutional only	Purchase only	300 per 2 months	Limit-based	
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE	Each	5160-10-21	Incontinence garment	\$2.12	01/01/2010	Non-institutional only	Purchase only	150 per month	Limit-based	
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE	Each	5160-10-21	Incontinence garment	\$2.12	07/16/2018	Non-institutional only	Purchase only	150 per month	Limit-based	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED [Used to represent insect repellent only]	Each	5160-10-01	Insect repellent	\$10.00	06/06/2016	All	Purchase only		Never required	Coverage was established to help prevent the spread of the Zika virus.
V5014	REPAIR/MODIFICATION OF A HEARING AID	Each	5160-10-01	Repair of hearing aid	Usual and customary charge (provider-performed); 125% of invoice (subcontracted)	01/01/2006	All		1 per 120 days	Limit-based	Less than \$120.00
V5014	REPAIR/MODIFICATION OF A HEARING AID	Each	5160-10-01	Repair of hearing aid	Usual and customary charge (provider-performed); 125% of invoice (subcontracted)	01/01/2006	All		1 per year	Limit-based	Greater than or equal to \$120.00
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	Each	5160-10-11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	Each	5160-10-11	Hearing aid	\$339.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5050	HEARING AID, MONAURAL, IN THE EAR	Each	5160-10-11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	Each	5160-10-11	Hearing aid	\$242.50	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5070	GLASSES, AIR CONDUCTION	Each	5160-10-11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5080	GLASSES, BONE CONDUCTION	Each	5160-10-11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5130	BINAURAL, IN THE EAR	Each	5160-10-11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5140	BINAURAL, BEHIND THE EAR	Each	5160-10-11	Hearing aid	\$485.00	01/01/2010	All	Purchase only	1 per 4 years	Always required	
V5150	BINAURAL, GLASSES	Each	5160-10-11	Glasses	\$485.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5160	DISPENSING FEE, BINAURAL	Each	5160-10-11	Fee	\$291.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	Each	5160-10-11	Contralateral	\$800.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	Each	5160-10-11	Contralateral	\$400.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	Each	5160-10-11	Contralateral	\$800.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	Each	5160-10-11	Contralateral	\$400.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	Each	5160-10-11	Contralateral	\$800.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	Each	5160-10-11	Contralateral	\$400.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5190	HEARING AID, CONTRALATERAL ROUTING, MONAURAL, GLASSES	Each	5160-10-11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5200	DISPENSING FEE, CONTRALATERAL, MONAURAL	Each	5160-10-11	Contralateral	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age

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

V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	Each	5160-10-11	Contralateral	\$1,600.00	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	Each	5160-10-11	Contralateral	1/2?	07/01/2021	All	Purchase only	1 per 4 years	Always required	21 years of age or older
V5230	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, GLASSES	Each	5160-10-11	Glasses	\$242.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL	Each	5160-10-11	BICROS	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	Each	5160-10-11	Fee	\$194.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	Each	5160-10-11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	Each	5160-10-11	Programmable	\$339.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	Each	5160-10-11	Programmable	\$169.75	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	Each	5160-10-11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	Each	5160-10-11	Programmable	1/2?	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Each	5160-10-11	Programmable	\$679.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Each	5160-10-11	Programmable	1/2?	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Each	5160-10-11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Each	5160-10-11	Digital	\$363.75	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Each	5160-10-11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Each	5160-10-11	Digital	\$363.75	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Each	5160-10-11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Each	5160-10-11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Each	5160-10-11	Digital	\$1,455.00	01/01/2010	All	Purchase only	1 per 5 years	Always required	Less than 21 years of age
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Each	5160-10-11	Digital	\$727.50	01/01/2010	All	Purchase only	1 per 5 years	Always required	21 years of age or older
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	Each	5160-10-11	Insert	\$24.25	01/01/2010	All	Purchase only	4 per year, < 5 year old, 1 per 2 years per ear, 5+ years old	Limit-based	
V5266	BATTERY FOR USE IN HEARING DEVICE	Each	5160-10-11	Battery	\$0.97	01/01/2010	All	Purchase only	48 per year per hearing aid	Never required	
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SPECIFIED	Each	5160-10-11	Supply	PA	11/01/2004	All	Purchase only	1 per year	Always required	
Y2032	BACK-UP VENTILATOR (UNDER SPECIFIED CONDITIONS)	Each	5160-10-22	Back-up	\$375.00	08/01/2006	All	Rental only	1 per month	Always required	
Y9167	SHARPS DISPOSAL CONTAINER, CAPACITY 200	Each	5160-10-01	Supply	\$4.00	06/20/1990	Non-institutional only	Purchase only	1 per 2 months	Limit-based	

5160-10-06

**DMEPOS: wearable cardioverter-defibrillators.**

(A) Prescribing provider. Only a physician experienced in the management of patients at risk for sudden cardiac death (SCD), such as a cardiologist, electrophysiologist, or cardiac surgeon, may prescribe a wearable cardioverter-defibrillator (WCD).

(B) Coverage.

(1) Separate payment may be made for a WCD furnished to a resident of a long-term care facility (LTCF).

(2) Payment may be made for a WCD on a rental basis only.

(3) The default certificate of medical necessity (CMN) is form ODM XXXXX, "Certificate of Medical Necessity: Wearable Cardioverter-Defibrillators" (XX/2021).

(4) A completed CMN confirms that the following criteria are met:

(a) The individual is at high risk of SCD, established by the occurrence or presence of medically indicated factors including but not limited to the following examples:

(i) A documented episode of ventricular fibrillation or sustained ventricular tachyarrhythmia lasting at least thirty seconds, either spontaneous or induced during an electrophysiologic (EP) study but not attributable to a transient or reversible cause and not occurring within the first forty-eight hours after an acute myocardial infarction;

(ii) Familial or hereditary conditions with a high risk of life-threatening ventricular tachyarrhythmia, such as long QT syndrome or hypertrophic cardiomyopathy; or

(iii) Recent myocardial infarction, dilated cardiomyopathy, newly diagnosed non-ischemic cardiomyopathy, coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI), with a left ventricular ejection fraction (measured during either the acute or post-acute phase) of not greater than thirty-five per cent; and

(b) Treatment of the individual with an implantable cardioverter-defibrillator (ICD) is precluded by any of the following considerations:

- (i) A currently implanted ICD needs to be explanted;
  - (ii) An infection prevents initial implantation of an ICD; or
  - (iii) Some condition or circumstance, either temporary or permanent, contraindicates ICD implantation surgery.
- (c) The individual is able to wear a properly fitted WCD at least ninety per cent of the time (an average total of at least twenty-one and a half hours per day).
- (5) A WCD is generally covered for a period of ninety days at a time. Additional ninety-day coverage periods may be authorized if the provider submits documentation, such as a detailed statement signed by the treating physician that the WCD continues to be medically necessity and the individual continues to use it correctly. Authorization may be given for indefinite (lifetime) coverage if the provider submits appropriate documentation, such as a detailed statement signed by the treating physician and a description of the circumstances that preclude future implantation of an ICD.
- (6) Rental payment includes necessary replacement of batteries, electrodes, and the cover garment.



Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02

5160-10-07

**DMEPOS: bathing seats.**

**(A) Definitions and explanations.**

- (1) "Assistance," for purposes of this rule, is help with bathing-related tasks that individuals cannot accomplish by themselves, such as getting into and out of a bathing chair, moving in and out of the bathing area, or fastening and unfastening securements and positioners. The term does not include actual bathing (soaping, shampooing, scrubbing, rinsing).
- (2) "Bathing seat" is a collective term for an item or device that enables an individual to sit securely and comfortably while taking a bath or shower.
- (3) The primary healthcare purpose of a bathing seat is to promote cleanliness. Certain bathing seats can also function as commodes, and many commodes can be used as bathing seats. An item that functions equally well as a bathing seat and as a commode is deemed to be a commode for medicaid payment purposes.

**(B) Providers.**

- (1) Prescribing providers. Eligible medicaid providers of the following types, acting within their scope of practice, may prescribe a bathing seat and may certify the medical necessity of a bathing seat when such certification is needed:
  - (a) A physician;
  - (b) An advanced practice registered nurse with a relevant specialty;
  - (c) A physician assistant; or
  - (d) A podiatrist.
- (2) Evaluators. The following professionals may evaluate an individual's particular needs for a bathing seat:
  - (a) A physician, including a physiatrist, orthopedic surgeon, and neurologist;
  - (b) An advanced practice registered nurse with a relevant specialty;
  - (c) A physician assistant;
  - (d) A podiatrist;

(e) A physical therapist; or

(f) An occupational therapist.

(3) Rendering providers. A medicaid provider enrolled as a basic durable medical equipment (DME) supplier may furnish a bathing seat, part, or accessory or may render a related service.

(4) Billing providers. A medicaid provider enrolled as a basic DME supplier may receive medicaid payment for submitting a claim for a bathing seat, part, accessory, or related service.

(C) Coverage.

(1) Principles.

(a) Before the department will make payment for a bathing seat, its medical necessity is determined and certified. If documentation of medical necessity is needed, the default certificate of medical necessity (CMN) is form ODM XXXXX, "Certificate of Medical Necessity: Bathing Seats" (XX/2021).

(b) If more than one type of bathing seat will meet an individual's needs and satisfy the criteria of medical necessity, then the maximum payment amount is the lowest of the respective costs, regardless of which bathing seat is supplied.

(c) The provision of or payment for the purchase of a medically necessary bathing seat for a resident of a long-term care facility (LTCF) is the responsibility of the LTCF. Therefore, claims submitted to the department for bathing seats furnished to LTCF residents will be denied.

(d) Bathing seats on wheels are not to be used simply as transport chairs from which an individual then transfers to a bathtub, standard shower enclosure, or stationary bathing seat. A request for a bathing seat on wheels is therefore not appropriate if the individual does not have a roll-in shower enclosure.

(e) A back support for use in a bathtub is not a bathing seat.

(2) Classification. For purposes of this rule, bathing seats are classified into three categories (basic, intermediate, complex) and ten total subcategories. The descriptions of the categories and subcategories given here are meant to be generally illustrative and neither all-inclusive nor exclusive.

(a) Basic bathing seats.

(i) Basic bath/shower chair.

(a) Appearance: It looks like a simple chair. It does not have wheels. It may have a back, armrests, or both. It may have any number of legs (including none). It is not wall-mounted.

(b) Construction: It is a standard off-the-shelf product.

(c) Positioning: It does not recline nor have tilt-in-space capability. It does not have securement straps.

(d) Independent use: The individual is able to use it without assistance.

(e) Commode capability: It cannot be used as a commode.

(f) Assessment and documentation: No face-to-face evaluation is needed. No PA is needed. No CMN is needed in addition to the prescription.

(ii) Basic bath/shower bench.

(a) Appearance: It looks like a simple bench. It does not have wheels. It may have a back, armrests, or both. It may have any number of legs (including none). It is not wall-mounted.

(b) Construction: It is a standard off-the-shelf product.

(c) Positioning: It does not recline nor have tilt-in-space capability. It does not have securement straps.

(d) Independent use: The individual is able to use it without assistance.

(e) Commode capability: It cannot be used as a commode.

(f) Assessment and documentation: No face-to-face evaluation is needed. No PA is needed. No CMN is needed in addition to the prescription.

(iii) Basic stationary transfer bath/shower bench.

(a) Appearance: It looks like a simple transfer bench, which straddles the side of the bathtub. It has a stationary seat. It does not have wheels. It may have a back, armrests, or both. It may have any number of legs (including none). It is not wall-mounted.

(b) Construction: It is a standard off-the-shelf product.

(c) Positioning: It does not recline nor have tilt-in-space capability. It does not have securement straps.

(d) Independent use: The individual is able to use it without assistance.

(e) Commode capability: It cannot be used as a commode.

(f) Assessment and documentation: No face-to-face evaluation is needed. No PA is needed. No CMN is needed in addition to the prescription.

(iv) Basic sliding transfer bath/shower bench.

(a) Appearance: It looks like a simple transfer bench, which straddles the side of the bathtub. It has a sliding seat, which may swivel. It does not have wheels. It may have a back, armrests, or both. It may have any number of legs (including none). It is not wall-mounted.

(b) Construction: It is a standard off-the-shelf product.

(c) Positioning: It does not recline nor have tilt-in-space capability. It does not have securement straps.

(d) Independent use: The individual is able to use it (and operate the sliding seat) without assistance.

(e) Commode capability: It cannot be used as a commode.

(f) Assessment and documentation: No face-to-face evaluation is needed. No PA is needed. No CMN is needed in addition to the prescription.

(v) Basic shower chair commode.

- (a) Appearance: It looks like a standard wheelchair (two large rear wheels and two eight-inch front casters) or transport chair (four small casters or two small front casters and two slightly larger rear wheels). It generally has a back and may have footrests. It does not have a separate base.
- (b) Construction: The frame may be made either of metal such as steel or aluminum or of a polymer such as polyvinyl chloride (PVC).
- (c) Positioning: It may recline but does not have tilt-in-space capability. It may have securement straps.
- (d) Independent use: The individual is able to use it without assistance.
- (e) Commode capability: It is used as a commode.
- (f) Assessment and documentation: No face-to-face evaluation is needed. No PA is needed. No CMN is needed in addition to the prescription.

(b) Intermediate shower seats.

(i) Intermediate non-assisted shower chair.

- (a) Appearance: It looks like a standard wheelchair (two large rear wheels and two eight-inch front casters) or transport chair (four small casters or two small front casters and two slightly larger rear wheels). It does not have a separate base.
- (b) Construction: The frame may be made of steel or aluminum but not PVC.
- (c) Positioning: It may recline but does not have tilt-in-space capability. It may have basic securement straps and positioners.
- (d) Independent use: The individual is able to use it without assistance.
- (e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode

will not be granted unless a medical reason contraindicates a bathing seat with a commode function.)

(f) Assessment and documentation: A face-to-face evaluation is needed. PA is needed. A CMN is needed in addition to the prescription.

(ii) Intermediate assisted single-position shower chair.

(a) Appearance: It looks like a transport chair (four small casters or two small front casters and two slightly larger rear wheels). It does not have a separate base.

(b) Construction: The frame may be made of steel or aluminum but not PVC.

(c) Positioning: It does not recline nor have tilt-in-space capability. It may have basic securement straps and positioners.

(d) Independent use: The individual needs assistance in using it.

(e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode will not be granted unless a medical reason contraindicates a bathing seat with a commode function.)

(f) Assessment and documentation: A face-to-face evaluation is needed. PA is needed. A CMN is needed in addition to the prescription.

(iii) Intermediate assisted multi-position shower chair.

(a) Appearance: It looks like an examination or treatment chair on small wheels such as casters. It may have a separate base.

(b) Construction: The frame may be made of steel or aluminum but not PVC.

(c) Positioning: It may recline in multiple positions but does not have tilt-in-space capability. It may have basic securement straps and positioners. It may have a head support.

(d) Independent use: The individual needs assistance in using it.

(e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode will not be granted unless a medical reason contraindicates a bathing seat with a commode function.)

(f) Assessment and documentation: A face-to-face evaluation is needed. PA is needed. A CMN is needed in addition to the prescription.

(c) Complex bathing seats.

(i) Complex positioning shower chair.

(a) Appearance: It looks like a complex wheelchair. It has small wheels such as casters. It has no separate base.

(b) Construction: The frame may be made of steel or aluminum but not PVC.

(c) Positioning: It may recline in multiple positions. It generally has basic securement straps and positioners. It may have multiple support devices for the head, torso, arms, and legs.

(d) Independent use: The individual needs assistance in using it.

(e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode will not be granted unless a medical reason contraindicates a bathing seat with a commode function.)

(f) Assessment and documentation: A face-to-face evaluation is needed. PA is needed. A CMN is needed in addition to the prescription.

(ii) Complex transfer bath/shower chair.

(a) Appearance: It consists of a rolling base with a chair seat and small wheels such as casters, a stationary base in the bathing area, and a connecting track or rail that permits the chair seat to slide from the rolling base to the stationary base (and thereby transfer the individual to the inside of the bathtub or shower enclosure).



- (b) Construction: The frame may be made of steel or aluminum but not PVC.
- (c) Positioning: It may recline in multiple positions and may have tilt-in-space capability. It generally has basic securement straps and positioners. It may have multiple support devices for the head, torso, arms, and legs.
- (d) Independent use: The individual may need assistance in using it.
- (e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode will not be granted unless a medical reason contraindicates a bathing seat with a commode function.)
- (f) Assessment and documentation: A face-to-face evaluation is needed. PA is needed. A CMN is needed in addition to the prescription. This type of bathing seat may be requested only when there is no other appropriate form of transfer in and out of the bathing space. Because the rolling base with chair seat functions as a transport chair, a request for a separate transport chair for travel to and from the bathing area will be denied.

### (3) Purchase.

- (a) Payment for intermediate and complex bathing seats is subject to prior authorization (PA), which may be given only if a face-to-face evaluation of need has been performed not earlier than one hundred eighty days before the submission of the PA request.
- (b) The purchase of a bathing seat includes the bathing seat, delivery, setup, instruction and training in use, adjustments or minor modifications, and other parts or accessories (either substituted or added on). No separate payment is made for these items.
- (c) Authorization will not be given for the purchase of more than one bathing seat for concurrent use by an individual.

### (4) Repair, including replacement of existing parts or accessories.

- (a) The repair of an individual component is subject to need verification. No verification is needed for the repair of a wear item.

(b) For a bathing seat not purchased by the department, submission of documentation of the medical necessity of the bathing seat itself is needed for the initial repair but not for subsequent repairs. The determination that a bathing seat not purchased by the department is medically necessary does not indicate that the bathing seat itself would be authorized for purchase.

(c) Payment is not permitted for temporary replacement equipment (a "loaner bathing seat") provided while an individual's bathing seat is being repaired.

(d) No payment is made for routine maintenance.

(5) Evaluation and management.

(a) An evaluator may receive payment for determining an individual's needs for a bathing seat. Not more than one payment will be made per bathing seat per individual.

(b) Payment includes all services rendered by the evaluator, including evaluation, product selection, confirmation at delivery, and follow-up.

(6) Additional provisions and specifications.

(a) After delivery, the supplier needs to maintain documentary evidence that the following statements are true concerning a bathing seat and any related accessories:

(i) They were delivered to the individual for whom they were prescribed;

(ii) They are consistent with the items described in the CMN, if applicable; and

(iii) They correspond exactly to the items listed on the submitted claim.

(b) Claim payments for which there is insufficient documentation are subject to recovery.

(c) A PA request needs to specify all relevant information, such as procedure code, manufacturer, and model. A fully detailed PA request for repair (either of the entire bathing seat or of multiple components) includes the serial number of the equipment and a complete itemization of parts and estimated labor needed.

- (d) When an authorization specifies a manufacturer, model, part number, or other information identifying a particular item, then a supplier may provide and subsequently submit claims only for the specified item.
- (e) Payment will not be authorized for a bathing seat to be used by an individual younger than one year. For a child one year of age or older whose needs are not met by an adult-sized bathing seat, consideration for authorization will be given only to bathing seats that accommodate growth, unless there is a more appropriate, cost-effective, medically necessary alternative available. Payment may be made for additional parts needed to "grow" a bathing seat if the combined cost of the parts and related labor is less than the cost of a new bathing seat.
- (f) A bathing seat purchased by medicaid is the property of the individual for whom it was prescribed.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02

TO BE RESCINDED

5160-10-10

**DMEPOS: home dialysis equipment and supplies.**

- (A) Payment may be made to a durable medical equipment (DME) provider for covered home dialysis equipment and related supplies except for items supplied by an end-stage renal disease dialysis clinic under "Method I" (a medicare term for a payment option in which the end-stage renal disease dialysis clinic assumes responsibility for furnishing all equipment, supplies, and support services).
- (B) Separate payment may be made for dialysis equipment and supplies furnished to a resident of a long-term care facility (LTCF).
- (C) The indicated medicaid maximum monthly payment for covered dialysis equipment and supplies may be made for the following types of dialysis:
  - (1) Hemodialysis, one thousand two hundred dollars;
  - (2) Continuous ambulatory peritoneal dialysis (CAPD), one thousand two hundred dollars; or
  - (3) Continuous cycling peritoneal dialysis (CCPD), one thousand five hundred dollars.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under: 119.03

Statutory Authority: 5164.02

Rule Amplifies: 5164.02

Prior Effective Dates: 03/01/1984, 09/01/2002, 04/16/2007, 01/01/2008,  
07/16/2018

5160-10-13

**DMEPOS: oxygen.**

(A) Definitions.

- (1) "Blood gas study" is the measurement of such characteristics of blood as the partial pressure of oxygen (PO<sub>2</sub>) or oxygen saturation. The term applies either to pulse oximetry or to an arterial blood gas (ABG) study.
- (2) "Group I" and "group II" criteria are sets of clinical indicators used to determine the coverage of oxygen without prior authorization.

(a) Group I criteria.

- (i) If the individual is tested while awake and at rest, either of the following measures applies: ~~(a) arterial PO<sub>2</sub> of fifty-five millimeters of mercury (mm Hg) or less; or (b) arterial oxygen saturation at or below eighty-eight per cent.~~

(a) Arterial PO<sub>2</sub> of fifty-five millimeters of mercury (mm Hg) or less; or

(b) Arterial oxygen saturation at or below eighty-eight per cent.

- (ii) If the individual is tested while ambulating, either of the following measures applies:

(a) Arterial PO<sub>2</sub> of fifty-five mm Hg or less during ambulation without oxygen, with documented improvement during ambulation with oxygen; or

(b) Arterial oxygen saturation at or below eighty-eight per cent during ambulation without oxygen, with documented improvement during ambulation with oxygen.

- (iii) If the individual is tested while asleep, any of the following measures applies:

(a) Arterial PO<sub>2</sub> of fifty-five mm Hg or less;

(b) Arterial oxygen saturation at or below eighty-eight per cent;

- (c) A decrease in arterial PO<sub>2</sub> of more than ten mm Hg, associated with symptoms of or signs reasonably attributable to hypoxemia; or
- (d) A decrease in arterial oxygen saturation of more than five per cent, associated with symptoms of or signs reasonably attributable to hypoxemia.

(b) Group II criteria.

(i) Either of the following measures applies:

- (a) Arterial PO<sub>2</sub> of at least fifty-six mm Hg and not more than fifty-nine mm Hg; or
- (b) Arterial oxygen saturation at or above eighty-nine per cent.

(ii) In addition, at least one of the following conditions applies:

- (a) Dependent edema suggestive of congestive heart failure;
- (b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or the presence of P pulmonale on an EKG; or
- (c) Erythrocythemia with a hematocrit greater than fifty-six per cent.

- (3) "Transfill unit" is a device that transfers oxygen from a source such as an oxygen concentrator to portable tanks.

(B) Providers.

(1) The following eligible medicaid providers may prescribe oxygen:

- (a) A physician;
- (b) An advanced practice registered nurse with a relevant specialty (~~e.g., clinical nurse specialist, certified nurse practitioner~~); or
- (c) A physician assistant.

(2) The following eligible medicaid providers may supply oxygen:



- (a) A durable medical equipment (DME) provider;
  - (b) A pharmacy;
  - (c) A physician;
  - (d) An advanced practice registered nurse with a relevant specialty (~~e.g., clinical nurse specialist, certified nurse practitioner~~);
  - (e) A physician assistant; or
  - (f) ~~A service-based~~ An ambulatory health care clinic.
- (3) The following eligible medicaid providers may receive medicaid payment for submitting a claim for oxygen:
- (a) A DME provider;
  - (b) A pharmacy;
  - (c) A physician;
  - (d) An advanced practice registered nurse with a relevant specialty (~~e.g., clinical nurse specialist, certified nurse practitioner~~);
  - (e) A physician assistant;
  - (f) ~~A service-based~~ An ambulatory health care clinic; or
  - (g) A professional medical group.

(C) Certification of medical necessity.

- (1) Payment for oxygen can be made only if a prescriber certifies that the oxygen is medically necessary for an individual. A completed certificate of medical necessity (CMN) ~~must needs to~~ be signed and dated by the prescriber before a claim is submitted. The default form is the ODM 01909, "Certificate of Medical Necessity: Oxygen" (rev. ~~7/2018~~ XX/2021).
- (2) On the CMN, the prescriber ~~must specify~~ specifies an estimated length of need (certification period), which may range from one month to a lifetime.
  - (a) For an individual meeting group I criteria, each certification period is limited to a maximum of twelve months after the first date of service.

- (b) For an individual meeting group II criteria, each certification period is limited to a maximum of three months after the first date of service.
- (3) An initial CMN is used to document certification for new service.
  - (a) An initial CMN ~~must~~needs to be completed if oxygen has not been supplied under medicaid to an individual for at least two full calendar months.
  - (b) The individual ~~must~~needs to be seen and evaluated by a prescriber within a specified period before the date of certification, and a blood gas study is ~~required~~needed.
    - (i) If the individual is a hospital inpatient or resident of a long-term care facility (LTCF) who is being discharged or will be discharged, then the evaluation period is thirty days, and the most recent blood gas study performed within forty-eight hours before discharge ~~must be~~is used.
    - (ii) Otherwise, the evaluation period is thirty days, and the most recent blood gas study performed within thirty days before the date of certification ~~must be~~is used.
- (4) A renewing CMN is used to extend certification.
  - (a) If the need for oxygen was established through a sleep study in which a positive airway pressure device was shown to be effective only when supplemental oxygen was administered simultaneously, then the need for oxygen is presumed to last as long as the need for the positive airway pressure device, and no further sleep study is ~~required~~needed to confirm a continued need for oxygen.
  - (b) Otherwise, within ninety days before the end of the existing certification period, the individual ~~must~~needs to be seen and evaluated by a prescriber, and a blood gas study is ~~required~~needed. (The new certification period cannot begin until both the prescriber evaluation and the blood gas study have been completed.).
- (5) A revised CMN is used to modify an existing certification. No prescriber evaluation is ~~required~~needed.
  - (a) The most recent blood gas study performed within thirty days before the revision date ~~must be~~is used for any of the following modifications:

- (i) The prescribed maximum flow rate has changed. If the new rate is greater than four liters per minute (LPM), then a new blood gas study ~~must~~ needs to be performed while the individual is receiving four LPM.
  - (ii) Certification has been given for a portable oxygen delivery system to supplement a stationary system for which certification was previously given. If the most recent qualifying study was performed during sleep, then a new blood gas study ~~must~~ needs to be performed while the individual is awake, either at rest or ambulating.
- (b) No additional blood gas study is ~~required~~ needed for the following modifications:
  - (i) There is a new prescriber, but the oxygen order is the same.
  - (ii) There is a new provider, and the new provider does not have the most recent CMN.

(D) Coverage.

(1) Payment may be made for oxygen supplied in the following forms:

- (a) Stationary gaseous oxygen system (private residence only);
- (b) Portable gaseous oxygen system (private residence only);
- (c) Stationary liquid oxygen system (private residence only);
- (d) Portable liquid oxygen system (private residence only);
- (e) Oxygen contents, gaseous, including supplies (LTCF only);
- (f) Oxygen contents, liquid, including supplies (LTCF only);
- (g) Oxygen concentrator, single delivery port;
- (h) Oxygen concentrator, dual delivery port;
- (i) Portable oxygen concentrator (private residence only); and
- (j) Transfill unit (private residence only).

- (2) Separate payment for a portable oxygen delivery system may be made in addition to payment for a stationary system only if the following criteria are met:
    - (a) The individual ~~must have~~ has a demonstrable need for a separate portable system, either to maintain mobility in a private residence or to accomplish out-of-home activities;
    - (b) The individual's stationary oxygen delivery system cannot be used as a portable delivery system; and
    - (c) The prescribed oxygen flow is four LPM or less. If the prescribed oxygen flow is greater than four LPM, then no separate payment is made for the portable oxygen delivery system.
  - (3) Separate payment will not be made, however, for both a stationary and a portable oxygen concentrator.
  - (4) Prior authorization (PA) is not ~~required~~ needed when a supplier has obtained a properly completed CMN and furnishes oxygen to an individual who either meets group I or group II criteria or is a resident of a LTCF.
  - (5) PA is ~~required~~ needed when a supplier has obtained a properly completed CMN and furnishes oxygen to an individual who meets neither group I nor group II criteria and is not a resident of a LTCF. If authorization is given, then the length of the authorization period will be based on medical necessity and cannot exceed the timeframe indicated by the prescriber. The PA request ~~must~~ needs to include a copy of the completed CMN.
  - (6) Oxygen is not medically necessary if it is prescribed for any of the following conditions:
    - (a) Angina pectoris in the absence of hypoxemia;
    - (b) Dyspnea without cor pulmonale or evidence of hypoxemia;
    - (c) Severe peripheral vascular disease that results in clinically evident desaturation in one or more extremity but does not produce systemic hypoxemia; or
    - (d) A terminal illness that does not affect the respiratory system.
- (E) Claim payment.

- (1) Payment for oxygen is made on a monthly basis and includes the following related items and services:
  - (a) Setup and instruction on use;
  - (b) Equipment and supplies;
  - (c) Maintenance and repair, including the replacement of any part or attachment (such as tubing, cannula, mask, or filter) that is integral to the oxygen system or the operation of the system;
  - (d) Transportation or delivery charges;
  - (e) Emergency service, including the provision of backup equipment and supplies;
  - (f) Oxygen consumed (when applicable); and
  - (g) Equipment monitoring visits.
- (2) The maximum payment for oxygen is the amount set forth in the appendix to this rule. When the prescribed oxygen flow is greater than four LPM, the payment amount is increased by fifty per cent.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02
Prior Effective Dates:	04/07/1977, 12/21/1977, 12/30/1977, 01/01/1980, 03/01/1984, 05/01/1990, 06/20/1990 (Emer.), 09/05/1990, 02/17/1991, 05/25/1991, 04/01/1992 (Emer.), 07/01/1992, 03/31/1994, 01/01/1995, 08/01/1995, 08/01/1998, 10/11/2001, 11/01/2007, 07/31/2009 (Emer.), 10/29/2009, 08/02/2011, 12/31/2013, 07/16/2018

## Appendix to rule 5160-10-13

Procedure Code	Required Modifier	Description	Current Maximum Payment	Effective Date of Maximum Payment	Previous Maximum Payment
E0424		Stationary gaseous oxygen system, residence	\$100.00	07/16/2018	\$130.00
E0439		Stationary liquid oxygen system, residence	By report	07/16/2018	\$130.00
E0431		Portable gaseous oxygen system, residence	\$40.00	01/01/2014	\$40.00
E0434		Portable liquid oxygen system, residence	\$40.00	01/01/2014	\$40.00
E1390	U1	Oxygen concentrator, single port, stationary only, residence	\$100.00	07/16/2018	\$130.00
E1391	U1	Oxygen concentrator, dual port, stationary only, residence	\$100.00	07/16/2018	\$130.00
E1392		Oxygen concentrator, portable capability, residence	\$40.00	07/16/2018	\$170.00
K0738*		Transfill unit, including portable canisters and accessories, residence	\$40.00	07/16/2018	\$170.00
E1390		Oxygen concentrator, single port, stationary only, LTCF	\$50.00	07/16/2018	\$65.00
E1391		Oxygen concentrator, dual port, stationary only, LTCF	\$50.00	07/16/2018	\$65.00
E0441		Oxygen contents, gaseous, including supplies, LTCF	\$50.00	07/16/2018	\$65.00
E0442		Oxygen contents, liquid, including supplies, LTCF	\$50.00	07/16/2018	\$65.00

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

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
U1	Oxygen concentrator used in a private residence	E1390, E1391	N/A

RESCINDED  
Appendix  
5160-10-13

**Wheelchairs and related parts and services**  
**Subject to OAC rule 5160-10-16**  
**Payment schedule effective 07/01/2021**

BR -- Payment by report  
Limit based -- PA is required when the frequency limit is exceeded  
PA -- Payment by prior authorization  
BEP -- Basic equipment package

HCPCS CODE	DESCRIPTION	UNIT	GROUP	TYPE or CLASSIFICATION	Current Maximum Payment Amount	PAYMENT AMOUNT EFFECTIVE DATE	FREQUENCY LIMIT	PRIOR AUTHORIZATION	NOTES
E0950	WHEELCHAIR ACCESSORY, TRAY	Each	Carrier		\$88.27	01/01/2017	1 per 5 years	Always required	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP	Each	Positioning aid		\$16.12	01/01/2017	2 per year	Never required	
E0952	TOE LOOP/HOLDER, ANY TYPE	Each	Positioning aid		\$15.98	01/01/2017	4 per year	Never required	
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid		\$500.00	07/01/2021	1 per 5 years	Always required	
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Each	Positioning aid		\$75.00	07/01/2021	1 per 5 years	Always required	
E0954 U1	WHEELCHAIR ACCESSORY, DOUBLE FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE	Each	Positioning aid		\$300.00	07/01/2021	1 per 5 years	Always required	U1 modifier differentiates this item as a double foot box.
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid		\$201.98	01/01/2017	1 per 3 years	Always required	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid		\$98.49	01/01/2017	2 per 3 years	Limit-based	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE	Each	Positioning aid		\$137.79	01/01/2017	2 per 3 years	Limit-based	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT	Each	Propulsion aid		\$400.00	07/01/2021	2 per 5 years	Always required	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE	Each	Stability aid		\$37.54	01/01/2017	2 per year	Never required	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Positioning aid		\$90.88	01/01/2017	1 per 3 years	Never required	
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE)	Each	Lock		\$25.26	01/01/2017	2 per 2 years	Always required	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION	Each	Positioning aid		\$64.69	01/01/2017	1 per 3 years	Always required	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY	Each	Handrim		\$65.61	01/01/2017	2 per year	Never required	
E0968	COMMODE SEAT, WHEELCHAIR	Each	Seat		\$150.00	07/01/2021	1 per 5 years	Never required	
E0969	NARROWING DEVICE, WHEELCHAIR	Each	Maneuverability aid		\$133.00	01/01/2017	1 per 5 years	Never required	
E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	Each	Footrest		\$45.00	07/01/2021	1 per 5 years	Always required	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE	Each	Stability aid		\$43.34	01/01/2017	2 per 2 years	Always required	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY	Each	Armrest		\$97.62	01/01/2017	2 per year	Always required	
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE	Each	Stability aid		\$78.33	01/01/2017	2 per 4 years	Never required	
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP	Each	Positioning aid		\$41.94	01/01/2017	1 per 2 years	Limit-based	
E0980	SAFETY VEST, WHEELCHAIR	Each	Positioning aid		\$31.92	01/01/2017	2 per 5 years	Never required	
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	Each	Seat upholstery		\$40.04	01/01/2017	1 per 5 years	Never required	
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	Each	Back upholstery		\$33.02	01/01/2017	1 per 5 years	Always required	
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Each	Propulsion aid		\$4,500.00	07/01/2021	1 per 5 years	Always required	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	Each	Propulsion		\$1,420.73	01/01/2017	1 per 5 years	Always required	
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	Each	Adjustable seating		\$202.64	01/01/2017	1 per 5 years	Never required	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Each	Propulsion aid		\$4,255.42	01/01/2017	1 per 5 years	Always required	
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE	Pair	Propulsion aid		\$2,850.00	07/01/2021	1 per 5 years	Always required	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY	Each	Legrest		\$99.72	01/01/2017	2 per 5 years	Always required	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Each	Seat		\$95.06	01/01/2017	1 per 5 years	Never required	
E0994	ARM REST	Each	Armrest	BEP item	\$17.60	01/01/2017	1 per 2 years	Always required	
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY	Each	Legrest		\$25.82	01/01/2017	2 per 5 years	Always required	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Each	Adjustable power seating		\$3,056.22	01/01/2017	1 per 5 years	Always required	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Each	Adjustable power seating		\$3,311.15	01/01/2017	1 per 5 years	Always required	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Each	Adjustable power seating		\$3,671.38	01/01/2017	1 per 5 years	Always required	



E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Each	Adjustable power seating		\$3,973.98	01/01/2017	1 per 5 years	Always required	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Each	Adjustable power seating		\$4,867.76	01/01/2017	1 per 5 years	Always required	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Each	Adjustable power seating		\$6,591.14	01/01/2017	1 per 5 years	Always required	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Each	Adjustable power seating		\$6,591.74	01/01/2017	1 per 5 years	Always required	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST	Each	Legrest		\$2,090.00	07/01/2021	1 per 5 years	Always required	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST	Pair	Legrest		\$862.44	01/01/2017	1 per 5 years	Always required	
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	Each	Miscellaneous item		\$180.00	07/01/2021	1 per year	Always required	
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE	Each	Legrest		\$2,200.00	07/01/2021	1 per 5 years	Always required	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Each	Adjustable seating		\$319.44	01/01/2017	1 per 5 years	Never required	
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR	Each	Shock absorber		\$114.59	01/01/2017	2 per 5 years	Never required	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR	Each	Shock absorber		\$131.18	01/01/2017	2 per 5 years	Never required	
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR	Each	Shock absorber		\$115.00	07/01/2021	2 per 5 years	Never required	
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR	Each	Shock absorber		\$185.00	07/01/2021	2 per 5 years	Always required	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Each	Positioning aid		\$243.15	01/01/2017	2 per 5 years	Never required	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Each	Mounting hardware		\$206.33	01/01/2017	1 per 5 years	Always required	
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Each	Carrier		\$278.65	01/01/2017	1 per 5 years	Never required	
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Each	Carrier		\$878.64	01/01/2017	1 per 5 years	Never required	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	Each	Transport chair	Basic	\$504.63	01/01/2017	1 per 5 years	Never required	
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	Each	Transport chair	Standard duty	\$6,125.67	01/01/2017	1 per 5 years	Always required	
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	Each	Transport chair	Heavy duty	\$8,587.53	01/01/2017	1 per 5 years	Always required	
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	Each	Transport chair	Child-size	\$1,083.69	01/01/2017	1 per 5 years	Limit-based	
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Transport chair	Standard duty	\$180.09	01/01/2017	1 per 5 years	Never required	
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	Each	Transport chair	Heavy duty	\$341.55	01/01/2017	1 per 5 years	Never required	
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Fully-reclining	\$1,017.27	01/01/2017	1 per 5 years	Always required	
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Fully-reclining	\$1,259.28	01/01/2017	1 per 5 years	Always required	
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Fully-reclining	\$930.06	01/01/2017	1 per 5 years	Always required	
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Each	Manual wheelchair	Hemi	\$786.60	01/01/2017	1 per 5 years	Never required	
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Hemi	\$980.01	01/01/2017	1 per 5 years	Never required	
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Each	Manual wheelchair	Hemi	\$715.32	01/01/2017	1 per 5 years	Never required	
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	Hemi	\$908.73	01/01/2017	1 per 5 years	Never required	
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Lightweight, high-strength	\$1,229.22	01/01/2017	1 per 5 years	Always required	
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Lightweight, high-strength	\$1,346.31	01/01/2017	1 per 5 years	Always required	
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Lightweight, high-strength	\$1,157.94	01/01/2017	1 per 5 years	Always required	
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Each	Manual wheelchair	Lightweight, high-strength	\$1,275.03	01/01/2017	1 per 5 years	Always required	
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Heavy duty, wide	\$1,117.62	01/01/2017	1 per 5 years	Always required	
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	Heavy duty, wide	\$994.59	01/01/2017	1 per 5 years	Always required	
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Each	Manual wheelchair	Semi-reclining	\$881.37	01/01/2017	1 per 5 years	Always required	
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Each	Manual wheelchair	Semi-reclining	\$895.32	01/01/2017	1 per 5 years	Always required	
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	Standard duty	\$553.14	01/01/2017	1 per 5 years	Never required	
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	Standard duty	\$743.58	01/01/2017	1 per 5 years	Never required	
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Standard duty	\$814.86	01/01/2017	1 per 5 years	Never required	
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Standard duty	\$624.42	01/01/2017	1 per 5 years	Never required	
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Each	Manual wheelchair	Standard duty	\$2,363.58	01/01/2017	1 per 5 years	Always required	
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Amputee	\$758.52	01/01/2017	1 per 5 years	Never required	

E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Each	Manual wheelchair	Amputee	\$680.58	01/01/2017	1 per 5 years	Never required	
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Each	Manual wheelchair	Amputee	\$831.78	01/01/2017	1 per 5 years	Never required	
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Each	Manual wheelchair	Amputee	\$893.52	01/01/2017	1 per 5 years	Never required	
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Amputee	\$1,027.62	01/01/2017	1 per 5 years	Never required	
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Amputee, heavy duty	\$1,066.68	01/01/2017	1 per 5 years	Always required	
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Amputee	\$738.81	01/01/2017	1 per 5 years	Never required	
E1220	WHEELCHAIR, SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Each	Manual wheelchair	Specialty	\$1,900.00	07/01/2021	1 per 5 years	Always required	
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	Each	Manual wheelchair	Standard duty	\$474.66	01/01/2017	1 per 5 years	Never required	
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Each	Manual wheelchair	Standard duty	\$635.67	01/01/2017	1 per 5 years	Never required	
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Each	Manual wheelchair	Standard duty	\$739.35	01/01/2017	1 per 5 years	Never required	
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Each	Manual wheelchair	Standard duty	\$810.63	01/01/2017	1 per 5 years	Never required	
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)	Each	Adjustable seating		\$280.00	01/01/2017	1 per 5 years	Always required	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES)	Each	Adjustable seating		\$463.32	01/01/2017	1 per 5 years	Always required	
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Each	Armrest		\$235.63	01/01/2017	1 per 2 years	Never required	
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Each	Frame configuration		\$245.12	01/01/2017	1 per 5 years	Always required	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Each	Manual wheelchair	Child-size	\$1,750.00	07/01/2021	1 per 5 years	Always required	
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	Each	Power operated vehicle not otherwise classified	Standard duty	\$2,212.79	01/01/2017	1 per 5 years	Always required	
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$2,422.62	01/01/2017	1 per 5 years	Always required	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$2,136.33	01/01/2017	1 per 5 years	Always required	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$2,213.37	01/01/2017	1 per 5 years	Always required	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$1,927.08	01/01/2017	1 per 5 years	Always required	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$1,855.62	01/01/2017	1 per 5 years	Always required	
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$1,637.01	01/01/2017	1 per 5 years	Always required	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$1,651.32	01/01/2017	1 per 5 years	Always required	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Each	Manual wheelchair	Child-size	\$1,637.01	01/01/2017	1 per 5 years	Always required	
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Each	Power wheelchair	Child-size	\$2,200.00	07/01/2021	1 per 5 years	Always required	
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Each	Manual wheelchair	Lightweight	\$1,029.15	01/01/2017	1 per 5 years	Never required	
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Lightweight	\$717.30	01/01/2017	1 per 5 years	Always required	
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Lightweight	\$957.87	01/01/2017	1 per 5 years	Always required	
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Each	Manual wheelchair	Lightweight	\$788.58	01/01/2017	1 per 5 years	Always required	
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Each	Manual wheelchair	Heavy duty	\$1,199.79	01/01/2017	1 per 5 years	Always required	
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Heavy duty	\$1,051.02	01/01/2017	1 per 5 years	Never required	
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Each	Manual wheelchair	Heavy duty	\$1,128.51	01/01/2017	1 per 5 years	Never required	
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Each	Manual wheelchair	Heavy duty	\$1,122.30	01/01/2017	1 per 5 years	Always required	
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Each	Frame configuration		\$417.47	01/01/2017	1 per 5 years	Never required	
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Each	Frame configuration		\$88.82	01/01/2017	1 per 5 years	Always required	
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Each	Frame configuration		\$359.73	01/01/2017	1 per 5 years	Always required	
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	Each	Frame configuration		\$372.72	01/01/2017	1 per 5 years	Always required	
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Each	Frame configuration		\$473.47	01/01/2017	1 per 5 years	Always required	
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Each	Frame configuration		\$478.56	01/01/2017	1 per 5 years	Always required	
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Each	Frame configuration		\$812.56	01/01/2017	1 per 5 years	Always required	
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY	Each	Handrim		\$32.63	01/01/2017	2 per year	Always required	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY	Each	Lock	BEP item	\$40.64	01/01/2017	2 per 5 years	Never required	
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER	Each	Carrier		\$43.30	01/01/2017	1 per 5 years	Never required	

E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER	Each	Carrier		\$118.67	01/01/2017	1 per 5 years	Always required	
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	Each	Positioning aid		\$107.06	01/01/2017	2 per 5 years	Always required	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY	Each	Miscellaneous item		\$6.54	01/01/2017	1 per 5 years	Always required	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE	Each	Wheel or tire		\$34.74	01/01/2017	4 per year	Limit-based	
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	Each	Wheel or tire		\$5.87	01/01/2017	4 per year	Never required	
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE	Each	Wheel or tire		\$30.38	01/01/2017	4 per 5 years	Limit-based	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE	Each	Wheel or tire	BEP item	\$30.57	01/01/2017	4 per year	Never required	
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE	Each	Wheel or tire		\$9.59	01/01/2017	4 per year	Always required	
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE	Each	Wheel or tire		\$35.00	07/01/2021	4 per year	Never required	
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE	Each	Wheel or tire		\$35.00	07/01/2021	4 per year	Never required	
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE	Each	Wheel or tire		\$40.00	07/01/2021	4 per year	Never required	
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE	Each	Wheel or tire	BEP item	\$38.60	01/01/2017	4 per year	Never required	
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$24.23	01/01/2017	4 per year	Never required	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$25.52	01/01/2017	4 per year	Never required	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$21.04	01/01/2017	4 per year	Never required	
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$83.26	01/01/2017	4 per year	Never required	
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$17.39	01/01/2017	4 per year	Always required	
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$37.91	01/01/2017	4 per year	Never required	
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL	Each	Propulsion aid		\$1,636.50	01/01/2017	1 per 5 years	Always required	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE	Each	Lock		\$935.29	01/01/2017	2 per 5 years	Always required	
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Each	Standing system		\$3,000.00	07/01/2021	1 per 5 years	Always required	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Each	Frame configuration		\$153.51	01/01/2017	1 per 5 years	Always required	
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Each	Seat		\$2,440.00	07/01/2021	1 per 5 years	Always required	
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Back		\$350.00	07/01/2021	1 per 3 years	Never required	
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Seat		\$350.00	07/01/2021	1 per 3 years	Never required	
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Back		\$500.00	07/01/2021	1 per 5 years	Never required	
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Each	Seat		\$500.00	07/01/2021	1 per 5 years	Never required	
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	Each	Adjustable seating		\$2,150.00	07/01/2021	1 per 5 years	Always required	
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Each	Adjustable seating		\$2,500.00	07/01/2021	1 per 5 years	Always required	
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	Each	Standing system		\$5,300.00	07/01/2021	1 per 5 years	Always required	
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$1,023.77	01/01/2017	1 per 5 years	Always required	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$2,072.66	01/01/2017	1 per 5 years	Always required	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Each	Power controller		\$2,250.17	01/01/2017	1 per 5 years	Always required	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE	Each	Power controller		\$280.17	01/01/2017	1 per 5 years	Always required	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$1,198.22	01/01/2017	1 per 5 years	Always required	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$1,063.45	01/01/2017	1 per 5 years	Always required	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Each	Power controller		\$69.08	01/01/2017	1 per 5 years	Never required	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Each	Power controller		\$43.77	01/01/2017	1 per 5 years	Never required	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Each	Power controller		\$1,015.54	01/01/2017	1 per 5 years	Always required	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	Each	Power controller		\$330.00	07/01/2021	2 per 5 years	Never required	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$2,130.00	01/01/2017	1 per 5 years	Always required	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Each	Power controller		\$3,600.00	01/01/2017	1 per 5 years	Always required	

E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$1,331.70	07/01/2020	1 per 5 years	Always required	this was a correction, leaving at 7.1.20
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Each	Power controller		\$3,736.43	07/01/2020	1 per 5 years	Always required	this was a correction, leaving at 7.1.20
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Each	Power controller		\$600.00	07/01/2021	1 per 5 years	Always required	
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Each	Frame configuration		\$357.98	01/01/2017	1 per 5 years	Limit-based	
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Each	Frame configuration		\$537.02	01/01/2017	1 per 5 years	Limit-based	
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Each	Frame configuration		\$447.52	01/01/2017	1 per 5 years	Always required	
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Each	Frame configuration		\$716.03	01/01/2017	1 per 5 years	Limit-based	
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Each	Power controller		\$526.78	01/01/2017	1 per 5 years	Always required	
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY	Each	Battery		\$150.00	07/01/2021	2 per year	Always required	
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$173.96	01/01/2017	2 per year	Never required	
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY	Each	Battery		\$102.06	01/01/2017	2 per year	Limit-based	
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$139.32	01/01/2017	2 per year	Never required	
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY	Each	Battery		\$91.89	01/01/2017	2 per year	Never required	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$185.80	01/01/2017	2 per year	Never required	
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY	Each	Battery		\$102.06	01/01/2017	2 per year	Never required	
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$112.04	01/01/2017	2 per year	Never required	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED	Each	Charger		\$223.84	01/01/2017	2 per year	Never required	
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED	Each	Charger		\$418.64	01/01/2017	2 per year	Never required	
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Each	Motor or drive system		\$516.02	01/01/2017	1 per 5 years	Never required	
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Each	Motor or drive system		\$449.48	01/01/2017	1 per 5 years	Always required	
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Each	Motor or drive system		\$802.00	01/01/2017	1 per 5 years	Always required	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$150.58	01/01/2017	2 per year	Never required	
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY	Each	Battery		\$150.00	07/01/2021	2 per year	Always required	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Each	Power controller		\$614.99	01/01/2017	1 per 5 years	Always required	
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	Each	Power controller		\$402.67	01/01/2017	1 per 5 years	Always required	
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Each	Power controller		\$855.66	01/01/2017	1 per 5 years	Always required	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Each	Power controller		\$1,012.10	06/01/2014	1 per 5 years	Always required	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Each	Power controller		\$366.24	01/01/2017	1 per 5 years	Always required	
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Each	Power controller		\$447.62	01/01/2017	1 per 5 years	Always required	
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$76.10	01/01/2017	4 per year	Never required	
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$20.75	01/01/2017	4 per year	Never required	
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$151.71	01/01/2017	4 per year	Never required	
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$80.85	01/01/2017	4 per year	Never required	
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$49.46	01/01/2017	4 per year	Never required	
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$150.35	01/01/2017	4 per year	Never required	
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$64.86	01/01/2017	4 per year	Never required	
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$50.35	01/01/2017	4 per year	Never required	
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$27.34	01/01/2017	4 per year	Never required	
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$42.75	01/01/2017	4 per year	Never required	
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$20.49	01/01/2017	4 per year	Never required	
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$53.81	01/01/2017	4 per year	Never required	
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$76.67	01/01/2017	4 per year	Never required	
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire		\$54.49	01/01/2017	4 per year	Never required	

E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$56.48	01/01/2017	4 per year	Never required	
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY	Each	Battery		\$413.70	01/01/2017	2 per year	Never required	
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$61.10	01/01/2017	1 per 2 years	Never required	
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$119.28	01/01/2017	1 per 2 years	Never required	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$151.43	01/01/2017	1 per 2 years	Never required	
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$188.21	01/01/2017	1 per 2 years	Never required	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$268.89	01/01/2017	1 per 2 years	Never required	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$419.50	01/01/2017	1 per 2 years	Never required	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$289.55	01/01/2017	1 per 2 years	Never required	
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$347.72	01/01/2017	1 per 2 years	Never required	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Each	Seat cushion	Custom item	Determined by PA	08/01/2006	1 per 5 years	Always required	
E2610	WHEELCHAIR SEAT CUSHION, POWERED	Each	Seat cushion		\$55.00	07/01/2021	1 per 2 years	Never required	
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$312.01	01/01/2017	1 per 2 years	Always required	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$422.11	01/01/2017	1 per 2 years	Never required	
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$392.63	01/01/2017	1 per 2 years	Always required	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$543.36	01/01/2017	1 per 2 years	Never required	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$451.86	01/01/2017	1 per 2 years	Always required	
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$607.94	01/01/2017	1 per 2 years	Never required	
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion	Custom item	Determined by PA	01/01/2005	1 per 5 years	Always required	
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	Each	Seat cushion		\$51.27	01/01/2017	1 per 5 years	Never required	
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$547.13	01/01/2017	1 per 3 years	Always required	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Each	Back cushion		\$574.16	01/01/2017	1 per 3 years	Never required	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$331.12	01/01/2017	1 per 2 years	Always required	
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$421.34	01/01/2017	1 per 2 years	Never required	
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Each	Seat cushion		\$333.84	01/01/2017	1 per 2 years	Always required	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Each	Seat cushion		\$422.62	01/01/2017	1 per 2 years	Never required	
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	Each	Positioning aid		\$611.87	01/01/2017	2 per 5 years	Never required	
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	Each	Positioning aid		\$841.57	01/01/2017	2 per 5 years	Never required	
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	Each	Positioning aid		\$633.99	01/01/2017	2 per 5 years	Never required	
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	Each	Positioning aid		\$943.88	01/01/2017	2 per 5 years	Never required	
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	Each	Positioning aid		\$561.04	01/01/2017	2 per 5 years	Never required	
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Each	Positioning aid		\$224.42	01/01/2017	2 per 5 years	Never required	
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Each	Positioning aid		\$142.70	01/01/2017	2 per 5 years	Never required	
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Each	Positioning aid		\$121.04	01/01/2017	2 per 5 years	Never required	
K0001	STANDARD WHEELCHAIR	Each	Manual wheelchair	Standard duty	\$532.08	01/01/2017	1 per 5 years	Never required	
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Each	Manual wheelchair	Hemi	\$817.38	01/01/2017	1 per 5 years	Never required	
K0003	LIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	Lightweight	\$895.05	01/01/2017	1 per 5 years	Always required	
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	Lightweight, high-strength	\$1,134.72	01/01/2017	1 per 5 years	Always required	
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Each	Manual wheelchair	Ultralightweight	\$2,052.04	01/01/2017	1 per 5 years	Always required	
K0006	HEAVY DUTY WHEELCHAIR	Each	Manual wheelchair	Heavy duty	\$1,114.02	01/01/2017	1 per 5 years	Always required	
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Each	Manual wheelchair	Extra heavy duty	\$1,783.08	01/01/2017	1 per 5 years	Always required	
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Each	Manual wheelchair	Specialty	Determined by PA	01/01/2017	1 per 5 years	Always required	
K0009	OTHER MANUAL WHEELCHAIR/BASE	Each	Manual wheelchair	Specialty	\$742.77	01/01/2017	1 per 5 years	Always required	
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	Each	Power wheelchair	Standard duty	\$3,498.24	01/01/2017	1 per 5 years	Always required	

K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Each	Power wheelchair	Standard duty	\$4,481.60	01/01/2017	1 per 5 years	Always required	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Each	Power wheelchair	Lightweight	\$2,842.56	01/01/2017	1 per 5 years	Always required	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Each	Power wheelchair		Determined by PA	01/01/2017	1 per 5 years	Always required	
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Each	Power wheelchair		Determined by PA	01/01/2017	1 per 5 years	Always required	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY	Each	Armrest		\$181.15	01/01/2017	2 per year	Never required	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY	Each	Armrest		\$51.07	01/01/2017	2 per year	Always required	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY	Each	Armrest		\$28.52	01/01/2017	2 per year	Never required	
K0019	ARM PAD, REPLACEMENT ONLY	Each	Armrest		\$14.30	01/01/2017	2 per year	Never required	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST	Pair	Armrest		\$46.40	01/01/2017	1 per 2 years	Never required	
K0037	HIGH MOUNT FLIP-UP FOOTREST	Each	Footrest		\$40.89	01/01/2017	2 per 5 years	Never required	
K0038	LEG STRAP	Each	Positioning aid		\$24.23	01/01/2017	2 per year	Never required	
K0039	LEG STRAP, H STYLE	Each	Positioning aid		\$53.81	01/01/2017	2 per year	Never required	
K0040	ADJUSTABLE ANGLE FOOTPLATE	Each	Footrest		\$74.58	01/01/2017	2 per 5 years	Always required	
K0041	LARGE SIZE FOOTPLATE	Each	Footrest		\$52.86	01/01/2017	2 per 5 years	Never required	
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY	Each	Footrest		\$34.61	01/01/2017	2 per 5 years	Never required	
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Each	Footrest		\$19.51	01/01/2017	2 per 5 years	Never required	
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Each	Footrest		\$16.61	01/01/2017	2 per 5 years	Never required	
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY	Each	Footrest	BEP item	\$56.57	01/01/2017	2 per 5 years	Always required	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY	Each	Legrest		\$19.51	01/01/2017	2 per 5 years	Always required	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY	Each	Legrest		\$76.40	01/01/2017	2 per 5 years	Always required	
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	Each	Footrest or legrest		\$32.47	01/01/2017	2 per 5 years	Always required	
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY	Each	Footrest or legrest		\$52.54	01/01/2017	2 per 5 years	Never required	
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY	Each	Footrest		\$92.34	01/01/2017	1 per 5 years per side	Never required	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING)	Each	Footrest		\$101.90	01/01/2017	2 per 5 years	Never required	
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Each	Frame configuration		\$95.00	01/01/2017	1 per 5 years	Never required	
K0065	SPOKE PROTECTORS	Each	Wheel-related item		\$44.41	01/01/2017	4 per year	Never required	
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Each	Wheel or tire		\$99.83	01/01/2017	4 per year	Always required	
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$182.96	01/01/2017	4 per year	Always required	
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$109.13	01/01/2017	4 per year	Never required	
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY	Each	Wheel or tire	BEP item	\$65.70	01/01/2017	4 per year	Never required	
K0073	CASTER PIN LOCK	Each	Lock		\$33.43	01/01/2017	2 per 5 years	Never required	
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY	Each	Wheel or tire		\$58.80	01/01/2017	4 per year	Never required	
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Each	Motor or drive system		\$26.38	01/01/2017	1 per 5 years	Always required	
K0105	IV HANGER, EACH	Each	Carrier		\$99.32	01/01/2017	1 per 5 years	Never required	
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Each	Miscellaneous item		PA	01/01/2017	1 per 5 years	Limit-based	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Each	Legrest		\$100.00	07/01/2021		Always required	Short-term rental only
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)	Each	Battery		\$30.19	01/01/2017	2 per year	Always required	
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		\$12.17	01/01/2017			
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power operated vehicle 1	Standard duty	\$974.78	01/01/2017	1 per 5 years	Never required	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power operated vehicle 1	Heavy duty	\$1,200.00	01/01/2017	1 per 5 years	Always required	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power operated vehicle 1	Very heavy duty	\$1,528.40	01/01/2017	1 per 5 years	Always required	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power operated vehicle 2	Standard duty	\$1,179.22	01/01/2017	1 per 5 years	Never required	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power operated vehicle 2	Heavy duty	\$1,789.34	01/01/2017	1 per 5 years	Always required	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power operated vehicle 2	Very heavy duty	\$2,768.48	01/01/2017	1 per 5 years	Always required	

K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Each	Power operated vehicle not otherwise classified		\$1,100.00	07/01/2021	1 per 5 years	Always required	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	Portable	\$1,818.98	01/01/2017	1 per 5 years	Never required	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	Portable	\$2,328.48	01/01/2017	1 per 5 years	Never required	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	Standard duty	\$2,651.26	01/01/2017	1 per 5 years	Never required	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 1	Standard duty	\$2,539.14	01/01/2017	1 per 5 years	Never required	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Portable	\$1,942.94	01/01/2017	1 per 5 years	Never required	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Portable	\$2,494.08	01/01/2017	1 per 5 years	Never required	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,014.24	01/01/2017	1 per 5 years	Never required	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,034.08	01/01/2017	1 per 5 years	Never required	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	Heavy duty	\$3,384.64	01/01/2017	1 per 5 years	Always required	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	Heavy duty	\$3,342.94	01/01/2017	1 per 5 years	Always required	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 2	Very heavy duty	\$4,727.36	01/01/2017	1 per 5 years	Always required	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 2	Very heavy duty	\$4,019.58	01/01/2017	1 per 5 years	Always required	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 2	Extra heavy duty	\$5,208.96	01/01/2017	1 per 5 years	Always required	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Each	Power wheelchair 2	Extra heavy duty	\$4,783.42	01/01/2017	1 per 5 years	Always required	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$2,040.00	07/01/2021	1 per 5 years	Always required	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,800.00	07/01/2021	1 per 5 years	Always required	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,059.42	01/01/2017	1 per 5 years	Never required	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,172.74	01/01/2017	1 per 5 years	Never required	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	Heavy duty	\$3,651.46	01/01/2017	1 per 5 years	Always required	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	Heavy duty	\$3,266.56	01/01/2017	1 per 5 years	Always required	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 2	Very heavy duty	\$3,545.52	01/01/2017	1 per 5 years	Always required	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 2	Extra heavy duty	\$7,161.82	01/01/2017	1 per 5 years	Always required	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$4,884.64	01/01/2017	1 per 5 years	Never required	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 2	Standard duty	\$3,256.42	01/01/2017	1 per 5 years	Never required	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 2	Heavy duty	\$3,920.64	01/01/2017	1 per 5 years	Always required	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	Standard duty	\$3,984.54	01/01/2017	1 per 5 years	Always required	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	Standard duty	\$3,830.98	01/01/2017	1 per 5 years	Always required	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	Heavy duty	\$4,621.98	01/01/2017	1 per 5 years	Always required	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	Heavy duty	\$4,444.00	01/01/2017	1 per 5 years	Always required	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	Very heavy duty	\$5,340.38	01/01/2017	1 per 5 years	Always required	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	Very heavy duty	\$5,485.92	01/01/2017	1 per 5 years	Always required	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 3	Extra heavy duty	\$7,267.62	01/01/2017	1 per 5 years	Always required	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 3	Extra heavy duty	\$6,865.38	01/01/2017	1 per 5 years	Always required	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	Standard duty	\$4,277.02	01/01/2017	1 per 5 years	Always required	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	Standard duty	\$4,283.52	01/01/2017	1 per 5 years	Always required	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	Each	Power wheelchair 3	Heavy duty	\$5,306.56	01/01/2017	1 per 5 years	Always required	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	Heavy duty	\$5,060.80	01/01/2017	1 per 5 years	Always required	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	Very heavy duty	\$7,581.02	01/01/2017	1 per 5 years	Always required	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 3	Standard duty	\$5,518.18	01/01/2017	1 per 5 years	Always required	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 3	Heavy duty	\$5,306.56	01/01/2017	1 per 5 years	Always required	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 3	Very heavy duty	\$7,580.96	01/01/2017	1 per 5 years	Always required	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Each	Power wheelchair 3	Extra heavy duty	\$9,021.50	01/01/2017	1 per 5 years	Always required	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$4,382.99	01/01/2017	1 per 5 years	Always required	

K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$4,214.08	01/01/2017	1 per 5 years	Always required	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 4	Heavy duty	\$5,084.18	01/01/2017	1 per 5 years	Always required	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Each	Power wheelchair 4	Very heavy duty	\$4,888.40	01/01/2017	1 per 5 years	Always required	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$4,704.72	01/01/2017	1 per 5 years	Always required	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$4,711.87	01/01/2017	1 per 5 years	Always required	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 4	Heavy duty	\$5,837.22	01/01/2017	1 per 5 years	Always required	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Each	Power wheelchair 4	Very heavy duty	\$5,566.88	01/01/2017	1 per 5 years	Always required	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$6,070.00	01/01/2017	1 per 5 years	Always required	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Each	Power wheelchair 4	Standard duty	\$6,070.00	01/01/2017	1 per 5 years	Always required	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Each	Power wheelchair 4	Heavy duty	\$5,837.22	01/01/2017	1 per 5 years	Always required	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Each	Power wheelchair 5	Child standard duty	\$7,272.00	07/01/2021	1 per 5 years	Always required	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Each	Power wheelchair 5	Child standard duty	\$7,500.00	07/01/2021	1 per 5 years	Always required	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Each	Power wheelchair not otherwise classified		Determined by PA	01/01/2017	1 per 5 years	Always required	
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	Each	Power mobility device not coded		Not covered	01/01/2017			
97542	WHEELCHAIR MANAGEMENT, EACH 15 MINUTES	15 minutes	Evaluation and management		\$23.79	01/01/2017			



5160-10-16

**DMEPOS: wheelchairs.**

(A) Definitions and explanations.

- (1) "Basic equipment package" is the following standard set of parts and accessories that come with a wheelchair at the time of purchase:
  - (a) A sling or solid seat with back, a captain's chair, or a stadium-style seat;
  - (b) Standard casters or wheels with tires;
  - (c) Standard armrests;
  - (d) Standard front rigging ~~(e.g., such as~~ non-elevating legrests with footrests; or a footplate);
  - (e) Wheel locks or brakes;
  - (f) With a power mobility device, motors;
  - (g) With a power mobility device, a non-expandable controller;
  - (h) With a power mobility device, a battery charger;
  - (i) With a power wheelchair, a standard proportional joystick; and
  - (j) With a power-operated vehicle, batteries.
- (2) "Complex rehabilitation technology (CRT)" is a categorization of wheelchair equipment items ~~that require for which~~ individual evaluation, fitting, configuration, adjustment, or programming is needed to meet the specific medical and functional needs of the user, as well as services related to those products. CRT includes, for example, customized seating systems, adaptive positioning devices, and alternative drive systems (directional interfaces other than a standard joystick).
- (3) "Custom wheelchair" is a wheelchair that has a customized seating system. A custom wheelchair, therefore, cannot be easily used or adapted for use by another individual.
- (4) "Customized seating system" is a wheelchair seat, wheelchair back, or combination of wheelchair seat and back that has been tailored specifically to the particular body shape and positioning needs of an individual user.

Customization may be achieved by means of molding, contouring, carving, or other forms of fabrication or by the integration of prefabricated components into the wheelchair frame. Items such as seat cushions and other removable positioning aids do not by themselves constitute a customized seating system.

- (5) "DMEPOS Fee Schedule" is a list of payment amounts for durable medical equipment, prostheses, orthoses, and supplies published by the centers for medicare and medicaid services (CMS); it is available at <http://www.cms.gov>. The January 2015 revision is the basis for the medicaid payment amounts described in paragraph (E) of this rule.
- (6) "Individualized seating system" is a wheelchair seat, wheelchair back, or combination of wheelchair seat and back that has been tailored to the body shape and positioning needs of an individual user by means of installing and configuring prefabricated cushions or other removable positioning aids.
- (7) "Medical necessity" is defined in rule 5160-1-01 of the Administrative Code. Wheelchairs and wheelchair parts and accessories ~~must~~ need to meet additional criteria in order to be considered medically necessary:
  - (a) Wheelchairs and wheelchair parts and accessories are generally not necessary nor even useful in the absence of illness, injury, impairment, disability, or other condition that limits ambulation. ~~A-Therefore, a wheelchair must needs to therefore~~ provide mobility to an individual for whom ambulation is not possible, takes inordinate physical effort, or causes considerable physical discomfort.
  - (b) A wheelchair ~~must~~ also needs to be suited to the purposes and daily routines of the individual using it.
  - (c) A manual wheelchair ~~must~~ needs to provide a level of needed functionality that cannot be achieved with an assistive device such as a cane, a crutch or crutches, or a walker.
  - (d) A power mobility device (PMD) ~~must~~ needs to provide a level of needed functionality that cannot be achieved with a manual wheelchair.
  - (e) A PMD ~~must~~ needs to be functional in the environment in which it is used. The individual (or someone assisting the individual) ~~must~~ needs to have the ability to take proper care of the PMD, the individual's place of residence ~~must~~ needs to be accessible and have adequate electrical service, transportation of the PMD ~~must~~ needs to be available as necessary, and there ~~must~~ needs to be sufficient protection for the

PMD from the elements. The place of residence is considered to be accessible only if the individual will be able to use the PMD without assistance to enter and leave the residence and to move easily about the main living space (which is used for purposes such as food preparation, eating, sleeping, personal hygiene, and relaxation).

- (f) A customized seating system ~~must~~ needs to enable an individual to sit (or recline, as appropriate) for long periods of time, provide postural support to permit functional activities, or reduce pressure on the body to a degree that cannot be achieved with items such as a standard wheelchair seat, an individualized seating system (e.g., a prefabricated seat cushion or other removable positioning aid or combination of positioning aids), or a spinal orthotic device.
- (8) "Need verification" is a process, similar to prior authorization, by which the department determines whether to make payment for the repair of a wheelchair part or accessory that exceeds the established frequency guideline. One purpose of need verification is to enable the department to consider whether the purchase of a new piece of equipment might be more cost-effective than continued repair.
- (9) "Power mobility device (PMD)" is a collective term for a power wheelchair or a power-operated vehicle (POV, commonly referred to as a "scooter"). Each PMD is classified on the basis of performance into one of eight groups developed under the auspices of CMS:
  - (a) Group one power-operated vehicles;
  - (b) Group two power-operated vehicles;
  - (c) Group one power wheelchairs;
  - (d) Group two power wheelchairs;
  - (e) Group three power wheelchairs;
  - (f) Group four power wheelchairs;
  - (g) Group five power wheelchairs; and
  - (h) Power mobility devices not otherwise classified.
- (10) "Routine maintenance" of a wheelchair is any upkeep that is necessary to maintain optimum functioning of the equipment and that does not ~~require~~ need a skilled or trained technician to perform.

- (11) "Wheelchair" is a collective term for a manual wheelchair or a power mobility device.

(B) Providers.

- (1) Prescribing providers. Eligible medicaid providers of the following types, acting within their scope of practice, may certify the medical necessity of a wheelchair:
- (a) A physician;
  - (b) An advanced practice registered nurse with a relevant specialty ~~(e.g., clinical nurse specialist, nurse practitioner);~~
  - (c) A physician assistant; or
  - (d) A podiatrist.
- (2) Evaluators. The following professionals may evaluate an individual's particular needs:
- (a) For wheelchairs incorporating CRT, a physiatrist, orthopedic surgeon, neurologist, physical therapist, or occupational therapist;
  - (b) For wheelchairs not incorporating CRT, a physician, physical therapist, or occupational therapist.
- (3) Rendering providers. The following eligible providers may furnish a wheelchair, part, or accessory or may render a related service:
- (a) For manual wheelchairs without CRT, a provider enrolled as a basic durable medical equipment (DME) supplier; or
  - (b) For PMDs and CRT, a provider enrolled as a specialized DME supplier ~~with appropriate certification or licensure from the Ohio respiratory care board (ORCB) to engage in business involving wheelchairs.~~
- (4) Billing providers. The following eligible providers may receive medicaid payment for submitting a claim for a wheelchair, part, accessory, or related service:
- (a) For manual wheelchairs without CRT, a provider enrolled as a basic DME supplier; or
  - (b) For PMDs and CRT, a provider enrolled as a specialized DME supplier ~~with appropriate certification or licensure from the ORCB to engage in business involving wheelchairs.~~

(C) Coverage.

(1) Principles.

- (a) ~~A wheelchair must be determined to be medically necessary~~ The medical necessity of a wheelchair needs to be determined before the department will make payment. For a wheelchair purchased by the department, this necessity is documented on form ODM 03411, "Certificate of Medical Necessity: Wheelchairs" (rev. ~~6/2016~~ XX/2021). The medical necessity of a wheelchair that has not been purchased by the department is documented either on this certificate of medical necessity (CMN) or on an equivalent form.
- (b) If more than one type of wheelchair will meet an individual's needs and satisfy the criteria of medical necessity, then the maximum payment amount is the lowest of the respective costs, regardless of which wheelchair is supplied.
- (c) The provision of or payment for the purchase, repair, or rental of a medically necessary non-custom wheelchair for a resident of a long-term care facility (LTCF) is the responsibility of the LTCF. This responsibility holds even if the wheelchair incorporates CRT other than a customized seating system. In turn, the LTCF receives medicaid payment in accordance with Chapter 5160-3 of the Administrative Code. Therefore, claims submitted to the department by wheelchair suppliers for the purchase, repair, or rental of non-custom wheelchairs furnished to LTCF residents will be denied.

(2) Purchase.

- (a) Custom wheelchairs for individuals living in a LTCF and wheelchairs for individuals not living in a LTCF. Prior authorization (PA) is ~~required~~ needed, and a face-to-face evaluation of need ~~must~~ has to be performed by a prescribing provider not earlier than one hundred eighty days before the submission of the PA request.
- (b) ~~Requirements, constraints,~~ Constraints and limitations.
  - (i) The purchase of a wheelchair includes the basic equipment package, delivery, setup, instruction and training in use, and adjustments or minor modifications. No separate payment is made for these items. Payment for other parts or accessories, either parts or accessories that are substituted for individual items in the basic equipment

package or parts or accessories outside the basic equipment package that are added after a wheelchair is purchased, ~~requires~~ is subject to PA.

- (ii) Authorization will not be given for the purchase of more than one wheelchair for concurrent use by an individual. An exception to this restriction may be made if it can be satisfactorily demonstrated that having a second wheelchair, such as ~~(e.g.,~~ a manual wheelchair in addition to a ~~PMD)~~ PMD, significantly improves an individual's mobility and is cost-effective.

(3) Repair, including replacement of existing parts or accessories.

- (a) Custom wheelchairs for individuals living in a LTCF and wheelchairs for individuals not living in a LTCF. The repair of a component such as a frame, seating system, motor, drive system, or battery is subject to need verification. No verification is ~~required~~ needed for the repair of a wear item, such as a ~~(e.g.,~~ caster bearing, tire, arm pad).

(b) ~~Requirements, constraints,~~ Constraints and limitations.

- (i) For a wheelchair not purchased by the department, submission of documentation of the medical necessity of the wheelchair itself is ~~required~~ needed for the initial repair but not for subsequent repairs. The determination that a wheelchair not purchased by the department is medically necessary does not indicate that the wheelchair itself would be authorized for purchase.

- (ii) Payment is not permitted for temporary replacement equipment (a "loaner wheelchair") provided while an individual's wheelchair is being repaired ~~(e.g., a "loaner wheelchair")~~.

- (iii) No payment is made for routine maintenance.

(4) Rental.

- (a) Custom manual wheelchairs. PA is ~~required~~ needed.
- (b) Non-custom manual wheelchairs for individuals not living in a LTCF. No PA is ~~required~~ needed for the first three months. PA is ~~required~~ needed for rental periods after the first three months.
- (c) PMDs. PA is ~~required~~ needed.

(d) ~~Requirements, constraints,~~ Constraints and limitations.

- (i) Payment will not be made for the rental of more than one wheelchair per month for an individual.
- (ii) Payment for rental is all-inclusive; no separate payment is made for any other wheelchair-related items.
- (iii) During a rental period and for ninety days afterward, all rental amounts paid are applied toward purchase. The total of the rental amounts ~~must not~~ cannot exceed the purchase amount.

(5) Evaluation and management.

- (a) An evaluator may receive payment for determining an individual's needs for a wheelchair. Not more than one payment will be made per wheelchair per individual.
- (b) Payment includes all services rendered by the evaluator, including evaluation, product selection, confirmation at delivery, and follow-up.

(D) Additional ~~requirements, constraints,~~ constraints and limitations.

- (1) After delivery, the supplier ~~must~~ needs to maintain documentary evidence that the following statements are true concerning a wheelchair and any related accessories:
  - (a) They were delivered to the individual for whom they were prescribed;
  - (b) They are consistent with the items described in the CMN; and
  - (c) They correspond exactly to the items listed on the submitted claim.
- (2) Claim payments for which there is insufficient documentation are subject to recovery.
- (3) A PA request ~~must~~ needs to specify all relevant information (e.g., HCPCS code, manufacturer, model). A PA request for repair ~~must~~ needs to include the serial number of the equipment and a complete itemization of parts and estimated labor needed.
- (4) When an authorization specifies a manufacturer, model, part number, or other information identifying a particular item, then a supplier may provide and subsequently submit claims only for the specified item.

- (5) Payment will not be authorized for a wheelchair to be used by an individual younger than one year. For a child one year of age or older whose needs are not met by an adult-sized wheelchair, consideration for authorization will be given only to wheelchairs that accommodate growth, unless there is a more appropriate, cost-effective, medically necessary alternative available. Payment may be made for additional parts ~~required~~needed to "grow" a wheelchair if the combined cost of the parts and related labor is less than the cost of a new wheelchair.
- (6) Payment will not be authorized for wheelchairs, parts, accessories, or modifications whose primary application is leisure or recreational activities.
- (7) Payment will not be authorized for a PMD intended exclusively for outdoor use.
- (8) A wheelchair purchased by medicaid is the property of the individual for whom it was prescribed.

(E) Claim payment.

- (1) As of the effective date of this rule, the payment amount is established as the lesser of the submitted charge or the applicable medicaid maximum from the following list:
  - (a) For purchase of a covered new wheelchair, part, or accessory, ninety per cent of the allowed amount listed for Ohio on the "DMEPOS Fee Schedule";
  - (b) For purchase of a covered group four power wheelchair for which there is no medicare allowed amount, one hundred ten per cent of the medicaid maximum payment amount allowed for purchase of the most closely corresponding covered group three power wheelchair;
  - (c) For purchase of any other covered wheelchair, new part, or new accessory for which there is no medicare allowed amount, payment by report;
  - (d) For purchase of a covered wheelchair, part, or accessory that has been previously used but remains in good working order, fifty per cent of the medicaid maximum payment amount allowed for purchase of a comparable new wheelchair, part, or accessory;
  - (e) For monthly rental of a covered wheelchair to which rental applies, ten per cent of the medicaid maximum payment amount allowed for purchase;
  - (f) For performance of an evaluation and related services, eighty per cent of the amount established by the medicare physician fee schedule; or



- (g) For labor provided for a covered repair or covered maintenance, the result L obtained by the formula  $L = ([W + B] \times P + M) \times A \times 0.25$ .
- (i) L is the medicaid maximum payment amount for labor, reported in fifteen-minute units.
  - (ii) W is the hourly median wage for medical equipment repairers in Ohio reported by the United States bureau of labor statistics (available at <http://www.bls.gov/oes/>). (The initial wage figure used was from May 2014.)
  - (iii) B is hourly employee-related expenses such as benefits, calculated as thirty-five per cent of wages.
  - (iv) P is a productivity adjustment factor, defined as the ratio of the number of total work hours per day (specified as eight) to the number of available productive work hours per day (specified as six and a half).
  - (v) M is an hourly mileage allowance, defined as the ratio of the daily mileage allowance to the number of available productive work hours per day. The daily mileage allowance is the product of the average travel speed (specified as thirty-five miles per hour), the average total travel time (specified as one hour and fifteen minutes), and the federal standard mileage rate for business (available at <http://www.irs.gov>). (The initial standard mileage rate used was for 2015.)
  - (vi) A is an administrative cost factor, specified as one hundred ten per cent.
- (2) After the effective date of this rule, if the medicare amount for an item or service becomes less than the current medicaid maximum payment amount, then the medicaid maximum payment amounts related to that item or service are reestablished on the basis of the new medicare amount.
- (3) After the effective date of this rule, if updates to the median hourly wage or the federal standard mileage rate would cause a variance of at least five per cent in the maximum payment amount for labor, then the maximum payment amount is reestablished on the basis of the updated figures.
- (4) The payment provisions of this rule supersede entries in appendix DD to rule 5160-1-60 of the Administrative Code that pertain to wheelchairs, parts, accessories, or related services.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02, 5165.01, 5165.47
Prior Effective Dates:	04/07/1977, 12/21/1977, 12/30/1977, 01/01/1980, 03/01/1984, 05/01/1990, 12/30/1991, 07/01/1994, 08/01/1995, 08/01/1997, 04/01/1998, 10/01/2004, 10/27/2005, 04/01/2006, 07/31/2009 (Emer.), 10/29/2009, 04/25/2011, 12/31/2013, 01/01/2017, 06/12/2020 (Emer.)

5160-10-19

**DMEPOS: positive airway pressure devices.**

(A) Definition. "Apnea-hypopnea index (AHI)" is the mean number of episodes of apnea or hypopnea per hour recorded over a period of at least two hours without the use of a positive airway pressure device, reported by polysomnogram. ~~The AHI may not be extrapolated or projected.~~ Extrapolation or projection of the AHI is not permitted.

(B) Coverage.

(1) The default certificate of medical necessity (CMN) form is the ODM 01903, "Certificate of Medical Necessity: Positive Airway Pressure Devices" (rev. ~~7/2018~~ XX/2021). The CMN ~~must include~~ includes the following information:

(a) A diagnosis of obstructive sleep apnea or other condition for which positive airway pressure is an appropriate treatment;

(b) The results of a ~~sleep-respiratory study comprising components for diagnosis and titration, performed either separately as two studies or consecutively as a split study~~;

(c) An estimated length of need.

(2) A respiratory study may be performed with a positive airway pressure device that records relevant data automatically.

~~(2)~~(3) Payment for a positive airway pressure device may be made only if the following criteria are met:

(a) ~~The diagnosis component of the sleep study, performed during at least two hours of recorded sleep without a~~ In the absence of positive airway pressure device, the respiratory study yields the following results:

(i) An AHI of at least fifteen; or

(ii) An AHI of at least five coupled with documented evidence of any of the following conditions:

(a) Excessive sleepiness during waking hours;

(b) Insomnia;

(c) Mood disorder;

- (d) Impaired cognition;
  - (e) Hypertension;
  - (f) Ischemic heart disease; or
  - (g) A history of stroke.
- (b) ~~The titration component of the sleep study, performed with a~~ When positive airway pressure device is applied, the respiratory study yields the following results:
- (i) A decrease in the number of airway obstructions per hour; and
  - (ii) At least one of the following indications of effectiveness:
    - (a) An absolute increase in oxygen saturation to at least eighty-nine per cent;
    - (b) A relative increase in oxygen saturation of at least fifteen per cent; or
    - (c) Other clinical improvement recognized by the department.
- (4) A need for oxygen is established if a positive airway pressure device is effective during a sleep respiratory study only when supplemental oxygen is administered simultaneously. That need for oxygen is presumed to last as long as the need for the positive airway pressure device, and no further sleep respiratory study is required necessary to confirm a continued need for oxygen.
- ~~(3)~~ (5) Payment for a variable or bilevel positive airway pressure device (i.e., a positive airway pressure device that produces different inspiratory and expiratory pressure levels) may be made only if the following criteria are met:
- (a) A positive airway pressure device that produces a single pressure level has been tried and found to be ineffective; and
  - (b) Evidence gathered during the ~~titration component of the sleep respiratory study~~ or during a one-week trial period indicates that a variable or bilevel positive airway pressure device is effective.
- ~~(4) A need for oxygen is established if a positive airway pressure device is effective during a sleep study only when supplemental oxygen is administered simultaneously. That need for oxygen is presumed to last as long as the need~~

~~for the positive airway pressure device, and no further sleep study is required to confirm a continued need for oxygen.~~

(C) Constraint. The provider of a positive airway pressure device ~~may not~~ cannot perform the qualifying ~~sleep~~ respiratory study.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02, 5165.47
Prior Effective Dates:	12/30/1991, 07/01/1993, 07/01/1994, 01/01/1995, 08/01/1998, 10/01/2004, 01/01/2008, 07/16/2018

5160-10-22

**DMEPOS: ventilators.**

(A) ~~Provider requirement. A provider of ventilators for use in the home must make~~  
Condition of provider participation. A provider of in-home use ventilators needs to  
have available a licensed respiratory care professional (LRCP) twenty-four hours a  
day to provide respiratory care, technical support, and clinical ventilator services and  
to perform emergency servicing of equipment on two-hour notice.

(B) Coverage.

- (1) Separate payment may be made for a ventilator furnished to a resident of a long-term care facility (LTCF).
- (2) Payment may be made for a ventilator on a rental basis only. The default certificate of medical necessity (CMN) form is the ODM 01902, "Certificate of Medical Necessity: Ventilators" (rev. ~~7/2018~~ XX/2021).
- (3) For the rental of a primary ventilator, ~~the CMN must include~~ a CMN includes the following information:
  - (a) Diagnosis;
  - (b) Specification of the condition or conditions for which ventilatory support is needed;
  - (c) An estimated length of need;
  - (d) The continuity of ventilatory support ~~required~~ needed (e.g., constant, during the day, at night, for sleep only);
  - (e) The ventilator type, mode, and settings or parameters;
  - (f) A list of other respiratory equipment in use; and
  - (g) If applicable, documentation showing that the individual is being weaned.
- (4) For the rental of a secondary or back-up ventilator, the CMN ~~must include~~ includes appropriate attestation to at least one of the following statements:
  - (a) The individual cannot maintain spontaneous respiration for at least four hours;

- (b) Because of regular activities outside the home (~~e.g., such as school, or~~ outpatient therapy), the individual needs a second ventilator with a suitable power source; or
- (c) The average emergency medical team response time to the individual's address is estimated to be more than two hours.

(5) A multi-function ventilator is an all-in-one device that also has the capability to perform the functions of other respiratory equipment such as an oxygen concentrator, a nebulizer, a suction device, or a cough-assist device. A device that may serve either as a ventilator or as a positive airway pressure device but not as both simultaneously is not a multi-function ventilator.

- (a) Payment may be made for a multi-function ventilator only if at least one additional function ("ventilator plus one") is used.
- (b) For each additional function, whether included when the unit is first dispensed or activated later, the appropriate CMN applies. A prescription is sufficient when no CMN is specified for a particular function.

(C) ~~Requirements, constraints,~~ Constraints and limitations.

- (1) A ventilator with an invasive interface ~~must include~~ is covered only if it includes backup power capability and alarms indicating disconnection, high pressure, low pressure, and power loss.
- (2) Rental of a ventilator includes the following items and services:
  - (a) Ventilator accessories, including inlet ventilator filters, permanent or reusable ventilator circuits, whisper swivels, exhalation ports, tracheostomy tube elbows, and circuit extensions and adapters;
  - (b) Accessories necessary for the oxygen and ventilator functions of a multi-function ventilator;
  - ~~(b)~~(c) A humidifier, either heated or unheated;
  - ~~(e)~~(d) Humidifier bacteria filters;
  - ~~(d)~~(e) Tubing to connect the humidifier to the ventilator;
  - ~~(e)~~(f) Evaluation of the individual's residence to ensure compatibility with the equipment and to forestall problems with its use; and



- ~~(f)~~(g) Visits made at an appropriate frequency determined by a LRCP in consultation with the individual's prescribing practitioner, at least one visit during the first week, not less often than once per month for the first six months, and not less often than every sixty days thereafter.
- (3) No separate payment is made to a provider for keeping a LRCP on call or for performing emergency servicing of equipment.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02, 5165.47
Prior Effective Dates:	12/30/1991, 07/01/1993, 07/01/1994, 01/01/1995, 08/01/1998, 10/01/2004, 01/01/2008, 07/16/2018

5160-10-29

**DMEPOS: insulin pumps.**

(A) Definitions.

- (1) "Sensor-augmented insulin pump system" is an insulin infusion pump equipped with a continuous glucose monitoring (CGM) sensor. The pump uses the glucose readings taken by the CGM sensor to modify the amount of insulin infused.
- (2) "Insulin pump," for purposes of this rule, is a collective term encompassing a portable external insulin infusion pump and a sensor-augmented insulin pump system.

(B) Coverage.

- (1) Payment may be made for a portable external insulin infusion pump on a rental/purchase basis. The initial rental period is limited to three months.
- (2) The default certificate of medical necessity (CMN) form is the ODM 07136, "Certificate of Medical Necessity: Insulin Pumps" (rev. ~~7/2018~~ XX/2021). The CMN ~~must include~~ includes an attestation that appropriate documentation is kept in the individual's medical record to demonstrate that the following criteria are met:
  - (a) The individual has type 1 or insulin-dependent type 2 diabetes mellitus;
  - (b) The individual has at least one of the following symptoms or conditions:
    - (i) Glycated hemoglobin level (HbA1c) greater than seven per cent;
    - (ii) A history of recurring hypoglycemia;
    - (iii) Wide fluctuations in blood glucose before mealtime;
    - (iv) A marked early-morning increase in fasting blood sugar (the "dawn phenomenon"), in which the glucose level frequently exceeds two hundred milligrams per deciliter; or
    - (v) A history of severe glycemic excursions;
  - (c) The individual has completed a diabetes education program within the preceding twenty-four months;

- (d) The individual has been on a maintenance program for at least six months involving at least three injections of insulin per day and frequent self-adjustments of insulin dosage;
  - (e) The individual has performed glucose self-testing at least four times per day on average during the preceding month; and
  - (f) The individual is at high risk for preventable complications of diabetes, early signs of which include micro-albuminuria and persistent difficulty in controlling blood sugar levels despite good compliance with an intensive multiple-injection regimen.
- (3) After the first three months, payment may be made for the purchase of an insulin pump. During the initial rental period, the provider ~~must obtain~~ obtains a revised copy of the previously completed CMN, on which the prescriber attests that the individual (or someone assisting the individual) is capable of managing the pump and that the desired improvement in metabolic control can be achieved.

(C) ~~Requirements, constraints,~~ Constraints and limitations.

- (1) The use of an insulin pump is contraindicated by ~~any either~~ of the following conditions or circumstances:
  - ~~(a) The individual has type 2 (non-insulin-dependent) diabetes mellitus, either treated or not treated with insulin;~~
  - ~~(b)~~ (a) The individual has end-stage complications such as renal failure; or
  - ~~(c)~~ (b) Neither the individual nor anyone assisting the individual is able to operate a pump or to perform frequent blood glucose monitoring.
- (2) The following insulin-delivery devices are not covered:
  - (a) A portable external insulin infusion pump that is requested purely as a matter of convenience or individual preference;
  - (b) Surgically implanted infusion devices or systems;
  - (c) Jet pressure devices;
  - (d) Devices associated with chronic intermittent intravenous insulin therapy (CIIT), or
  - (e) Devices associated with pulsatile intravenous insulin therapy (PIVIT).

- (3) The warranty period for a covered insulin pump is at least one year from the date of purchase authorization.
- (4) No payment ~~may~~ can be made for the purchase of an insulin pump that has been previously used by another individual.

Effective:

Five Year Review (FYR) Dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5164.02
Prior Effective Dates:	10/15/2006, 08/18/2008, 07/16/2018