Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent

A C S

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Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medical Assistance Program Provider Services.

Distribution: Supply and Pharmacy Providers **January 2007**
Reference: B0700228

Equipment, Supply, Orthotic & Prosthetic HCPCS Codes

The Colorado Medical Assistance Program uses the Centers for Medicare and Medicaid (CMS) Common Procedural Coding System (HCPCS) to identify Medical Assistance Program services.

This is the code bulletin for Supply and Durable Medical Equipment (DME) services. The codes in this bulletin are **effective for services provided on and after January 1, 2007**. ***This document replaces Medical Assistance Program Bulletin B0500206 (12/05)).*** Keep this bulletin with the Provider Manual for reference. Coding updates and revisions will also be published in Medical Assistance Program bulletins.

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USE OF THE HCPCS LISTING & SPECIAL BILLING INSTRUCTIONS

The following list of HCPCS (Healthcare Common Procedural Coding System) codes has been approved by the Colorado Department of Health Care Policy and Financing for use in submitting claims for medical supplies and durable medical equipment (DME) to the Colorado Medical Assistance Program. Use this list when completing Medical Assistance Program claims. Updates and revisions will be made available through future Medical Assistance Program Bulletins. Product classification appendices are no longer being provided with this manual. Please refer to the Palmetto website www.palmettogba.com, for the most updated and complete information for product classification for formulas, wheelchairs, wheelchair cushions, disposable supplies etc.

Read the following information carefully:

A. General Billing Information

Electronic media claims: Supply/DME services are submitted on the electronic Colorado 1500/837P format.

Pharmacies billing for supplies/equipment submit on the electronic Colorado 1500/837P format.

Paper claims: Supply/DME services are submitted on the Colorado 1500 claim form.
Pharmacies billing for supplies/equipment submit on the Colorado 1500 claim form.

Coding: Use procedure codes and modifiers as instructed in the most recent Medical Assistance Program bulletin. Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions.

Most DME and medical supplies provided to hospitalized individuals, persons residing in nursing facilities and dialysis facilities must be provided by the facility and cannot be submitted for direct payment to the medical supplier or pharmacy. Charges for oxygen contents and certain oxygen delivery systems for nursing facility and group home residents must be billed by the supply provider. Procedure codes for oxygen services provided to nursing facility residents are included in this bulletin.

B. Capped Rental

1. The Medical Assistance Program does not pay for any charges after Medicare has paid for purchase or capped rental of durable medical equipment.
2. Rebates: If a rebate is available for any product, the provider is responsible for doing one of the following:
   - Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.
   - Mail-in: Obtainable by mail shall indicate the purchaser to be the: Colorado Medical Assistance Program
1570 Grant Street
Denver CO 80203-1714
3. The Medical Assistance Program processes maintenance charges for capped rental or purchased items approved by Medicare.
4. If the total cost for rental of any item exceeds the cost of purchase, the item may be converted to a purchase.

C. Billing for “Fee Schedule” Services

Under Federal Law and State Regulations, providers are reminded that the Medical Assistance Program shall not be billed amounts in excess of that charged to non- Medical Assistance Program clients (42 CFR 447).

Providers are requested to submit their Usual and Customary charges to the Medical Assistance Program.

D. Billing for “By Invoice” Services

Providers submitting claims for which acquisition costs will be utilized as a basis for reimbursement are subject to the following requirements:

- Billed amounts may not exceed the actual acquisition costs of the item.
- Actual acquisition costs are defined as the manufacturer’s list price for the item less any standard trade discount applied to lower the actual cost to the provider.
- Copies of invoices documenting actual acquisition costs shall be maintained in the provider’s files in accordance with Department regulations. Providers cannot bill for state sales tax collection.

Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.

REQUIREMENTS FOR WHEELCHAIR PURCHASE & EQUIPMENT REPAIRS

Important - prior authorization requests and claims for wheelchair purchase and equipment repair require the following:

1. Prior authorization requests (PARs) for wheelchair purchase (manual, power or 3-wheeled) must identify the model and manufacturer in field 16 on the PAR form. The serial number is not needed for purchase.
2. PARs for equipment repair must identify the serial number of the equipment in field 12 on the PAR form.

Claims for either wheelchair purchase or equipment repair must identify the serial number in field 30 on the paper claim, or in the appropriate field if billing A physician’s prescription is no longer required for wheelchair repairs, and no physician signature is required on repair PARs.

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HCPCS CODING INFORMATION

Code column: HCPCS codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Codes authorized for the Medical Assistance Program may not correspond to codes approved for Medicare billing. This list contains the approved Medical Assistance Program HCPCS codes. Codes that do not appear in this listing are not a benefit of the Medical Assistance Program. Providers must submit the HCPCS code most closely describing the item being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item.

Modifiers: Modifiers are used with HCPCS codes to describe circumstances that may change or alter payment. The following modifiers are approved for use with DME procedure codes and must be used when applicable:

Mod	Description
-UB	Manufacturer's Invoice Price Use with supply/DME codes & special procedure codes for invoiced shipping & handling fees when the billed charge represents the manufacturer's invoice price to a retail provider. Use UB modifier to identify invoiced shipping and the 20% Medical Assistance Program allowed handling fee. For example: MM/DD/YY K0002--UB Wheelchair (Cost from invoice) $450.00 MM/DD/YY K0115-UB Orthotic seating system (Cost from invoice) $800.00 MM/DD/YY A9901-UB Handling $250.00 (20% of cost for both items)
-KH	1st month DME rental Use with DME codes to identify non-prior authorized 1st month equipment rental provided while obtaining prior authorization for continued rental or for purchase. When purchased, reduce the billed amount for purchase by rental reimbursements received.
-KR	Daily rental. Utilize only for those items indicated as a Medical Assistance Program benefit on a daily rental basis.
-RR	DME rental on a per month basis. Unless otherwise noted in the Medical Assistance Program HCPCS Code Bulletin, one unit represents one-month rental period. The claim dates of service should represent the **span dates** of the rental period being billed. If the claim dates of service do not represent the span dates of the rental period, the reimbursement may not be correct. Note: Some items are available as a rental or purchase only. If the item is only available for rental, the HCPCS procedure code includes the *–RR* modifier as part of the listed code.
-BO	Orally administered nutrition, not by feeding tube

Narrative column: A description of the service. When possible and appropriate, the description of the item includes a notation of the billing unit. Example: A4246 Betadine, per pint. One unit represents one pint of Betadine. If the item description does not identify the billing unit for miscellaneous items, add sufficient information on the claim form to identify the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted.

PAR column: The prior authorization status of the identified item.

Yes A request for prior authorization must be submitted & approved **before the item/service is provided**. Claims for items that have not received prior authorization will be denied.

Note: Procedures identified by ***** (asterisk) are reviewed by CFMC (Colorado Foundation for Medical Care). Prior Authorization requests for these items should be sent directly to CFMC at:

Colorado Foundation for Medical Care
Attention: Medical Assistance Program/DME PARs
Inverness Way East, Suite 100
Englewood, CO 80112-5708

No The identified item is a regular Medical Assistance Program benefit that does not require prior authorization when provided to an eligible Medical Assistance Program client.

Conditional The item requires prior authorization under certain circumstances. See the Comments section next to the item for an explanation of the circumstances.

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medical Assistance Program payment and does not serve as a timely filing waiver. PAR approval only assures that the service has been identified as medically necessary. All of the requirements for eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Prior authorization requirements apply to all items reimbursed through any source other than Medicare crossover claims.

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Prior authorization does not apply to Medicare crossover claims. If Medicare makes payment on the item(s), the Medical Assistance Program does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medical Assistance Program billing requirements including prior authorization, if applicable.

Due to the medical evaluation of the information submitted by the provider, the actual number of units approved of any item may be reduced or increased by the medical reviewer. The Medical Assistance Program reserves the right to deny any items deemed not medically necessary.

PARs must be *submitted by the supplier* who is providing the service. The authorization request must include a prescription from a physician or DO and other required documentation describing the need for the supply/DME. It is acceptable for the Primary Care Provider (PCP) to submit a PAR only when the supply/DME provider is unable to facilitate the PAR to meet clients' medical necessities. The service being provided must have been authorized by the PCP prior to PAR submission.

Responses to PARs that have been pended by ACS must be received, by ACS, within 30 days or they will be denied.

Prior authorization request dates must be for one year or an explanation as to why dates are less than one year must be included. Dates must not exceed one year and must match the dates on individual line items or the PAR will be denied.

All prior authorization requests that have been denied may be resubmitted with the appropriate documentation. All prior authorization requests that are resubmitted to ACS for re-review must include all previously submitted documentation.

The Medical Assistance Program reserves the right to adjust reimbursements at any time.

Maximum allowable purchase column:

Any dollar amount: Purchase benefit is available up to the identified dollar amount maximum. No additional handling, shipping, or tax charges may be billed. These items shall not be billed under a miscellaneous code even if the actual acquisition cost exceeds the allowable amount.

BI: Benefit payment is available and based upon the actual acquisition cost, supported by a manufacturer's invoice to be maintained in the provider's files. With proper claim completion, payment may include the cost of acquisition from a manufacturer, and an allowance of up to 20% handling. By invoice- codes require the -UB modifier.

n/a: Reimbursement for purchase of the identified item is not allowed.

DME and supply prior authorization requests may only be submitted by Medical Assistance Program authorized pharmacies or Durable Medical Equipment companies.

Maximum allowable rental column:

Any dollar amount: Rental benefit is available up to the identified dollar amount maximum. Accessories, maintenance, and repairs are inclusive in the cost of the rental item.

n/a: Benefit for rental of the identified item is not allowed.

Per PAR: Rental payment is based upon attachment of a manufacturer's invoice to the Prior Authorization Request (PAR). Reimbursement will be determined at the time of PAR approval as a percentage of invoice cost. A copy of the PAR must be attached to each submitted claim only if the PAR indicates the amount of reimbursement allowable in the Comments field. Otherwise, claims can be billed through the electronic media system. All approved prior authorized miscellaneous codes approved for rental must have a copy of the approved PAR attached to each submitted claim.

Comments column: Expands on the description and identifies any required special billing instruction and procedures requiring prior authorization. The notation "DELETED" means that the code is invalid effective the day following the date shown in the "COMMENTS" column. Newly added codes become effective on the date shown. Procedure codes deleted effective 12/31/06 can be used only for non-prior authorized services provided prior to 1/1/07 or on PARs approved prior to 1/1/07.

The following listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medical Assistance Program Provider Services.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
MISCELLANEOUS CODES					
A4649	Surgical supply; miscellaneous	Yes	BI	n/a	Use for disposable supplies such as dressings, etc.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	BI	n/a	Use for accessories or parts for DME other than wheelchairs only when an appropriate code is not available.
E1399	Durable medical equipment, miscellaneous	Yes	BI	Per PAR	Use for durable reusable equipment other than wheelchairs only when an appropriate code is not available.
K0108	Other accessories	Yes	BI	n/a	Use for wheelchair parts and accessories only when an appropriate code is not available.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
T5999	Supply, not otherwise specified	No	BI	Manually Priced	Use for disposable humidifier bottles, Type B oxygen cylinder tanks, and large compressed air cylinders only. Submit on paper and, in remarks, identify the Item being billed. Claims for rental will be manually priced.
AMBULATION DEVICES – GENERAL USE					
	Canes				
E0100	Cane, all materials, adjustable or fixed with tip	No	18.70	n/a	
E0105	Cane, quad or three prong, all materials, adjustable or fixed with tips	No	39.12	11.11	
	Crutches				
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	No	97.63	n/a	1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	No	51.19	n/a	1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	No	34.75	13.66	1 item = 1 pair
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	No	17.38	6.84	1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	No	38.07	13.66	1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pat, tip, handgrip, with or without shock absorber, each	No	19.03	n/a	1 item = 1 crutch
E0117	Crutch, underarm, articulating, spring assisted, each	Yes	BI	BI	1 item = 1 crutch.
E0118	Crutch substitute, lower leg platform, with or without wheels, each	No	BI	n/a	
	Walkers				
E0130	Walker, rigid (pickup), adjustable or fixed height, each	No	52.13	n/a	
E0135	Walker, folding (pickup), adjustable or fixed height, each	No	72.78	n/a	
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes	BI	n/a	
E0141	Walker, rigid, wheeled, adjustable or fixed height	No	109.20	n/a	
E0143	Walker, folding, wheeled, adjustable or fixed height	No	113.87	n/a	
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	Yes	301.59	n/a	
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Yes	237.31	n/a	
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes	BI	n/a	
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Yes	BI	n/a	
	Accessories for ambulation devices				
A4635	Underarm pad replacement, crutch, each	No	4.55	n/a	
A4636	Handgrip replacement, cane, crutch or walker, each	No	3.98	n/a	
A4637	Tip replacement, cane, crutch or walker, each	No	1.98	n/a	
E0153	Platform attachment, forearm crutch, each	No	81.09	n/a	
E0154	Platform attachment, walker, each	No	84.40	n/a	
E0155	Wheel attachment, rigid pick-up walker, per pair	No	51.51	n/a	1 unit = 1 pair
E0156	Seat attachment, walker, each	No	32.77	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0157	Crutch attachment, walker, each	No	69.41	n/a	
E0158	Leg extensions for walker, per set of four (4)	No	35.75	n/a	1 unit = 1 set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each	No	44.68	n/a	
BATH AND BATHROOM EQUIPMENT - GENERAL USE					
	Bath equipment				
E0160	Sitz type bath, portable, fits over commode seat, each	Yes	21.37	Per PAR	Limited to EPSDT program, up to age 20.
E0163	Commode chair, mobile or stationary, with fixed arms	No	79.43	n/a	
E0164	Commode chair, mobile, with fixed arms, each	Deleted			Deleted 12/31/2006
E0165	Commode chair, mobile or stationary, with detachable arms	Yes	208.51	20.85	
E0166	Commode chair, mobile, with detachable arms, each	Deleted			Deleted 12/31/2006
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes	BI	n/a	
E0167	Pail or pan for use with commode chair, replacement only	No	12.41	n/a	Purchase for client owned equipment only.
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Yes	BI	n/a	
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes	BI	n/a	
E0172	Seat lift mechanism placed over or on top of toilet, any type	Yes	BI	n/a	
E0175	Foot rest, for use with commode chair, each	No	79.75	n/a	Purchase for client owned equipment only.
E0240	Bath/shower chair, with or without wheels, any size	Yes	BI	n/a	
E0241	Bathtub wall rail, each	Yes	20.19	n/a	
E0242	Bathtub rail, floor base, each	Yes	124.12	n/a	
E0243	Toilet rail, each	Yes	33.37	n/a	
E0244	Toilet seat, raised, each	Yes	27.79	n/a	
E0244-22	Toilet seat, raised, each	Yes	120.36	n/a	Use for padded raised toilet seat.
E0245	Tub stool or bench, each	Yes	49.65	n/a	
E0245-22	Tub stool or bench, each	Yes	168.49	n/a	Use for padded tub stool or bench.
E0246	Transfer tub rail attachment, each	Yes	47.66	n/a	
E0247	Transfer bench for tub or toilet with or without commode opening	Yes	93.78	n/a	
E0247-22	Transfer bench for tub or toilet with or without commode opening	Yes	175.51	n/a	Use for padded transfer bench for tub or toilet with or without commode opening.
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes	BI	n/a	
E0248-22	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes	BI	n/a	Use for padded transfer bench, heavy duty, for tub or toilet with or without commode opening
E1399	Durable medical equipment, miscellaneous	Yes	BI or Per PAR	Per PAR	Use for hand held shower, and other miscellaneous bath equipment. Clearly identify on par and on claim the particular item being requested or billed.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes	794.33	60.10	Lift for bathtub, includes seat
	Whirlpool equipment				
E1300	Whirlpool, portable (over tub type)	Yes	183.68	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
BED AND BEDROOM EQUIPMENT - GENERAL USE					
	Beds				
E0194-KR	Bed, powered air flotation (low air loss therapy), per day	Yes	n/a	89.91	Air Fluidized, Clinitron. 1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2. See Appendices A & B.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes	744.69	74.47	Requires Questionnaire # 1. See Appendix A.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes	744.69	74.47	Requires Questionnaire # 1. See Appendix A.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes	1042.57	111.21	Requires Questionnaire # 1. See Appendix A.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes	BI	Per PAR	Requires Questionnaire #1. See Appendix A.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	Yes	1042.57	111.21	Requires Questionnaire # 1. See Appendix A.
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Yes	BI	143.19	Requires Questionnaire #1. See Appendix A.
E0270	Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress	Yes	BI	173.76	Requires Questionnaire # 1. See Appendix A.
E0300	Pediatric crib, hospital grade, fully enclosed	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
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	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
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	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0462- KR	Rocking bed with or without side rails, per day	Yes	n/a	96.31	1 item = 1 day rental
E0280	Bed, cradle, any type	Yes	99.30	15.89	
	Mattresses & pads				
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes	54.88	n/a	Purchase for client owned equipment only.
E0180	Pressure pad, alternating, with pump	Deleted			Deleted 12/31/2006
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Yes	203.81	41.81	Requires Questionnaire #2. See Appendix B.
E0182	Pump for alternating pressure pad, for replacement only	Yes	156.77	35.76	
E0271	Mattress, innerspring	Yes	193.62	13.91	Purchase for client owned hospital bed only.
E0272	Mattress, foam rubber	Yes	186.48	13.91	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B.
E0277	Powered pressure-reducing air mattress	Yes	BI	Per PAR	Requires Questionnaire #2. See Appendix B. Identify brand.
E0184	Mattress, dry flotation	Yes	156.73	12.92	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B. Flexicare

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes	248.23	12.92	Requires Questionnaire #2. See Appendix B.
E0186	Mattress, air pressure	Yes	BI	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0187	Mattress, water pressure	Yes	BI	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0188	Sheepskin pad, synthetic	Yes	16.57	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Yes	BI	n/a	
E0191	Heel or elbow protector, each	Yes	11.74	n/a	
E0193- KR	Air fluidized bed, per day	Yes	n/a	64.54	Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes	347.53	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes	248.23	n/a	Requires Questionnaire #2. See Appendix B.
E0370	Air pressure elevator for heel	Yes	BI	n/a	Requires Questionnaire #2. See Appendix B.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes	BI	Per PAR	Acucair, 1” step. Requires Questionnaire #2. See Appendix B.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes	BI	Per PAR	Jay, Roho, Rik. Requires Questionnaire #2. See Appendix B.
E0373	Non-powered advanced pressure reducing mattress	Yes	BI	Per PAR	Requires Questionnaire #2. See Appendix B. Maxifloat
E0198	Water pressure pad for mattress, standard mattress length and width	Yes	BI	n/a	Geo mattress
E0199	Dry pressure pad for mattress, standard mattress length and width	No	BI	n/a	Egg crate for bed or wheelchair.
E1399	Durable medical equipment miscellaneous	Yes	BI	Per PAR	Must submit manufacturer's invoice with PAR. Rental is based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Claim and PAR must be submitted on paper. Requires Questionnaire #2 if used for pressure relief mattresses. See Appendix B.
	Accessories/safety equipment				
E0273	Bed board	Yes	99.30	n/a	
E0274	Over-bed table	Yes	BI	17.38	
E0275	Bedpan, standard, metal or plastic	No	9.93	n/a	
E0276	Bedpan, fracture, metal or plastic	No	5.21	n/a	
E0305	Bed side rails, half length, pair	Yes	173.76	16.88	
E0310	Bed side rails, full length, pair	Yes	173.76	16.88	
E0315	Bed accessory: board, table, or support device any type	Yes	99.3	16.88	Bed cane. Do not use for over bed table.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes	BI	n/a	
E0325	Urinal, male, jug-type, any material, each	No	4.48	n/a	
E0326	Urinal, female, jug-type, any material, each	No	7.94	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0700	Safety equipment (e.g., belt, harness or vest)	Yes	BI	n/a	Gait belt. Not for use as wheelchair accessory. See E0960, E0978, E0980 for wheelchairs.
E0710	Restraints, any type (body, chest, wrist or ankle)	Yes	BI	n/a	Hip belt. Not for use as wheelchair accessory.
	Lifts				
E0621	Sling or seat, patient lift, canvas or nylon	Yes	BI	n/a	Purchase for client owned equipment only.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes	794.33	60.10	Lift for bathtub, includes seat. Acculift.
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes	570.93	n/a	Requires Questionnaire # 4. See Appendix D.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0630	Patient lift, hydraulic, with seat or sling	Yes	950.22	60.10	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0635	Patient lift, electric, with seat or sling	Yes	BI	54.61	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Yes	BI	60.10	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E1035	Multi-positional patient transfer system, with integrated seat operated by caregiver	Yes	BI	n/a	Requires Questionnaire # 3. See Appendix C.
	Repairs/labor				
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	16.21	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	156.77	n/a	E1340-MS Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of $156.77 every 6 months. Paper claims must include serial number.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	16.21	n/a	Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins

CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, **www.palmettogba.com**, for the most updated and complete information for product classification for wheelchairs and wheelchair cushions, etc.

Follow Medicare procedures regarding weight and measurements to code appropriately.

Note: Deleted procedure codes effective 12/31/06 can only be used for services provided prior to 1/1/07.

Requests for Prior Authorization of chairs and wheelchairs must include in Field 16 the manufacturer and the model number being requested. If not included, the PAR shall be considered incomplete, and will be returned to the provider for the missing information. If the PAR does not identify special billing instructions, the claim can be billed electronically. If billing electronically for an approved item, the provider must keep the serial number of the item provided in their records. If billing on a paper claim, the provider must include the serial number in Field 30 of the Colorado 1500 claim form. Requests for wheelchair accessories and wheelchair replacement parts and attachments must be sent to the Medical Assistance Program fiscal agent.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Chairs				
E1037	Transport chair, pediatric size	Yes	BI	n/a	
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Yes	BI	n/a	
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Yes	BI	n/a	
	Wheelchairs - motorized/powered vehicles				
K0010	Standard - weight frame motorized/power wheelchair	Yes*	4389.74	141.10	
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes*	5280.22	141.10	
K0012	Lightweight portable motorized/power wheelchair	Yes*	4285.22	141.10	
K0014	Other motorized/power wheelchair base	Yes*	BI	n/a	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes*	1,292.77	129.28	Effective 1/1/2007
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Yes*	2,084.22	208.40	Effective 1/1/2007
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes*	2,358.66	235.86	Effective 1/1/2007
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes*	1563.91	156.39	Effective 1/1/2007
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Yes*	2,373.05	237.30	Effective 1/1/2007
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Yes*	3,671.60	367.15	Effective 1/1/2007
K0812	Power operated vehicle, not otherwise classified	Yes*	BI	BI	Effective 1/1/2007
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes*	2,412.40	241.24	Effective 1/1/2007
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes*	3,087.80	308.78	Effective 1/1/2007
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes*	3,516.30	351.63	Effective 1/1/2007
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes*	3,367.40	336.74	Effective 1/1/2007
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	2,576.60	257.66	Effective 1/1/2007
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes*	3,307.70	330.77	Effective 1/1/2007
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	4,008.10	400.81	Effective 1/1/2007
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes*	4,023.70	402.37	Effective 1/1/2007
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	4,842.70	484.27	Effective 1/1/2007

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes*	4,229.60	422.96	Effective 1/1/2007
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes*	6,269.30	626.93	Effective 1/1/2007
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes*	4,809.30	480.93	Effective 1/1/2007
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes*	6,908.20	690.82	Effective 1/1/2007
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Yes*	6,011.80	601.18	Effective 1/1/2007
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	3,914.10	391.41	Effective 1/1/2007
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Yes*	3,914.10	391.41	Effective 1/1/2007
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	4,132.30	413.23	Effective 1/1/2007
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes*	4,207.50	420.75	Effective 1/1/2007
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	4,842.70	484.27	Effective 1/1/2007
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes*	4,372.20	437.22	Effective 1/1/2007
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes*	6,269.30	626.93	Effective 1/1/2007
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes*	9,498.30	949.83	Effective 1/1/2007
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	4,318.60	431.86	Effective 1/1/2007
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes*	4,318.60	431.86	Effective 1/1/2007
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	5,199.60	519.96	Effective 1/1/2007
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	5,433.60	543.36	Effective 1/1/2007
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes*	5,080.70	508.07	Effective 1/1/2007
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	6,139.90	613.99	Effective 1/1/2007
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes*	5,741.40	574.14	Effective 1/1/2007

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes*	7,082.60	708.26	Effective 1/1/2007
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes*	7,275.60	727.56	Effective 1/1/2007
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 600 pounds or more	Yes*	9,638.60	963.86	Effective 1/1/2007
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes*	9,105.10	910.51	Effective 1/1/2007
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	5,672.30	567.23	Effective 1/1/2007
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes*	5,786.00	578.60	Effective 1/1/2007
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back patient weight 301 to 450 pounds	Yes*	7,037.60	703.76	Effective 1/1/2007
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes*	6,538.10	653.81	Effective 1/1/2007
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes*	10,054.10	1,005.41	Effective 1/1/2007
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	5,681.40	568.14	Effective 1/1/2007
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	7,037.60	703.76	Effective 1/1/2007
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes*	10,054.10	1,005.41	Effective 1/1/2007
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes*	12,567.50	1,256.75	Effective 1/1/2007
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	BI	BI	Effective 1/1/2007
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes*	BI	BI	Effective 1/1/2007
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	BI	BI	Effective 1/1/2007

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes*	BI	BI	Effective 1/1/2007
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes*	BI	BI	Effective 1/1/2007
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes*	BI	BI	Effective 1/1/2007
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes*	BI	BI	Effective 1/1/2007
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes*	BI	BI	Effective 1/1/2007
K0898	Power wheelchair, not otherwise classified	Yes*	BI	BI	Effective 1/1/2007
K0899	Power mobility device, not coded by sadmerc or does not meet criteria	Yes*	BI	BI	Effective 1/1/2007
E1230	Power operated vehicle, three or four wheel non-highway	Yes*	2194.87	129.08	Must indicate brand name & model number in field 16 of the PAR. Claims must include serial number.
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes*	BI	141.10	
	Manual Wheelchair codes				
	On the Prior Authorization Request form, providers are instructed to submit the HCPCS code that most closely describes the requested wheelchair or related equipment. The Department reserves the right to amend the coding for any approved item.				
K0001	Standard wheelchair	Yes	597.56	52.25	
K0002	Standard Hemi (low seat) wheelchair	Yes	646.87	52.25	
K0003	Lightweight wheelchair	Yes	779.70	52.25	
K0004	High strength, lightweight wheelchair	Yes	836.14	57.49	
K0005	Ultra lightweight wheelchair	Yes	1567.76	57.49	
K0006	Heavy duty wheelchair	Yes	999.18	60.62	Client greater than 200 lbs.
K0007	Extra heavy duty wheelchair	Yes	BI	60.62	Client greater than 300 lbs.
K0009	Other manual wheelchair/base	Yes	BI	n/a	Tilt in Space, strollers
E1161	Manual adult size wheelchair, includes tilt-in- space	Yes	BI	n/a	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes	BI	n/a	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes	BI	n/a	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes	BI	n/a	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes	BI	n/a	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes	BI	n/a	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes	BI	BI	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes	BI	BI	
E1229	Wheelchair, pediatric size, not otherwise specified	Yes	BI	52.25	
	Wheelchair accessories				
	Send PARs for these items to the Medical Assistance Program Fiscal Agent.				
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	Yes	BI	n/a	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes	BI	n/a	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes	BI	n/a	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes	BI	n/a	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes	BI	n/a	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	Yes*	BI	n/a	
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes*	BI	n/a	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes*	BI	n/a	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes*	BI	n/a	
E0180	Pressure pad, alternating with pump	Yes	188.13	35.76	Requires questionnaire #2
E0181	Pressure pad, alternating with pump, heavy duty	Yes	203.81	41.81	Requires questionnaire #2
E0182	Pump for alternating pressure pad	Yes	156.77	35.76	
E0188	Sheepskin pad, synthetic	Yes	16.57	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Yes	BI	n/a	Use K0669 rather than K0108
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2610	Wheelchair seat cushion, powered	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2618	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	Yes	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes	49.65	n/a	Identify specific brand/name of cushion requested on prior authorization request.
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	331.47	n/a	Effective 1/1/2007
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	421.78	n/a	Effective 1/1/2007
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	334.19	n/a	Effective 1/1/2007
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	423.06	n/a	Effective 1/1/2007
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes	BI	n/a	
K0038	Leg strap, each	Yes	27.55	n/a	1 item = 1 leg strap
K0039	Leg strap, H style, each	Yes	47.03	n/a	1 item = 1 leg strap
E0951	Heel loop/holder, any type, with or without ankle strap, each	Yes	14.90	n/a	1 item = 1 heel loop
E0952	Toe loop/holder, any type, each	Yes	14.90	n/a	1 item = I toe loop/holder.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes	BI	n/a	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes	506.39	67.03	1 item = 1 attachment
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes	84.40	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2207	Wheelchair accessory, crutch and cane holder, each	Yes	32.49	n/a	. 1 item = 1 crutch and cane holder
E2208	Wheelchair accessory, cylinder tank carrier, each	Yes	89.03	n/a	. 1 item = 1 carrier
E2209	Accessory, arm through, with or without hand support, each	Yes	80.32	n/a	. 1 item = 1 arm trough
K0105	IV hanger, each	Yes	130.64	n/a	1 item = 1 IV hanger
E0950	Wheelchair accessory, tray, each	Yes	BI	n/a	Upper extremity support surface
E1020	Residual limb support system for wheelchair	Yes	BI	n/a	
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes	84.4	n/a	
E0966	Manual wheelchair accessory, headrest extension, each	Yes	64.54	n/a	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes	14.90	n/a	
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes	29.79	n/a	
E0968	Commode seat, wheelchair	Yes	BI	n/a	
E0969	Narrowing device, wheelchair	Yes	190.22	n/a	For positioning.
E0971	Manual wheelchair accessory, anti-tipping device, each	Yes	31.78	n/a	1 item =1 device
E0705	Transfer board or device, any type, each	Yes	BI	n/a	.
E0977	Wedge cushion for wheelchair	Deleted			Deleted 12/31/2006
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	BI	n/a	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Yes	28.79	n/a	
E0980	Safety vest, wheelchair	Yes	83.61	n/a	Shoulder harness
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees	Yes	BI	n/a	
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes	347.65	35.79	
E1014	Reclining back, addition to pediatric size wheelchair	Yes	273.70	27.37	
E0992	Manual wheelchair accessory, solid seat insert	Yes	64.54	n/a	
E0992-22	Manual wheelchair accessory, solid seat insert	Yes	BI	n/a	Use for hook-in solid seat insert.
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0985	Wheelchair accessory, seat lift mechanism	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0986	Manual wheelchair accessory, push activated power assist, each	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1002	Wheelchair accessory, power seating system, tilt only	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O. One unit = one pair.
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes*	BI	n/a	
E1029	Wheelchair accessory, ventilator tray, fixed	Yes	BI	n/a	
E1030	Wheelchair accessory, ventilator tray, gimbaled	Yes	BI	n/a	
K0108	Wheelchair component or accessory, not otherwise specified	Yes	BI	n/a	Specific accessory must be identified on PAR. Claim must be submitted on paper. Use for wheelchair parts and accessories only when an appropriate code is not available.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	16.21	n/a	Labor, dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	BI	Per PAR	Use for accessories or parts for DME other than wheelchairs.
E1399	Miscellaneous durable medical equipment	Yes	BI	Per PAR	**Important**, please note: Use for durable reusable equipment other than wheelchairs. Charges over $35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper
	Wheelchair replacement parts and attachments				
	Send PARs to the Medical Assistance Program fiscal agent for these items.				
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	16.21	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	156.77	n/a	E1340-MS Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of $156.77 every 6 months. Claims must include serial number.
K0462-RR	Temporary replacement for patient owned equipment being repaired, any type	Yes	n/a	148.94	Do not use when there is an appropriate code available for the rental equipment being provided.
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes	BI	n/a	1 item = 1 armrest
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes	71.37	n/a	For repair only.
E0982	Wheelchair accessory, back upholstery replacement only, each	Yes	66.73	n/a	For repair only.
E0997	Caster with fork	Deleted			Deleted 12/31/2006
E0998	Caster without fork	Deleted			Deleted 12/31/2006.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0015	Detachable, non-adjustable height armrest, each	Yes	181.14	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes	96.99	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes	52.77	n/a	1 item = 1 armrest
K0019	Arm pad, each	Yes	14.63	n/a	For repair only. 1 item = 1 arm pad
K0020	Fixed, adjustable height armrest, pair	Yes	102.64	n/a	1 item = 1 pair
E0971	Anti-tipping device, wheelchair	Yes	31.78	n/a	1 item 1 device
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes	71.37	n/a	For repair only.
K0037	High mount flip-up footrest, each	Yes	177.68	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Yes	83.83	n/a	1 item = 1 footplate
K0041	Large size footplate, each	Yes	52.75	n/a	1 item = 1 footplate
K0042	Standard size footplate, each	Yes	36.58	n/a	1 item = 1 footplate
K0043	Footrest, lower extension tube, each	Yes	19.93	n/a	For repair only, slider extension tubes
K0044	Footrest, lower extension bracket, each	Yes	BI	n/a	For repair only.
K0045	Footrest, complete assembly	Yes	138.12	n/a	Swing away
K0046	Elevating leg rest, lower extension tube, each	Yes	19.38	n/a	For repair only.
K0047	Elevating leg rest, upper hanger bracket, each	Yes	79.43	n/a	For repair only.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	Yes	35.15	7.14	
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes	173.25	6.77	Articulating
E0995	Wheelchair accessory, calf rest/pad, each	Yes	19.85	n/a	For repair only.
K0050	Ratchet assembly	Yes	25.50	n/a	For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes	11.42	n/a	For repair only.
K0052	Swing away, detachable footrests, each	Yes	65.12	n/a	New or repair.
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Yes	BI	n/a	Use for repair only.
E2205	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	Yes	BI	n/a	Use for repair only.
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes	BI	n/a	Wheel locks.
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Conditional	4.90	n/a	. PAR required for purchase but not required for repair.
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Conditional	30.67	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Conditional	4.40	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire tube.
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Conditional	22.80	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire insert.
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Conditional	26.99	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Conditional	7.20	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire tube.
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Conditional	BI	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Conditional	BI	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Conditional	BI	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Conditional	27.15	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Conditional	21.38	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Conditional	19.15	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire.
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Conditional	15.79	n/a	. PAR required for purchase but not required for repair. 1 item = 1 tire with wheel.
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	Conditional	4.20	n/a	. PAR required for purchase but not required for repair. 1 item = 1 valve.
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Conditional	73.50	n/a	. PAR required for purchase but not required for repair. 1 item = 1 wheel.
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional	13.04	n/a	. PAR required for purchase but not required for repair. 1 item = 1 caster wheel.
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Conditional	28.45	n/a	. PAR required for purchase but not required for repair. 1 item = 1 caster fork.
K0065	Spoke protectors, each	Yes	90.86	n/a	1 item = 1 spoke protector
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional	156.77	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional	195.98	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0071	Front caster assembly, complete, with pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0073	Caster pin lock, each	No	91.62	n/a	1 item = 1 pin.
K0077	Front caster assembly, complete, with solid tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Conditional	75.94	n/a	PAR required for purchase but not for repair.
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat)	Conditional	135.04	n/a	PAR required for purchase but not for repair.
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Conditional	91.71	n/a	PAR required for purchase but not for repair.
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Conditional	165.24	n/a	PAR required for purchase but not for repair.
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Conditional	75.25	n/a	PAR required for purchase but not for repair.
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Conditional	106.82	n/a	PAR required for purchase but not for repair.
E2366	Power wheelchair accessory, battery charger,, single mode, for use with only one battery type, sealed or non-sealed, each	Conditional	262.81	n/a	PAR required for purchase but not for repair.
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Conditional	482.22	n/a	PAR required for purchase but not for repair.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Conditional	BI	n/a	. PAR required for purchase but not for repair.
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Conditional	BI	n/a	. PAR required for purchase but not for repair.
K0733	Power wheelchair accessory, 12 to 24 AMP hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Conditional	21.45	n/a	Effective 7/1/2006 PAR required for purchase but not for repair.
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Conditional	BI	n/a	Effective 1/1/2007 PAR required for purchase but not for repair.
K0090	Rear wheel tire for power wheelchair, any size, each	Deleted			Deleted 12/31/2006
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	Deleted			Deleted 12/31/2006
K0092	Rear wheel assembly for power wheelchair, complete each	Deleted			Deleted 12/31/2006
K0093	Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each	Deleted			Deleted 12/31/2006
K0094	Wheel tire for power base, any size, each	Deleted			Deleted 12/31/2006
K0095	Wheel tire tube other than zero pressure for each base, any size, each	Deleted			Deleted 12/31/2006

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0096	Wheel assembly for power base, complete, each	Deleted			Deleted 12/31/2006
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	Deleted			Deleted 12/31/2006
K0098	Drive belt for power wheelchair	Yes	28.49	n/a	For repair only.
K0099	Front caster for power wheelchair, each	Deleted			Deleted 12/31/2006
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes	BI	n/a	For modification of an existing wheelchair only.
E1015	Shock absorber for manual wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1016	Shock absorber for power wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
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	Yes	BI	n/a	
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	Yes	BI	n/a	
E2320	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware	Deleted			Deleted 12/31/2006
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes	BI	n/a	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes	BI	n/a	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes	BI	n/a	
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes	BI	n/a	
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Yes	BI	n/a	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes	BI	n/a	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes	BI	n/a	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes	BI	n/a	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes	BI	n/a	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Yes	BI	n/a	
E2368	Power wheelchair component, motor, replacement only	Yes	BI	n/a	
E2369	Power wheelchair component, gear box, replacement only	Yes	BI	n/a	
E2370	Power wheelchair component, motor and gear box combination, replacement only	Yes	BI	n/a	
E2373	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware	Yes	BI	n/a	Effective 1/1/2007
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	Yes	BI	n/a	Effective 1/1/2007
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Yes	BI	n/a	Effective 1/1/2007
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Yes	BI	n/a	Effective 1/1/2007
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Yes	BI	n/a	Effective 1/1/2007
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes	BI	n/a	Use only when appropriate and specific procedure codes are not available.
	Support systems				
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes	BI	n/a	
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes	BI	n/a	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	

Note: Deleted procedure codes effective 12/31/05 can only be used for non-prior authorized services provided prior to 1/1/06 and PARs approved prior to 1/1/06.

COCHLEAR EQUIPMENT & SUPPLIES

L8615	Headset/headpiece for use with cochlear implant device, replacement	Yes	BI	n/a	
L8616	Microphone for use with cochlear implant device, replacement	Yes	BI	n/a	
L8617	Transmitting coil for use with cochlear implant device, replacement	Yes	BI	n/a	
L8618	Transmitter cable for use with cochlear implant device, replacement	Yes	BI	n/a	
L8619	Cochlear implant external speech processor, replacement	Yes	BI	n/a	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	Yes	BI	n/a	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Yes	BI	n/a	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Yes	39.62	n/a	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	Yes	98.75	n/a	
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Yes*	BI	n/a	
A4638	Replacement battery for patient-owned ear pulse generator, each	No	BI	n/a	

DIABETIC MONITORING EQUIPMENT & SUPPLIES

Glucometers – Benefit is limited to a basic model.
Providers are requested to submit their Usual and Customary charge to the Medical Assistance Program.
Under Federal Law and State Regulations, providers are reminded that the Medical Assistance Program shall not be billed in excess of that charged to non-Medical Assistance Program clients.
Rebates: If a rebate is available, the provider is responsible for doing one of the following:
Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.
Mail-In: Rebate obtainable by mail shall indicate the purchaser to be the: Colorado Medical Assistance Program
1570 Grant Street
Denver CO 80203-1714

A4206	Syringe with needle, sterile, 1 cc, each	No	.15	n/a	Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe.
A4215	Needle, sterile, any size, each	Yes	.26	n/a	Use for diabetic pen needles. Indicate frequency of administration.
A4230	Infusion set for external insulin pump, non needle cannula type	Yes	BI	n/a	
A4231	Infusion set for external insulin pump, needle type	Yes	BI	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes	BI	n/a	
E0607	Home blood glucose monitor	No	49.65	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2100	Blood glucose monitor with integrated voice synthesizer	Yes	BI	n/a	Medical justification needed for upgrade.
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes	BI	n/a	Medical justification needed for upgrade.
A4250	Urine test or reagent strips or tablets, each	No	.51	n/a	1 item = 1 strip/tablet. Albustix
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	No	32.93	n/a	1 item = 50 strips.
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	No	.60	n/a	.
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	No	2.73	n/a	.
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	No	1.76	n/a	.
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	No	1.26	n/a	.
A4255	Platforms for home blood glucose monitor, 50 per box	No	BI	n/a	1 item = 50 per box.
A4258	Spring-powered device for lancet, each	No	BI	n/a	1 item = 1 device.
A4259	Lancets, per box of 100	No	11.00	n/a	1 item = box of 100.
A4772	Blood glucose test strips, for dialysis, per 50	No	.74	n/a	1 item = per 50. Also for diabetic use.
E0784	External ambulatory infusion pump, insulin	Yes	5333.67	n/a	1 item = 1 system
A4211	Supplies for self administered injection	No	9.93	n/a	Use specific codes when available. Charges greater than $9.41 must attach manufacturer's invoice, description & amounts. Must be submitted on paper.

DISPOSABLE SUPPLIES – GENERAL USE

Disposable supplies

Disposable supplies, including gloves, are a benefit of the Medical Assistance Program for use by the client in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the OSHA universal precaution requirement during a visit.

Bill only per information in Comments column. Example A4245 per wipe equals one wipe =unit of service.

Antiseptics/solutions

A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Yes	.53	n/a	
A4217	Sterile water/saline, 500 ml	Yes	BI	n/a	
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Yes	BI	n/a	
A4244	Alcohol or peroxide, per pint	Yes	.51	n/a	1 item = 1 pint.
A4245	Alcohol wipes, each	No	.03	n/a	1 item = 1 wipe.
A4246	Betadine, per pint	Yes	3.48	n/a	1 item = 1 pint.
A4247	Betadine or Iodine swabs/wipes, each	Yes	.13	n/a	1 item = 1 swab/wipe.
A6250	Skin sealants, protectants, moisturizers, ointment	No	BI	n/a	
S8301	Infection control supplies, not otherwise specified	Yes	BI	n/a	Use for masks, disposable gowns, etc.

First aid/dressings Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, **www.palmettogba.com**, for the most updated and complete information for product classification for disposable supplies etc.

A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Yes	BI	n/a	1 item = 1 sheet.
A6154	Wound pouch, each	Yes	BI	n/a	1 item = 1 pouch.
A6257	Transparent film, 16 sq. in. or less, each dressing	Yes	1.40	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	2.65	n/a	
A6259	Transparent film, more than 48 sq. in., each dressing	Yes	BI	n/a	
A6457	Tubular dressing with or without elastic, any width, per linear yard	Yes	.86	n/a	.
A6010	Collagen based wound filler, dry form, per gram of collagen	Yes	BI	n/a	
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Yes	BI	n/a	
A6021	Collagen dressing, pad size 16 sq. in. or less, each	Yes	BI	n/a	
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes	BI	n/a	
A6023	Collagen dressing, pad size more than 48 sq. in., each	Yes	BI	n/a	
A6024	Collagen dressing wound filler, per 6 inches	Yes	BI	n/a	
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	BI	n/a	
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	.06	n/a	
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	Yes	BI	n/a	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	.99	n/a	
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	.13	n/a	
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	.45	n/a	
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6407	Packing strips, non-impregnated, up to 2 inches in width, per linear yard	Yes	BI	n/a	
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	1.20	n/a	
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.54	n/a	Vaseline gauze

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	1.34	n/a	
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	BI	n/a	
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	2.09	n/a	
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	Yes	BI	n/a	
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	BI	n/a	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	Yes	1.99	n/a	
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	6.06	n/a	
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	9.73	n/a	
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	7.57	n/a	
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	10.34	n/a	
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Yes	10.28	n/a	
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	6.31	n/a	
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	10.23	n/a	Duoderm
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	5.19	n/a	
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	17.14	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	Yes	10.15	n/a	
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	Yes	BI	n/a	
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	Yes	4.00	n/a	
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	17.14	n/a	
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	Yes	5.50	n/a	
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	BI	n/a	
A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing	Yes	BI	n/a	
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6206	Contact layer, 16 sq. in. or less, each dressing	Yes	BI	n/a	Mepitel
A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	7.65	n/a	
A6208	Contact layer, more than 48 sq. in., each dressing	Yes	BI	n/a	
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	6.58	n/a	
A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	10.80	n/a	
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	6.75	n/a	
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6215	Foam dressing, wound filler, per gram	Yes	BI	n/a	Gelfoam
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	2.08	n/a	
A6252	Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.09	n/a	
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	1.28	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6255	Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
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	Yes	BI	n/a	One unit equals one yard.
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	Yes	BI	n/a	One unit equals one yard.
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6456	Zinc paste impregnated bandage, non-elastic, knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	Unaboot. One unit equals one yard.
A6260	Wound cleansers, any type, any size	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	Yes	BI	n/a	
A6262	Wound filler, dry form, per gram, not elsewhere classified	Yes	BI	n/a	
A4450	Tape, non-waterproof, per 18 square inches	Yes	BI	n/a	
A4452	Tape, waterproof, per 18 square inches	Yes	BI	n/a	Hypafix
A4455	Adhesive remover or solvent, each	No	7.40	n/a	
A4461	Surgical dressing holder, non-reusable, each	No	BI	n/a	Effective 1/1/2007
A4462	Abdominal dressing holder, each	Deleted			Deleted 12/31/2006
A4463	Surgical dressing holder, reusable, each	No	BI	n/a	Effective 1/1/2007
A4565	Sling, each	No	18.88	n/a	
A4570	Splint	No	17.28	n/a	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	No	BI	n/a	
S8451	Splint, prefabricated, wrist or ankle	No	BI	n/a	
S8452	Splint, prefabricated, elbow	No	BI	n/a	
L4350	Pneumatic ankle control splint, prefabricated, includes fitting and adjustment	No	50.48	n/a	
L4360	Pneumatic walking splint ankle orthosis, with or without joints, prefabricated, includes fitting and adjustment	No	168.73	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	No	128.62	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	No	66.72	n/a	
L0210	Thoracic rib belt, custom fitted	No	16.20	n/a	
A4649	Miscellaneous surgical supply not otherwise classified	Yes	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A4561	Pessary, rubber, any type	No	29.79	n/a	
A4562	Pessary, non-rubber, any type	No	31.36	n/a	
A4927	Gloves, non-sterile, per 100	Yes	12.54	n/a	1 item = 100 gloves.
A4930	Gloves, sterile, per pair	Yes	1.30	n/a	1 item = 1 pair. Limit 5 pair per day.
	Compression burn garment				
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Yes	BI	n/a	
A6502	Compression burn garment, chin strap, custom fabricated	Yes	BI	n/a	
A6503	Compression burn garment, facial hood, custom fabricated	Yes	BI	n/a	
A6504	Compression burn garment, glove to wrist, custom fabricated	Yes	BI	n/a	
A6505	Compression burn garment, glove to elbow, custom fabricated	Yes	BI	n/a	
A6506	Compression burn garment, glove to axilla, custom fabricated	Yes	BI	n/a	
A6507	Compression burn garment, foot to knee length, custom fabricated	Yes	BI	n/a	
A6508	Compression burn garment, foot to thigh length, custom fabricated	Yes	BI	n/a	
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Yes	BI	n/a	
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Yes	BI	n/a	
A6512	Compression burn garment, not otherwise classified	Yes	BI	n/a	
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Yes	BI	n/a	.
	Ostomy care				
A4361	Ostomy face plate, all sizes, each	No	7.38	n/a	1 item = 1 faceplate.
A4384	Ostomy faceplate equivalent, silicone ring, each	No	BI	n/a	1 item = 1 faceplate, silicone ring
A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	No	4.22	n/a	1 item = 1 skin barrier.
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	No	6.75	n/a	1 item = 1 skin barrier.
A4362	Skin barrier, solid, 4x4 or equivalent, each	No	3.10	n/a	
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	No	4.52	n/a	1 item = 1 skin barrier.
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	No	BI	n/a	
A4363	Ostomy clamp, any type, replacement only, each	No	1.78	n/a	.
A4364	Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce	No	2.48	n/a	Silicone, latex. 1 item = 1 ounce.
A4365	Adhesive remover wipes, any type, per 50	No	10.34	n/a	1 item = 1 box of 50.
A4366	Ostomy vent, any type, each	No	BI	n/a	
A4367	Ostomy belt, each	No	7.50	n/a	1 item = 1 belt.
A4368	Ostomy filter, any type, each	No	BI	n/a	1 item = 1 filter.
A4398	Ostomy irrigation supply; bag, each	No	15.98	n/a	1 item = 1 bag.
A4399	Ostomy irrigation supply; cone/catheter, including brush	No	3.48	n/a	1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	No	22.55	n/a	1 item = 1 set.
A4402	Lubricant, per ounce	No	.33	n/a	KY Gel, Vaseline. 1 item = 1 ounce.
A4404	Adhesive rings (washers, wafers, discs, etc.), each	No	3.87	n/a	1 item = 1 ring.
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	No	BI	n/a	1 item = 1 ounce.
A4406	Ostomy skin barrier, pectin based, paste, per ounce	No	BI	n/a	1 item =1 ounce.
A4407	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = 1 skin barrier.
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = 1 skin barrier.
A4411	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, with built-in convexity, each	No	3.82	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = I skin barrier.
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	No	2.93	n/a	1 unit = 1 pouch.
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter(1 piece), each	No	3.96	n/a	1 unit = 1 pouch.
A4418	Ostomy pouch , closed, without barrier attached, with filter (1 piece), each	No	1.93	n/a	1 unit = 1 pouch.
A4419	Ostomy pouch, closed, for use on barrier with non-locking flange, with filter (2 piece), each	No	1.86	n/a	1 unit = 1 pouch.
A4420	Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each	No	BI	n/a	1 unit = 1 pouch.
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	No	BI	n/a	1 item = 1 packet.
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each	No	BI	n/a	1 unit = 1 pouch.
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	No	5.07	n/a	1 unit = 1 pouch.
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each	No	3.82	n/a	1 unit = 1 pouch.
A4426	Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each	No	2.52	n/a	1 unit = 1 pouch.
A4427	Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each	No	2.52	n/a	1 unit = 1 pouch.
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	No	6.95	n/a	1 unit = 1 pouch.
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	8.81	n/a	1 unit = 1 pouch.
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	9.09	n/a	1 unit = 1 pouch.
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each	No	6.64	n/a	1 unit = 1 pouch.
A4432	Ostomy pouch, urinary, for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	No	3.83	n/a	1 unit = 1 pouch.
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each	No	3.57	n/a	1 unit = 1 pouch.
A4434	Ostomy pouch, urinary, for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	No	4.02	n/a	1 unit = 1 pouch.
A4421	Miscellaneous ostomy supply not otherwise classified	No	24.82	n/a	Charges greater than $23.51 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper.
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	No	2.44	n/a	
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	No	.40	n/a	1 item = 1 tablet
A5051	Pouch, closed; with barrier attached (1 piece), each	No	2.54	n/a	1 item = 1 pouch.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	No	2.87	n/a	1 item = 1 pouch.
A5053	Ostomy pouch, closed; for use on faceplate, each	No	1.99	n/a	1 item = 1 pouch.
A5054	Ostomy pouch, closed; for use on barrier with flange, (2 piece) each	No	1.10	n/a	1 item = 1 pouch (2 piece system) each.
A5055	Stoma cap, each	No	1.21	n/a	1 item = 1 cap.
A5061	Pouch, drainable, with barrier attached (1 piece), each	No	3.67	n/a	1 item = 1 pouch.
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	No	3.28	n/a	1 item = 1 pouch.
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	No	3.28	n/a	1 item = 1 pouch.
A5063	Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each	No	2.39	n/a	1 item = 1 pouch (2 piece system) each
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	No	2.02	n/a	.
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	No	BI	n/a	1 item = 1 pouch.
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.
A5071	Ostomy pouch; urinary; with barrier attached (1 piece), each	No	3.14	n/a	1 item = 1 pouch.
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	No	6.79	n/a	1 item = 1 pouch.
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	No	8.49	n/a	1 item = 1 pouch.
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	No	3.13	n/a	1 item = 1 pouch.
A5073	Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each	No	3.38	n/a	1 item = 1 pouch.
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	No	5.67	n/a	1 item = 1 pouch.
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	No	BI	n/a	1 item = 1 pouch.
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A5081	Continent device, plug for continent stoma, each	No	2.89	n/a	1 item = 1 device.
A5082	Continent device, catheter for continent stoma, each	No	6.95	n/a	1 item = 1 catheter.
A5093	Ostomy accessory, convex insert, each	No	6.96	n/a	1 item = 1 insert.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	No	7.89	n/a	1 item = 1 bottle.
A5105	Urinary suspensory; with or without leg bag, with or without tube, each	No	55.66	n/a	1 item = 1 suspensory.
A5112	Urinary leg bag, latex, each	No	33.96	n/a	1 item = 1 bag.
A5113	Leg strap; latex, replacement only, per set	No	.78	n/a	1 item = 1 pair
A5114	Leg strap; foam or fabric, replacement only, per set	No	6.92	n/a	1 item = 1 set.
A5120	Skin barrier, wipes or swabs, each	No	.18	n/a	.
A5121	Skin barrier, solid, 6x6 or equivalent, each	No	11.22	n/a	1 item = 1 skin barrier.
A5122	Skin barrier, solid, 8x8 or equivalent, each	No	11.22	n/a	1 item = 1 skin barrier.
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	No	1.73	n/a	1 item = 1 ounce.
A4371	Ostomy skin barrier; powder, per ounce	No	3.70	n/a	1 item = 1 ounce.
A5126	Adhesive or non-adhesive disc or foam pad	No	6.46	n/a	1 item = 1 pad.
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	No	.81	n/a	1 item = 1 ounce.
	Syringes & needles				
A4206	Syringe with needle, sterile, 1 cc, each	No	.15	n/a	Use for diabetic syringes. 1 item = 1 syringe.
A4207	Syringe with needle, sterile, 2 cc, each	Yes	.27	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4208	Syringe with needle, sterile, 3 cc, each	Yes	.27	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4209	Syringe with needle, sterile, 5 cc up to 20 cc, each	Yes	.35	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4213	Syringe, sterile, 20 cc or greater, each	Yes	1.89	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4215	Needle (only), sterile, any size, each	No	.26	n/a	1 item = 1 needle. Use for diabetic pen needles. Indicate frequency of administration. Do not use with B4220, A4206-A4209.
S8490	Insulin syringes (100 syringes, any size)	No	20.91	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes	BI	n/a	
	Urinary care				
A4310	Insertion tray without drainage bag & without catheter (accessories only), each	No	6.46	n/a	Includes: underpad/drape, povidone iodine, 10cc syringe, specimen container, sterile gloves, lubricant, and graduated collection basin. Do not bill included items separately.
A4311	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	12.27	n/a	1 item = 1 set.
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	No	15.56	n/a	1 item = 1 set.
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	20.93	n/a	1 item = 1 set.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	No	20.93	n/a	1 item = 1 set.
A4320	Irrigation tray with bulb or piston syringe, each	No	4.13	n/a	1 item = 1 set.
A4322	Irrigation syringe, bulb or piston, each	No	2.14	n/a	1 item = 1 syringe.
A4349	Male external catheter, with or without adhesive, disposable, each	No	BI	n/a	
A4326	Male external catheter with integral collection chamber, any type, each	No	6.95	n/a	Inflatable, faceplate, etc., 1 item = 1 catheter.
A4327	Female external urinary collection device, metal cup, each	No	6.95	n/a	1 item = 1 cup.
A4328	Female external urinary collection device, pouch, each	No	8.34	n/a	1 item = 1 pouch.
A4330	Perianal fecal collection pouch with adhesive, each	No	6.05	n/a	1 item = 1 pouch.
A4331	Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each	No	1.92	n/a	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, each	No	.11	n/a	1 item = 1 packet
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	No	2.97	n/a	1 item = 1 device
A4334	Urinary catheter anchoring device, leg strap, each	No	4.58	n/a	1 item = 1 device
A4335	Miscellaneous incontinence supply not otherwise classified	Conditional	24.82	n/a	Claim must be submitted on paper. No PAR required if used for urinary tubing, clamps, connectors, and adapters. Billing must include specific reference to urinary item. Charges greater than $23.51 must attach manufacturer's invoice description & amounts.
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each	No	10.17	n/a	1 item = 1 catheter.
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	No	15.38	n/a	1 item = 1 catheter.
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	No	8.53	n/a	1 item = 1 catheter.
A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	Deleted			Deleted 12/31/2006
A4354	Insertion tray with drainage bag, without catheter, each	No	4.01	n/a	1 item = 1 tray & bag.
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	No	37.81	n/a	1 item = 1 clamp.
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, per set	No	8.52	n/a	1 item = 1 set.
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	No	5.13	n/a	1 item = 1 bag
A4359	Urinary suspensory without leg bag, each	Deleted			Deleted 12/31/2006
A4396	Ostomy belt with peristomal hernia support	No	BI	n/a	1 item = 1 belt.
A4397	Irrigation supply, sleeve, each	No	2.48	n/a	1 item = 1 sleeve.
A4554	Underpads, disposable, each	Yes	.41	n/a	Chux. 1 item = 1 pad.
A4860	Disposable catheter tips for peritoneal dialysis, per 10	No	.63	n/a	1 item = per 10. When medically necessary, may be used for other diagnoses.
A4927	Gloves, non-sterile, per 100	Yes	12.54	n/a	1 item = 100 gloves.
A4930	Gloves, sterile, per pair	Yes	1.30	n/a	1item = 1 pair.
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	1.30	n/a	1 item = 1 catheter.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A4351-22	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter.
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	2.00	n/a	1 item = 1 catheter.
A4352-22	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter.
A4353	Intermittent urinary catheter, with insertion supplies	No	7.75	n/a	1 item = 1 catheter and supplies.
	Incontinence Products or Briefs				
	Diapers or briefs are not available for clients under the age of 3 years. Products are limited to 10 per day in any combination of diapers, liners, and undergarments. Medically necessary usage above that amount requires prior authorization.				
A4534	Youth-sized incontinence product, brief, each	Conditional	.58	n/a	1 item = 1 youth brief. Use for children's, extra large diapers. Do not bill extra large children's diapers as an adolescent or child pull-up brief.
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Conditional	.66	n/a	Diaper.
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Conditional	.77	n/a	Diaper.
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Conditional	.91	n/a	Diaper.
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Conditional	.93	n/a	Diaper.
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Conditional	. 66	n/a	Pull-up.
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Conditional	.86	n/a	Pull-up.
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional	1.04	n/a	Pull-up.
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Conditional	1.03	n/a	Pull-up.
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Conditional	.45	n/a	Diaper
T4530	Pediatric size disposable incontinence product brief/diaper, large size, each	Conditional	.45	n/a	Diaper
T4531	Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each	Conditional	.64	n/a	Pull-up.
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional	.64	n/a	Pull-up.
T4533	Youth sized disposable incontinence product, brief/diaper, each	Conditional	.59	n/a	Diaper
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Conditional	1.04	n/a	Pull-up.
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Conditional	.43	n/a	
T4543	Disposable incontinence product, brief/diaper, bariatric, each	Conditional	BI	n/a	Effective 1/1/2007
	Miscellaneous				
A4265	Paraffin, per pound	Yes	3.58	n/a	1 item = 1 pound.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0235	Paraffin bath unit, portable, each	Yes	128.96	12.41	1 item = 1 unit.
A6410	Eye pad, sterile, each	No	BI	n/a	1 item = 1 eye pad.
A6411	Eye pad, non-sterile, each	No	BI	n/a	1 item = 1 eye pad.
A6412	Eye patch, occlusive, each	No	BI	n/a	1 item = 1 eye patch.
ELASTIC SUPPORTS & STOCKINGS – GENERAL USE					
A4490	Surgical stocking, above knee length, each	No	6.46	n/a	1 item = 1 stocking.
A4495	Surgical stocking, thigh length, each	No	8.45	n/a	1 item = 1 stocking.
A4500	Surgical stocking, below knee length, each	No	6.09	n/a	1 item = 1 stocking.
A4510	Surgical stocking, full length, each	No	13.80	n/a	1 item = 1 stocking.
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	No	BI	n/a	.
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	No	32.43	n/a	.
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	No	45.69	n/a	.
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	No	BI	n/a	.
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	No	BI	n/a	.
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	No	BI	n/a	.
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	No	BI	n/a	.
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	No	BI	n/a	.
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	No	BI	n/a	.
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	No	BI	n/a	.
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	No	BI	n/a	.
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	No	BI	n/a	.
A6542	Gradient compression stocking, custom made	No	BI	n/a	.
A6543	Gradient compression stocking, lymphedema	No	BI	n/a	.
A6544	Gradient compression stocking, garter belt	No	BI	n/a	.
A6549	Gradient compression stocking, not otherwise specified	No	BI	n/a	.
HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE					
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes	BI	4.97	
E0215	Electric heat pad, moist	Yes	60.62	n/a	Benefit under very limited circumstances.
E0217	Water circulating heat pad with pump	Yes	BI	n/a	
E0218	Water circulating cold pad with pump	Yes	BI	n/a	
E0221	Infrared heating pad system	Yes	BI	n/a	
E0236	Pump for water circulating pad, each	Yes	BI	37.73	
E0249	Pad for water circulating heat unit, each	Yes	17.87	n/a	Purchase for client owned equipment only.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
MONITORING EQUIPMENT & SUPPLIES – GENERAL USE					
E0607	Home blood glucose monitor, each	No	49.65	n/a	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Yes	39.72	n/a	Requires Questionnaire #5. See Appendix E.
A4663	Blood pressure cuff only	Yes	20.85	n/a	1 item = 1 cuff only.
A4670	Automatic blood pressure monitor	Yes	70.26	n/a	Digital. Requires Questionnaire #5. See Appendix E.
E0619-RR	Apnea monitor, with recording feature	Yes	n/a	168.80	Includes cardiac monitoring (belts included). 1 unit = 1 month. Beyond 6 months requires Questionnaire #7. See Appendix G.
E0445-RR	Oximeter device for measuring blood oxygen levels non-invasively	Yes	n/a	372.35	1 unit = 1 month. Beyond 3 months requires Questionnaire # 6. See Appendix F.
E0445-KR	Oximeter device for measuring blood oxygen levels non-invasively	Yes	n/a	49.65	1 unit = 1 day. Limited to overnight or 24 hour test period.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each	Yes	BI	n/a	
E0615	Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes	BI	n/a	
A4556	Electrodes (e.g., apnea monitor), per pair	No	7.94	n/a	1 item = 1 pair. **Note**: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4557	Lead wires or cables, per pair	No	21.25	n/a	1 item = 1 pair. **Note**: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	No	4.97	n/a	1 item = 1 tube of gel.
S9001-KR	Home uterine monitor with or without associated nursing services	Yes	n/a	Per PAR	Equipment only. Limited to 1 unit per day- no more than 31 days at a time. NAB without essential nursing services. Telephonic transmission & interpretation are not benefits.
PHOTOTHERAPY – GENERAL USE					
E0202-KR	Phototherapy (bilirubin) light with photometer, per day	No	n/a	52.73	1 item = 1 day rental.
E0691-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Yes	n/a	52.73	1 item = 1 day rental.
E0692-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes	n/a	52.73	1 item = 1 day rental.
E0693-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes	n/a	52.73	1 item = 1 day rental.
E0694-KR	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes	n/a	52.73	1 item = 1 day rental.
OXYGEN & RESPIRATORY CARE- GENERAL USE - Respiratory care equipment requires a physician's prescription. The supplier must maintain a copy of the prescription on file at all times.					
	Humidifiers				
E0550	Humidifier, durable, for **extensive** supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	No	269.59	7.94	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	No	51.40	28.70	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	No	53.57	6.84	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes	104.25	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes	238.30	n/a	Purchase for client owned equipment only.
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes	BI	n/a	1 item = 1 bottle.
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes	3.23	n/a	
E1405	Oxygen & water vapor enriching system with heated delivery	Yes	BI	295.09	
E1406	Oxygen & water vapor enriching system without heated delivery	Yes	BI	260.75	
	IPPB machines				
E0500-RR	IPPB machine(s), all types, with built in nebulization, manual or automatic valves, internal or external power source (Manual valves external power source includes cylinder regulator built-in nebulization)	No	n/a	69.51	1 item = 1 month rental.
	Many revisions were made to the oxygen section of the HCPCS listing in 2004. *Oxygen services for nursing facility clients no longer have distinct local codes. Reimbursement is determined by Place Of Service (POS). Reimbursement for a service provided in a nursing facility may vary from the same service provided in a home. Providers must use the correct POS and modifiers when billing. See comments section for detailed information.*				
	Providers may be instructed to bill a different procedure code for Medicare/Medical Assistance Program dually eligible clients than for Medical Assistance Program-only clients, for the same service. Please review the following information carefully to identify the correct code. After Medicare payment, Colorado Medical Assistance Program pays based on the current lower of payment logic.				
	Oxygen contents: Medical Assistance Program-Only Client, POS- Home				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.82	n/a	1 unit = 1 lb.
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	No	3.48	n/a	1 unit = 50 cubic ft.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit.	No	8.14	n/a	1 unit = 10 lbs.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	8.61	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	No	.82	n/a	1 unit = 1 lb.
	Oxygen contents: Dually Eligible Medicare/Medical Assistance Program Client, POS- Home				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.82	n/a	1 unit = 1 lb.
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	No	3.48	n/a	1 unit = 50 cubic ft.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit.	No	8.14	n/a	1 unit = 10 lbs.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	8.61	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	No	.82	n/a	1 unit = 1 lb.
	Oxygen contents: Medical Assistance Program-Only Client, POS- Nursing Facility				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.82	n/a	1 unit = 1 lb.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	7.11	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
	Oxygen contents: Dually Eligible Medicare/Medical Assistance Program Client, POS- Nursing Facility				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.82	n/a	1 unit = 1 lb.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	7.11	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
	Oxygen systems: Medical Assistance Program-Only Client, POS- Home				
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	39.72	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	27.79	Provider must use RR modifier.
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	81.42	Providers must include RR modifier.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	44.68	Providers must include RR modifier.
K0738-RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	22.93	Effective 10/1/2006. Providers must include RR modifier.
	Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS- Home				
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	38.22	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	27.79	Provider must use RR modifier.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	32.96	Use for Medicare/Medical Assistance Program dually eligible clients. Providers must include RR modifier.
K0738-RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	22.93	Effective 10/1/2006. Providers must include RR modifier.
	Oxygen systems: Medical Assistance Program-Only Client, POS-Nursing Facility				
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	34.75	Providers must include RR modifier.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	27.79	Providers must include RR modifier.
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	81.42	Providers must include RR modifier.
E0435-TT-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	56.60	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	24.82	Providers must include RR modifier.
E0440-TT-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	Manually Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of **all** clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
	Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS-Nursing Facility				
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	34.75	Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	27.79	Providers must include RR modifier.
E0434-RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	No	n/a	81.42	Provider must use RR modifier.
E0434-TT-RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	No	n/a	56.60	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to b filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	24.82	Providers must include RR modifier.
E0439-TT-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	Manually Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of **all** clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
	Ventilators, percussors, & respirators				
E0450-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	Yes	n/a	647.39	LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental.
E0461-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	n/a	Per PAR	1 item = 1 month rental.
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	Yes	n/a	1463.25	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	n/a	1463.25	
A9280	Alert or alarm device, not otherwise classified	Yes	BI	39.72	Purchase only for client owned equipment.
E0457	Chest Shell (cuirass)	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0459	Chest wrap	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes	n/a	471.64	
E0480	Percussor, electric or pneumatic, home model	Yes	BI	34.75	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Yes	BI	n/a	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Yes	BI	n/a	
E0601	Continuous positive airway pressure (CPAP) device, nasal	Yes	786.39	103.26	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H.
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	1210.37	234.33	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H.
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes	2236.14	471.64	Requires sleep study with PAR. Requires Questionnaire #8. See Appendix H.
E0472	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)	Yes	BI	Per PAR	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H.
A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes	50.09	n/a	.
A7030	Full face mask used with positive airway pressure device, each	Yes	46.32	n/a	Purchase for client owned equipment only.
A7031	Face mask interface, replacement for full face mask, each	Yes	BI	n/a	Purchase for client owned equipment only.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure devise, with or without head strap	Yes	74.47	n/a	Purchase for client owned equipment only.
A7032	Cushion for use on nasal mask interface, replacement only, each	Yes	24.82	n/a	Purchase for client owned equipment only.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes	24.82	n/a	Purchase for client owned equipment only.
A7035	Headgear used with positive airway pressure device	Yes	35.50	n/a	Purchase for client owned equipment only.
A7036	Chinstrap used with positive airway pressure device	Yes	17.87	n/a	Purchase for client owned equipment only.
A7037	Tubing used with positive airway pressure device	No	31.78	n/a	Purchase for client owned equipment only.
A7038	Filter, disposable, used with positive airway pressure device	Yes	4.71	n/a	Purchase for client owned equipment only.
A7039	Filter, non disposable, used with positive airway pressure device	Yes	BI	n/a	Purchase for client owned equipment only.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A7044	Oral interface used with positive airway pressure device, each	Yes	BI	n/a	Purchase for client owned equipment only.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Yes	BI	n/a	Purchase for client owned equipment only.
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes	104.25	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes	238.30	n/a	Purchase for client owned equipment only.
S8185	Flutter device	Yes	BI	n/a	
S8186	Swivel adapter	Yes	BI	n/a	
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	BI	322.33	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each.	Yes*	9407.87	843.99	Requires Questionnaire #14. See Appendix N. IVP percussor.
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Yes*	297.88	n/a	i.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix N.
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	No	BI	n/a	Purchase for client owned equipment only.
	Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dually Eligible Client, POS-Home				
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	n/a	173.76	
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	No	n/a	206.95	
E1392-RR	Portable oxygen concentrator, rental	No	n/a	BI	
	Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dually Eligible Client, POS-Nursing Facility				
E1390-TT	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	n/a	.23	1 item = 1 hour usage. $175 (or 729 units) per month maximum for concentrator/equipment.
E1391-TT	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	No	n/a	.23	1 item = 1 hour usage. $175 (or 729 units) per month maximum for concentrator/equipment.
E1392-TT	Portable oxygen concentrator, rental	No	n/a	.23	1 item = 1 hour usage. $175 (or 729 units) per month maximum for concentrator/equipment.
NEBULIZERS, VAPORIZERS, SUCTION					
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	No	418.21	n/a	
K0730	Controlled dose inhalation drug delivery system	No	BI	n/a	
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	No	BI	n/a	1 unit = 1 nebulizer
E0570	Nebulizer with compressor	No	109.23	n/a	Devilbiss, Pulmo-Aid.
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	No	BI	n/a	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	No	BI	n/a	
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0575	Nebulizer, ultrasonic, large volume	No	570.93	n/a	Mistogen.
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	No	4.97	n/a	
E0585	Nebulizer with compressor & heater	No	198.58	n/a	
E1372	Immersion external heater for nebulizer	No	BI	n/a	
E0600	Respiratory suction pump, home model, portable or stationary, electric	No	294.80	24.45	Rental includes suction tubing.
A7000	Canister, disposable, used with suction pump	No	.51	n/a	1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	No	BI	n/a	1 unit = 1 canister
A7002	Tubing, used with suction pump	No	2.97	n/a	1 unit = 1 tubing
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	No	BI	n/a	
A7004	Small volume non-filtered pneumatic nebulizer, disposable	No	1.58	n/a	1 unit = 1 nebulizer
A7006	Administration set, with small volume filtered pneumatic nebulizer	No	4.97	n/a	
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	No	5.57	n/a	1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, pre-filled, used with aerosol compressor	No	BI	n/a	1 unit = 1 nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	No	51.64	n/a	1 unit = 1 reservoir bottle
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	No	3.48	n/a	1 unit = 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	No	11.92	n/a	1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	No	1.73	n/a	1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor	No	2.33	n/a	1 unit = 1 filter
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	No	3.96	n/a	1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	No	.99	n/a	1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	No	7.69	n/a	1 unit = dome and mouthpiece
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	No	7.65	n/a	1 unit = 1,000 ml.
	Respiratory care accessories, supplies & related services				
	Note: All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for client-owned equipment. Medication for use with respiratory equipment must be provided by a pharmacy and may require prior authorization and billing on pharmacy claim format with NDC number.				
E0455	Oxygen tent excluding croup or pediatric tents, each	No	7.94	n/a	
A4606	Oxygen probe for use with oximeter device, replacement	Yes	BI	n/a	1 unit = 1 probe. Non-disposable.
A4615	Cannula, nasal, each	No	2.49	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4616	Tubing (oxygen), per foot	No	.26	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
E1353	Regulator, each	No	48.65	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4617	Mouthpiece, each	No	.51	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E1355	Stand/rack, each	No	28.79	n/a	Purchase for client owned equipment only.
A4618	Breathing circuits, each	No	16.38	n/a	
A4619	Face tent, each	No	4.97	n/a	
A4620	Variable concentration mask, each	No	7.45	n/a	
S8210	Mucus trap	No	BI	n/a	
A4614	Peak expiratory flow rate meter, hand held	No	10.92	n/a	
A4605	Tracheal suction catheter, closed system, each	No	12.29	n/a	
L8501	Tracheostomy, speaking valve, each	No	63.59	n/a	
A4623	Tracheostomy, inner cannula (replacement only), each	No	4.85	n/a	
A4624	Tracheal suction catheter, any type other than closed system, each	No	1.25	n/a	1 item = 1 catheter
A4628	Oropharyngeal suction catheter, each	No	1.37	n/a	1 item = 1 catheter.
A4481	Tracheostomy filter, any type, any size, each	No	BI	n/a	1 item = 1 filter.
A4629	Tracheostomy care kit for established tracheostomy	No	3.43	n/a	1 item = 1 kit. Includes: soaking tray, gloves, instrument tray, folded towel, forceps, gauze sponges, cleaning brush, trach dressing, twill tape, pipe cleaners, cotton tip applicators, and hospital wrap. Do not bill included items separately.
A7501	Tracheostoma valve, including diaphragm, each	No	BI	n/a	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	No	BI	n/a	
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	No	BI	n/a	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7520	Tracheostomy,/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	No	BI	n/a	1 unit = 1 tube.
A7521	Tracheostomy,/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	No	BI	n/a	1 unit = 1 tube.
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	No	BI	n/a	1 unit = 1 tube.
A7523	Tracheostomy shower protector, each	No	BI	n/a	1 unit = 1 protector.
A7524	Tracheostoma stent/stud/button, each	No	BI	n/a	1 unit = 1 stent/stud/button.
A7525	Tracheostomy mask, each	No	4.97	n/a	
A7526	Tracheostomy tube collar/holder, each	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
A7527	Tracheostomy/laryngectomy tube plug/stop, each	No	BI	n/a	
S8189	Tracheostomy supply, not otherwise classified	No	BI	n/a	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	No	35.54	n/a	Includes aerochamber.
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	No	33.76	n/a	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	No	BI	n/a	
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	No	BI	n/a	
A4612	Battery cables, replacement for patient owned ventilator, each	No	BI	n/a	
A4613	Battery charger, replacement for patient owned ventilator, each	No	328.66	n/a	
E0755	Electronic salivary reflex stimulator, intra oral/non-invasive, each	Yes	BI	n/a	
A4608	Transtracheal oxygen catheter, each	No	131.07	n/a	1 item = 1 catheter.
S8301	Infection control supplies, not otherwise specified	Yes	BI	n/a	Use for cleaning solutions for respiratory equipment.
S8999	Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event)	No	110.45	n/a	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	16.21	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	156.77	n/a	E1340-MS Quick minor repairs to DME products. In addition to labor the costs of minor parts may be included under this code. Limited to a maximum reimbursement of $156.77 every 6 months. Paper claims must include serial number

TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT & SUPPLIES – GENERAL USE

Note: TENS or NMES require 2-month trial rental before purchase. Requires Questionnaire #9. See Appendix I.

A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	No	14.90	n/a	Limited to maximum of 4 per year.
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	No	BI	n/a	Purchase for client owned equipment only. Must be provided for rental equipment. Use for 4 lead also.
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) device, two lead, localized stimulation	Yes	BI	34.75	
E0720-KH	TENS, two lead, localized stimulation, each	Yes	BI	34.75	Use for 1st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0720-KI	TENS, two lead, localized stimulation, each	Yes	BI	34.75	Use for 2nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Yes	BI	34.75	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0730-KH	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes	BI	34.75	Use for 1st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730-KI	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes	BI	34.75	Use for 2nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0731	Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each	Yes	BI	n/a	
E0744	Neuromuscular stimulator for scoliosis, each	Yes	BI	99.30	
E0745	Neuromuscular stimulator electronic shock unit, each	Yes	417.03	92.02	
E0747-RR	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes	Per PAR	Per PAR	
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes	Per PAR	Per PAR	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	BI	n/a	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes	BI	**n/a**	
E0762-KH	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes	BI	34.75	Use for 1st month trial rental only. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0762-KI	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes	BI	34.75	Use for 2nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
A4245	Alcohol wipes, each	No	.03	n/a	
TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE					
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Yes	386.26	38.63	
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes	118.15	18.89	
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes	BI	37.37	.
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Yes	BI	85.80	.
E0920	Fracture frame, attached to bed, includes weights	Yes	BI	34.75	
E0930	Fracture frame, free standing, includes weights	Yes	BI	34.75	
E0935-KR	Continuous passive motion exercise device for use on knee only	Yes	BI	21.99	Rental per day. First 14 days post-op.
E0936	Continuous passive motion exercise device for use other than knee	Yes	BI	Per PAR	Effective 1/1/2007
E0940	Trapeze bar, free standing, complete with grab bar	Yes	208.51	24.82	
E0941	Traction device, gravity assisted, any type	Yes	220.23	34.75	
E0942	Cervical head harness or halter, each	Yes	18.79	n/a	
E0944	Pelvic belt, harness or boat, each	Yes	44.68	n/a	
E0945	Extremity belt or harness, each	Yes	41.98	n/a	
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes	BI	34.75	Balken, 4-poster.
E0947	Fracture frame, attachments for complex pelvic traction	Yes	BI	34.75	
E0948	Fracture frame, attachments for complex cervical traction	Yes	BI	34.75	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E0830	Ambulatory traction device, all types, each	Yes	BI	Per PAR	
E0840	Traction frame, attached to headboard, cervical traction	Yes	62.06	17.38	
E0850	Traction stand, free standing, cervical traction	Yes	BI	17.38	
E1841-KR	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs	Yes	BI	Per PAR	Rental is per day.
E0855	Cervical traction equipment not requiring additional stand or frame	Yes	BI	n/a	
E0860	Traction equipment, over door, cervical	Yes	36.49	n/a	
E0870	Traction frame, attached to footboard, extremity traction	Yes	93.64	16.88	Bucks.
E0880	Traction stand, free standing, extremity traction	Yes	101.05	34.75	Bucks.
E0890	Traction frame, attached to footboard, pelvic traction	Yes	96.93	16.88	
E0900	Traction stand, free standing, pelvic traction	Yes	103.15	16.88	Bucks.
LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE					
E0650	Pneumatic compressor, non-segmental home model	Yes	685.12	49.65	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes	1673.84	49.65	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes	2091.08	49.65	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes	BI	n/a	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	86.38	n/a	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	n/a	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	279.01	49.65	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	49.65	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	Yes	BI	Per PAR	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Yes	BI	n/a	Effective 1/1/2007
A4600	Sleeve for intermittent limb compression device, replacement only, each	Yes	BI	n/a	Effective 1/1/2007
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes	BI	n/a	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes	BI	n/a	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes	BI	n/a	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
S8424	Gradient pressure aid (sleeve), ready made	Yes	BI	n/a	
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes	BI	n/a	
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes	BI	n/a	
S8427	Gradient pressure aid (glove), ready made	Yes	BI	n/a	
S8428	Gradient pressure aid (gauntlet), ready made	Yes	BI	n/a	
S8429	Gradient pressure exterior wrap	Yes	BI	n/a	
S8430	Padding for compression bandage, roll	Yes	BI	n/a	
S8431	Compression bandage, roll	Yes	BI	n/a	
WOUND THERAPY EQUIPMENT					
E2402-KR	Negative pressure wound therapy electrical pump, stationary or portable	Yes	n/a	Per PAR	Price includes equipment & all supplies. 1 unit = one day rental. Requires Questionnaire #12. See Appendix L.
REHABILITATION EQUIPMENT – SPECIALIZED USE					
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Yes	BI	n/a	Effective 1/1/2007
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Yes	BI	n/a	Effective 1/1/2007
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Yes	BI	n/a	Effective 1/1/2007
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Yes	BI	n/a	Effective 1/1/2007
A8004	Soft interface for helmet, replacement only	Yes	BI	n/a	Effective 1/1/2007
E0701	Helmet with face guard and soft interface material, prefabricated	Deleted			Deleted 12/31/2006
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Yes	BI	n/a	
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Yes	BI	n/a	.
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	Yes	BI	n/a	.
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes	BI	Per PAR	Use for adults also.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes	BI	Per PAR	Use for adults also.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes	BI	Per PAR	Use for adults also.
E0235	Paraffin bath unit, portable, each	Yes	128.96	12.41	Use A4265 for paraffin.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
ORAL & ENTERAL NUTRITION, FORMULAE, EQUIPMENT & SUPPLIES – SPECIALIZED USE					
Equipment, supplies & nutrients for enteral feeding or food supplements are a benefit when prescribed by a physician and prior authorized. Items for oral & enteral formulae are based on caloric values unless otherwise noted. One item (unit) represents 100 calories. If a client requires 1,200 calories per day, total units for one month equals 360 (12 units per day times 30 days). If one can of formula contains 1,200 calories, a case of 12 cans represents 144 units (12 units per can times 12 cans per case). Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, complete Questionnaire #10, Appendix J. Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, **www.palmettogba.com**, for the most updated and complete information for product classification for formulas.					
When submitting claims, be sure to calculate & enter the number of items correctly.					
	Enteral formulae				
B4100	Food thickener, administered orally, per ounce	Yes	BI	n/a	1 unit = 1 ounce. Use modifier BO.
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes	BI	n/a	1 unit = 1 can
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes	BI	n/a	Pedialyte, 1 unit = 1 can
B4104	Additive for enteral formula (e.g. fiber)	Yes	BI	n/a	Polycose, Procell, 1 unit = 1 can
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	Yes	1.28	n/a	
B4150	Enteral formulae; 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	Yes	. 59	n/a	For oral administration use modifier -BO.
B4152	Enteral formulae, 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	Yes	.51	n/a	For oral administration use modifier -BO.
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.69	n/a	For oral administration use modifier -BO.
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	Yes	1.62	n/a	For oral administration use modifier -BO.
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	2.89	n/a	For oral administration use modifier -BO.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.62	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
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	Yes	1.21	n/a	
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	Yes	1.21	n/a	
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	Yes	1.69	n/a	
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	Yes	2.89	n/a	
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	Yes	BI	n/a	1 unit = 1 can
	Enteral equipment & supplies				
	Note: See the feeding tube/changes and modifications in descriptions, and quantities specific to skin level devices. Quantities exceeding the allowed amount will require additional supporting documentation				
B9000-RR	Enteral nutrition infusion pump, without alarm, each	**Yes**	BI	74.47	
B9002-RR	Enteral nutrition infusion pump, with alarm, each	Yes	BI	74.47	
E0776	IV pole	Yes	99.30	14.90	
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes	BI	n/a	
B4034	Enteral feeding supply kit: Syringe type, to include syringes, tape and wipes, per day	Yes	4.97	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4035	Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day	Yes	9.10	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4036	Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day	Yes	6.46	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4081	Nasogastric tubing with stylet, each	Yes	16.62	n/a	
B4082	Nasogastric tubing without stylet, each	Yes	12.89	n/a	
B4083	Stomach tube, Levine type, each	Yes	1.89	n/a	
B4086	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	Yes	BI	n/a	1 unit = tube. Quantity allowed one per month. Mickey.
B4086-52	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	Yes	14.90	n/a	1 unit = tube. Quantity allowed 5-8 per month. Bolus feeding tubes, decompression tubes, Mickey extension sets.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	No	BI	n/a	1 unit = 1 device.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one time use only as stated by manufacturer).	Yes	BI	Per PAR	Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits. Quantity Allowed: 30 per month
E0602	Breast Pump, manual, any type	No	19.85	n/a	Includes kit and all supplies. Only available for use with premature infants and infants in critical care.
E0603-KR	Breast Pump, electric (AC and/or DC), any type	Yes	42.69	2.24	Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 54 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 54 days. When renting 1 unit = 1 day. Submit under mom's ID.
A4281	Tubing for breast pump, replacement	No	BI	n/a	Purchase for client owned equipment only.
A4282	Adapter for breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4283	Cap for breast pump bottle, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4284	Breast shield and splash protector for use with breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4286	Locking ring for breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
S8265	Haberman feeder for cleft lip/palate	No	Manually Priced	n/a	Use this code also for glass bottle, nipple, membrane, disc or collar replacements. Must be billed on a paper claim. Bill one line for multiple components. Describe individual components and units of each item in comment section of the claim. It is not necessary to submit acquisition cost invoice with claim.
S8265-52	Haberman feeder for cleft lip/palate	No	15.84	n/a	

HOME IV THERAPY – SPECIALIZED USE

Home IV therapy, when utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration is a benefit of the Colorado Medical Assistance Program. Services must be prescribed by a physician and prior authorization is required. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.

Home IV therapy equipment & supplies may be provided by pharmacies or suppliers.

Biological preparation (IV nutrients, drug or other solutions), antibiotic solutions, and TPN solutions must be provided by a pharmacy & are billed on the Pharmacy claim form using NDC numbers. Prior authorization requests must reflect the appropriate NDC numbers.

	Parenteral equipment & supplies				
B9004-RR	Parenteral nutrition infusion pump, portable	Yes	BI	248.23	1 unit = 1 month rental.
B9006-RR	Parenteral nutrition infusion pump, stationary	Yes	BI	143.97	1 unit = 1 month rental.
E0791	Parenteral infusion pump, stationary, single or multi channel	Yes	BI	143.97	1 unit = 1 month rental.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes	341.72	Per PAR	1 unit = 1 month rental.
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes	BI	n/a	1 item = 1 system. Elastomeric
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Yes	BI	n/a	1 item = 1 system. Elastomeric
E0779-KR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Yes	BI	4.79	1 item = 1 day. 8 hours or greater. Prior authorization must substantiate the necessity for the use of an ambulatory pump.
E0780-KR	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	Yes	BI	4.79	1 item = 1 pump. Less than 8 hours. Prior authorization must substantiate the necessity for the use of an ambulatory pump.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g. epoprostenol or treprostinol)	Yes	BI	Per PAR	1 item = 1 system. 1 item = 1 month rental.
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Yes	15.39	n/a	For client owned equipment only. Cannot be billed with E1340 or E1340-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups. 1 unit = 15 minutes
A4632	Replacement battery for external infusion pump, any type, each	Deleted			Deleted 12/31/2006
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes	15.39	n/a	For client owned equipment only. Cannot be billed with E1340 or E1340-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups.
B4220	Parenteral nutrition supply kit: Premix, including gloves, wipes, alcohol, acetone, povidone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destruclip, per day	Yes	6.06	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. May be used utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes	19.85	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. May be used utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Yes	BI	n/a	1 unit = 1 cartridge.
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes	BI	n/a	Use for insertion supplies only.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes	BI	n/a	Use for insertion supplies only.
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	No	BI	n/a	For client owned equipment only.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	No	BI	n/a	For client owned equipment only.
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	No	BI	n/a	For client owned equipment only.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	No	BI	n/a	For client owned equipment only.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	No	BI	n/a	For client owned equipment only.
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.

PROSTHETICS & ORTHOTICS

Prostheses and orthoses are a covered Medical Assistance Program benefit for the child and adult Medical Assistance Program population. The benefit includes such items as breast prostheses, braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered. Prior authorization requests must be submitted to CFMC for review. The request must include the completed Questionnaire #11 (Appendix K), or Questionnaire #13 (Appendix M). Refer to DMERC orthotic and prosthetic list or HCPCS book 2006 for a complete listing of procedure codes. Medical Assistance Program coverage generally follows Medicare coverage.

A4280	Adhesive skin support attachment for use with external breast prosthesis, each	No	BI	n/a	1 unit = 1 attachment.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Diabetic Shoes, Fitting, and Modifications				
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	No	62.55	n/a	
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	No	187.66	n/a	
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	No	31.78	n/a	
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	No	31.78	n/a	
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	No	31.78	n/a	
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	No	31.78	n/a	
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe	No	BI	n/a	
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	No	BI	n/a	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe	No	BI	n/a	
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 or ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	No	18.16	n/a	
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 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	No	27.09	n/a	
	Orthotic Devices – Spinal				
	Cervical				
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Yes*	BI	n/a	
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	Deleted			Deleted 12/31/2006
L0110	Cranial orthosis (helmet), with or without soft-interface, non-molded	Deleted			Deleted 12/31/2006

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes*	BI	n/a	
L0120	Cervical, flexible, nonadjustable (foam collar)	No	16.48	n/a	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Yes*	75.23	n/a	
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Yes*	44.90	n/a	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Yes*	70.63	n/a	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	Yes*	82.54	n/a	
L0170	Cervical, collar, molded to patient model	Yes*	373.47	n/a	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece	Yes*	81.93	n/a	
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	Yes*	199.58	n/a	
	Multiple post collar				
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	Yes*	230.16	n/a	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Yes*	319.50	n/a	
L0200	Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension	Yes*	351.28	n/a	
	Thoracic				
L0210	Thoracic rib belt	Yes*	16.20	n/a	
L0220	Thoracic rib belt, custom fabricated	Yes*	74.69	n/a	
	Thoracic-Lumbar-Sacral Orthosis (TLSO)				
	Flexible				
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, includes fitting and adjustment	No	BI	n/a	
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	No	BI	n/a	
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, includes fitting and adjustment	No	BI	n/a	
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
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, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	
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, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
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, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	
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	No	BI	n/a	
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	No	BI	n/a	
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	No	BI	n/a	
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	No	BI	n/a	
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	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
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	No	BI	n/a	
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	468.53	n/a	
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closure, includes straps and closures, prefabricated, includes fitting and adjustment	No	295.26	n/a	
	Lumbar-Sacral Orthosis (LSO)				
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, includes fitting and adjustment	No	33.68	n/a	. Support is not for obstetrical or obesity diagnosis.
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, includes fitting and adjustment	No	47.65	n/a	.
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, includes fitting and adjustment	No	251.27	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
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, includes fitting and adjustment	No	51.27	n/a	. Support is not for obstetrical or obesity diagnosis.
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated, includes fitting and adjustment	No	BI	n/a	. Support is not for obstetrical or obesity diagnosis.
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, includes fitting and adjustment	No	98.99	n/a	.
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, includes fitting and adjustment	No	627.51	n/a	.
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	No	BI	n/a	.
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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	175.29	n/a	.
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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	No	BI	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	540.09	n/a	.
L0636	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	No	939.85	n/a	.
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	632.73	n/a	.
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	No	804.64	n/a	.
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 xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	632.73	n/a	.
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 xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	No	638.35	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Anterior-posterior control				
	Sacroiliac				
	Flexible				
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No	64.37	n/a	.
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated,	No	145.77	n/a	.
	Semi-rigid				
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No	BI	n/a	.
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No	BI	n/a	.
	Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO)				
	Anterior-posterior-lateral control				
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	No	1135.52	n/a	
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	No	1482.45	n/a	
	Halo procedure				
L0810	Halo procedure, cervical halo incorporated into jacket vest	No	1330.39	n/a	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	No	1221.07	n/a	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	No	1898.72	n/a	
L0861	Addition to halo procedure, replacement liner/interface material	No	BI	n/a	
	Torso Supports				
L0960	Torso support, post surgical support, pads for post surgical support	No	42.91	n/a	
	Additions to Spinal Orthosis				
L0970	TLSO, corset front	No	122.32	n/a	
L0972	LSO, corset front	No	67.11	n/a	
L0974	TLSO, full corset	No	80.57	n/a	
L0976	LSO, full corset	No	148.85	n/a	
L0978	Axillary crutch extension	No	66.04	n/a	
L0980	Peroneal straps, pair	No	10.65	n/a	
L0982	Stocking supporter grips, set of four (4)	No	11.09	n/a	
L0984	Protective body sock, each	No	41.39	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L0999	Addition to spinal orthosis, NOS	No	BI	n/a	
	Orthotic Devices - Scoliosis Procedures				
	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee)				
L1000	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	No	1543.29	n/a	
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	No	BI	n/a	Effective 1/1/2007
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	No	BI	n/a	
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	No	30.13	n/a	
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	No	59.01	n/a	
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	No	85.84	n/a	
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	No	39.50	n/a	
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	No	44.75	n/a	
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	No	51.73	n/a	
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	No	59.41	n/a	
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	No	42.94	n/a	
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	No	53.04	n/a	
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	No	56.29	n/a	
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	No	54.50	n/a	
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	No	62.97	n/a	
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	No	80.11	n/a	
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	No	16.24	n/a	
	Thoracic-lumbar-sacral orthosis (TLSO) (Low Profile)				
L1200	TLSO, inclusive of furnishing initial orthosis only	No	1167.11	n/a	
L1210	Addition to TLSO, (low profile), lateral thoracic extension	No	197.02	n/a	
L1220	Addition to TLSO, (low profile), anterior thoracic extension	No	143.49	n/a	
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	No	701.47	n/a	
L1240	Addition to TLSO, (low profile), lumbar derotation pad	No	48.24	n/a	
L1250	Addition to TLSO, (low profile), anterior ASIS pad	No	29.23	n/a	
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	No	46.99	n/a	
L1270	Addition to TLSO, (low profile), abdominal pad	No	40.05	n/a	
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	No	53.58	n/a	
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	No	48.82	n/a	
	Other scoliosis procedures				
L1300	Other scoliosis procedure, body jacket molded to patient model	No	1289.46	n/a	
L1310	Other scoliosis procedure, postoperative body jacket	No	1706.56	n/a	
L1499	Spinal orthosis, not otherwise specified	No	BI	n/a	
	Thoracic-hip-knee-ankle orthosis (THKAO)				
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes*	1292.75	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L1510	THKAO, standing frame, with or without tray and accessories	Yes*	965.59	n/a	
L1520	THKAO, swivel walker	Yes*	1314.53	n/a	
	Orthotic Devices - Lower Limb				
	Hip orthosis (HO) - Flexible				
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	No	81.87	n/a	
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	No	25.44	n/a	
L1620	HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	No	83.22	n/a	
L1630	HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	No	BI	n/a	
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	No	351.66	n/a	
L1650	HO, abduction control of hip joints, static, adjustable (lifted type), prefabricated, includes fitting and adjustment	No	162.04	n/a	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	No	BI	n/a	
L1660	HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	No	106.31	n/a	
L1680	HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	No	756.83	n/a	
L1685	HO abduction control of hip joint, postoperative hip abduction type, custom fabricated	No	546.12	n/a	
L1686	HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	No	638.61	n/a	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	No	1298.68	n/a	
	Legg perthes				
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	No	BI	n/a	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	No	1022.42	n/a	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	No	891.44	n/a	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	No	704.19	n/a	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	No	BI	n/a	
	Knee Orthosis (KO)				
E1810	Dynamic adjustable knee extension/ flexion device, includes soft interface material	No	BI	n/a	
E1811	Bi directional progressive stretch knee device with range of motion adjustment, includes cuffs	No	BI	n/a	
E1812	Dynamic knee, extension/flexion device with active resistance control	No	BI	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	No	41.32	n/a	
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	No	62.68	n/a	
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	No	60.17	n/a	
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	No	88.08	n/a	
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	No	34.16	n/a	
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	No	57.38	n/a	
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	No	343.32	n/a	
L1834	KO, without knee joint, rigid, custom fabricated	No	BI	n/a	
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	No	519.24	n/a	
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, includes fitting and adjustment	No	547.82	n/a	
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	No	1013.59	n/a	
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	No	524.37	n/a	
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	No	BI	n/a	
L1847	KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment	No	489.27	n/a	
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	No	230.40	n/a	
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	No	822.20	n/a	
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	No	666.53	n/a	
L1870	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	No	465.79	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated	No	460.79	n/a	
	Ankle-Foot Orthosis (AFO)				
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material	No	BI	n/a	
E1816	Bi-directional static progressive ankle device with range of motion adjustment, includes cuffs	No	BI	n/a	
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	No	BI	n/a	
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	No	49.59	n/a	
L1904	AFO, molded ankle gauntlet, custom fabricated	No	344.26	n/a	
L1906	AFO, multi-ligamentous ankle support, prefabricated, includes fitting and adjustment	No	99.59	n/a	
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	No	BI	n/a	
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	No	207.83	n/a	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated	No	273.12	n/a	
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	No	145.81	n/a	
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1940	AFO, plastic or other material, custom fabricated	No	279.27	n/a	
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	No	564.76	n/a	
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	No	500.56	n/a	
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1960	AFO, posterior solid ankle, plastic, custom fabricated	No	313.00	n/a	
L1970	AFO, plastic, with ankle joint, custom fabricated	No	464.36	n/a	
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar “BK” orthosis), custom fabricated	No	254.69	n/a	
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar “BK” orthosis), custom fabricated	No	251.70	n/a	
	Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination				
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar “AK” orthosis), custom fabricated	No	743.67	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	No	BI	n/a	
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	No	645.17	n/a	
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	No	659.35	n/a	
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	No	629.25	n/a	
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	No	BI	n/a	.
L2035	Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	No	BI	n/a	
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	No	1265.04	n/a	
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	No	1034.59	n/a	
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	No	835.01	n/a	
	Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)				
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	No	143.30	n/a	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	No	394.57	n/a	
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	No	451.76	n/a	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	No	78.48	n/a	
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	No	223.41	n/a	
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	No	343.15	n/a	
	Fracture orthosis				
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	335.57	n/a	
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	No	941.77	n/a	
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	No	289.81	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	363.51	n/a	
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	No	442.20	n/a	
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	785.91	n/a	
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	No	1169.07	n/a	
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	No	BI	n/a	
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	645.17	n/a	
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	No	763.21	n/a	
	Additions to fracture orthosis				
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	No	94.72	n/a	
L2182	Additions to lower extremity fracture orthosis, drop lock knee joint	No	27.07	n/a	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	No	75.74	n/a	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	No	96.94	n/a	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	No	194.89	n/a	
L2190	Addition to lower extremity fracture orthosis, waist belt	No	55.54	n/a	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	No	235.44	n/a	
	Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee				
L2200	Addition to lower extremity, limited ankle motion, each joint	No	35.81	n/a	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	No	55.67	n/a	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	No	65.90	n/a	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	No	51.99	n/a	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	No	BI	n/a	
L2240	Addition to lower extremity, round caliper and plate attachment	No	51.95	n/a	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attached	No	261.29	n/a	
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	No	142.38	n/a	
L2265	Addition lower extremity, long tongue stirrup	No	73.15	n/a	
L2270	Addition to lower extremity, varus/valgus correction (“T”) strap, padded/lined or malleolus pad	No	36.64	n/a	

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L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	No	92.52	n/a	
L2280	Addition to lower extremity, molded inner boot	No	242.19	n/a	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	No	167.23	n/a	
L2310	Addition to lower extremity, abduction bar, straight	No	109.33	n/a	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	No	163.09	n/a	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	No	259.80	n/a	
L2335	Addition to lower extremity, anterior swing band	No	148.06	n/a	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	No	277.61	n/a	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for “PTB,” “AFO” orthoses)	No	646.47	n/a	
L2360	Addition to lower extremity, extended steel shank	No	35.71	n/a	
L2370	Addition to lower extremity, Patten bottom	No	158.87	n/a	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	No	65.64	n/a	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	No	160.21	n/a	
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	No	110.92	n/a	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	No	BI	n/a	.
L2390	Addition to lower extremity, offset knee joint, each joint	No	90.65	n/a	
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	No	115.49	n/a	
L2397	Addition to lower extremity orthosis, suspension sleeve	No	79.99	n/a	
	Additions to straight knee or offset knee joints				
L2405	Addition to knee joint, drop lock, each	No	42.16	n/a	
L2415	Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint	No	118.08	n/a	
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	No	135.15	n/a	
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	No	BI	n/a	
L2492	Addition to knee joint, lift loop for drop lock ring	No	70.00	n/a	
	Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing				
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	No	226.24	n/a	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	No	426.51	n/a	
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	No	306.26	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	No	769.51	n/a	
L2526	Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	No	523.96	n/a	
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	No	159.13	n/a	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	No	274.41	n/a	
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	No	314.46	n/a	
	Additions: Pelvic and thoracic control				
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each	No	295.86	n/a	
L2580	Addition to lower extremity, pelvic control, pelvic sling	No	429.16	n/a	
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	No	138.51	n/a	
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	No	199.17	n/a	
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	No	192.70	n/a	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	No	190.49	n/a	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	No	205.68	n/a	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	No	BI	n/a	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	No	1261.42	n/a	
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	No	205.08	n/a	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	No	208.74	n/a	
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	No	74.42	n/a	
L2660	Addition to lower extremity, thoracic control, thoracic band	No	315.56	n/a	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	No	231.38	n/a	
L2680	Addition to lower extremity, thoracic control, lateral support uprights	No	191.34	n/a	
	Additions: General				
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	No	BI	n/a	
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	No	34.64	n/a	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	No	87.73	n/a	

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L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	No	50.32	n/a	
L2768	Orthotic side bar disconnect device, per bar	No	BI	n/a	
L2770	Addition to lower extremity orthosis, any material, per bar or joint	No	51.14	n/a	
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	No	42.04	n/a	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	No	19.69	n/a	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	No	52.77	n/a	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	No	72.66	n/a	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	No	48.52	n/a	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	No	65.38	n/a	
L2830	Addition to lower extremity orthosis soft interface for molded plastic, above knee section	No	77.81	n/a	
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	No	18.37	n/a	
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	No	49.38	n/a	
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	No	BI	n/a	
L2999	Lower extremity orthoses, NOS	No	BI	n/a	
	Orthopedic shoes				
	Inserts				
L3000	Foot insert, removable, molded to patient model, “UCB” type, Berkeley shell, each	Yes*	232.90	n/a	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Yes*	BI	n/a	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Yes*	119.75	n/a	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Yes*	BI	n/a	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes*	129.18	n/a	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes*	147.09	n/a	
L3030	Foot insert, removable, formed to patient foot, each	Yes*	56.58	n/a	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Yes*	BI	n/a	
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	Yes*	34.88	n/a	
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	Yes*	34.88	n/a	
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	Yes*	54.71	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Arch support, non-removable, attached to shoe				
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	Yes*	23.57	n/a	
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Yes*	23.57	n/a	
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Yes*	BI	n/a	
L3100	Hallus-valgus night dynamic splint	Yes*	32.07	n/a	
	Abduction and rotation bars				
L3140	Foot, abduction rotation bar, including shoes	Yes*	66.01	n/a	
L3150	Foot, abduction rotation bar, without shoes	Yes*	60.35	n/a	
L3160	Foot, adjustable shoe-styled positioning device	Yes*	BI	n/a	
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	Yes*	52.74	n/a	
	Orthopedic footwear				
L3201	Orthopedic shoe, oxford with supinator or pronator, Infant	No	52.74	n/a	
L3202	Orthopedic shoe, oxford with supinator or pronator, Child	No	44.99	n/a	
L3203	Orthopedic shoe, oxford with supinator or pronator, Junior	No	BI	n/a	
L3204	Orthopedic shoe, high top with supinator or pronator, Infant	No	52.74	n/a	
L3206	Orthopedic shoe, high top with supinator or pronator, Child	No	BI	n/a	
L3207	Orthopedic shoe, high top with supinator or pronator, Junior	No	119.15	n/a	
L3208	Surgical boot, each, infant	No	BI	n/a	
L3209	Surgical boot, each, child	No	69.88	n/a	
L3211	Surgical boot, each, junior	No	BI	n/a	
L3212	Benesch boot, pair, infant	No	72.11	n/a	
L3213	Benesch boot, pair, child	No	BI	n/a	
L3214	Benesch boot, pair, junior	No	103.71	n/a	
L3215	Orthopedic footwear, ladies shoe, oxford, each	Yes*	119.15	n/a	
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Yes*	119.15	n/a	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Yes*	BI	n/a	
L3219	Orthopedic footwear, men's shoe, oxford, each	Yes*	95.93	n/a	
L3221	Orthopedic footwear, men's shoe, depth inlay, each	Yes*	BI	n/a	
L3222	Orthopedic footwear, men's shoe, hightop, depth inlay, each	Yes*	BI	n/a	
L3224	Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis)	Yes*	39.71	n/a	
L3225	Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis)	Yes*	BI	n/a	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes*	248.23	n/a	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Yes*	BI	n/a	
L3251	Foot, shoe molded to patient model, silicone shoe, each	Yes*	BI	n/a	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes*	248.23	n/a	
L3253	Foot, molded shoe Plastozote (or similar), custom fitted, each	Yes*	BI	n/a	
L3254	Nonstandard size or width	Yes*	BI	n/a	

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L3255	Nonstandard size or length	Yes*	BI	n/a	
L3257	Orthopedic footwear, additional charge for split size	Yes*	BI	n/a	
L3260	Surgical boot/shoe, each	Yes*	158.87	n/a	
L3265	Plastazote sandal, each	Yes*	108.98	n/a	
	Shoe modification - lifts				
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Yes*	38.67	n/a	
L3310	Lift, elevation, heel and sole, neoprene, per inch	Yes*	60.35	n/a	
L3320	Lift, elevation, heel and sole, cork, per inch	Yes*	63.47	n/a	
L3330	Lift, elevation, metal extension (skate)	Yes*	BI	n/a	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Yes*	54.71	n/a	
L3334	Lift, elevation, heel, per inch	Yes*	BI	n/a	
	Shoe modification - wedges				
L3340	Heel wedge, SACH	Yes*	BI	n/a	
L3350	Heel wedge	Yes*	16.98	n/a	
L3360	Sole wedge, outside sole	Yes*	26.40	n/a	
L3370	Sole wedge, between sole	Yes*	36.78	n/a	
L3380	Clubfoot wedge	Yes*	36.78	n/a	
L3390	Outflare wedge	Yes*	BI	n/a	
L3400	Metatarsal bar wedge, rocker	Yes*	30.17	n/a	
L3410	Metatarsal bar wedge, between sole	Yes*	BI	n/a	
L3420	Full sole and heel wedge, between sole	Yes*	BI	n/a	
	Shoe modifications - heels				
L3430	Heel, counter, plastic reinforced	Yes*	BI	n/a	
L3440	Heel, counter, leather reinforced	Yes*	BI	n/a	
L3450	Heel, SACH cushion type	Yes*	BI	n/a	
L3455	Heel, new leather, standard	Yes*	BI	n/a	
L3460	Heel, new rubber, standard	Yes*	25.73	n/a	
L3465	Heel, Thomas with wedge	Yes*	BI	n/a	
L3470	Heel, Thomas extended to ball	Yes*	BI	n/a	
L3480	Heel, pad and depression for spur	Yes*	BI	n/a	
L3485	Heel, pad, removable for spur	Yes*	25.73	n/a	
	Miscellaneous shoe additions				
L3500	Orthopedic shoe addition, insole, leather	Yes*	BI	n/a	
L3510	Orthopedic shoe addition, insole, rubber	Yes*	BI	n/a	
L3520	Orthopedic shoe addition, insole, felt covered with leather	Yes*	BI	n/a	
L3530	Orthopedic shoe addition, sole, half	Yes*	BI	n/a	
L3540	Orthopedic shoe addition, sole, full	Yes*	BI	n/a	
L3550	Orthopedic shoe addition, toe tap, standard	Yes*	BI	n/a	
L3560	Orthopedic shoe addition, toe tap, horseshoe	Yes*	BI	n/a	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Yes*	BI	n/a	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Yes*	BI	n/a	

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L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Yes*	BI	n/a	
L3595	Orthopedic shoe addition, March bar	Yes*	BI	n/a	
	Transfer or replacement				
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Yes*	BI	n/a	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Yes*	BI	n/a	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Yes*	BI	n/a	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Yes*	BI	n/a	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Yes*	32.06	n/a	
L3649	Orthopedic shoe, modification, additional or transfer, NOS	Yes*	BI	n/a	
	Orthotic Devices – Upper Limb				
	Shoulder Orthosis (SO)				
L3650	SO, figure of eight design abduction re-strainer, prefabricated, includes fitting and adjustment	No	17.83	n/a	
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	No	81.53	n/a	
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	No	54.93	n/a	
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes non-torsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3677	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	No	BI	n/a	
	Elbow Orthosis (EO)				
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	No	BI	n/a	
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	No	42.42	n/a	
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	No	75.15	n/a	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	No	BI	n/a	
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	No	BI	n/a	
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	No	498.12	n/a	
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	No	649.60	n/a	
E1818	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	No	BI	n/a	
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	No	BI	n/a	
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	No	BI	n/a	
	Elbow-Wrist-Hand Orthosis				
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3764	Elbow wrist hand orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
	Elbow-Wrist-Hand-Finger Orthosis				
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3766	Elbow wrist hand finger orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
	Wrist-Hand-Finger Orthosis (WHFO)				
L3800	WHFO, short opponens, no attachments, custom fabricated	No	162.05	n/a	
L3805	WHFO, long opponens, no attachment, custom fabricated	No	229.71	n/a	
L3806	WHFO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include sofe interface material, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	Effective 1/1/2007

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	No	BI	n/a	
L3808	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	Effective 1/1/2007
L3810	WHFO, additions to short and long opponens, thumb abduction ("C") bar	No	52.53	n/a	
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	No	50.33	n/a	
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	No	68.73	n/a	
L3825	WHFO, addition to short and long opponens, M.P. extension stop	No	51.70	n/a	
L3830	WHFO, addition to short and long opponens, M.P. extension assist	No	60.08	n/a	
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	No	67.65	n/a	
L3840	WHFO, addition to short and long opponens, spring swivel thumb	No	47.13	n/a	
L3845	WHFO, addition to short and long opponens, thumb I. P. extension assist, with M. P. stop	No	58.46	n/a	
L3850	WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist	No	69.29	n/a	
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	No	67.11	n/a	
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	No	103.36	n/a	
L3890	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	No	BI	n/a	
	Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension				
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	No	786.50	n/a	
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	No	920.13	n/a	
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	No	BI	n/a	
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	No	BI	n/a	
	External power				
L3902	WHFO, external powered, compressed gas, custom fabricated	Deleted			Deleted 12/31/2006
L3904	WHFO, external powered, electric, custom fabricated	No	1555.60	n/a	
	Other WHFOs – Custom fitted				
L3905	Wrist hand orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	255.44	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	No	280.70	n/a	
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	No	33.10	n/a	
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment	No	269.26	n/a	
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	No	77.41	n/a	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	Deleted			Deleted 12/31/2006
L3915	WHFO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	No	44.32	n/a	Effective 1/1/2007
L3916	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	No	61.15	n/a	
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment	No	42.22	n/a	
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	No	46.29	n/a	
L3921	Hand finger orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	No	44.40	n/a	
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	No	46.00	n/a	
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	No	47.09	n/a	
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	No	29.50	n/a	
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	No	37.40	n/a	
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	No	25.17	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	No	29.29	n/a	
L3935	Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3936	WHFO, Palmer, prefabricated, includes fitting and adjustment	No	43.30	n/a	
L3938	WHFO, dorsal, wrist, prefabricated, includes fitting and adjustment	No	56.70	n/a	
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	No	52.50	n/a	
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	No	43.30	n/a	
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	No	59.69	n/a	
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	No	48.18	n/a	
L3948	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	No	30.58	n/a	
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	No	72.25	n/a	
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	No	77.93	n/a	
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	No	45.47	n/a	
L3956	Addition of joint to upper extremity orthosis, any material; per joint	No	BI	n/a	
	Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)				
L3960	SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	No	446.72	n/a	
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	No	408.97	n/a	
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	No	757.34	n/a	
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	No	570.54	n/a	
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	No	591.05	n/a	
L3969	SEO, mobile arm support, mono-suspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	No	504.90	n/a	
L3970	SEO, addition to mobile arm support, elevating proximal arm	No	227.33	n/a	
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	No	132.62	n/a	
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3974	SEO, addition to mobile arm support, supinator	No	111.09	n/a	
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	No	BI	n/a	.
	Fracture orthosis				
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	No	187.90	n/a	
L3982	Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment	No	232.33	n/a	
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	No	258.70	n/a	
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	No	BI	n/a	
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulna, wrist (example: Colles' fracture), custom fabricated	No	338.29	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	No	19.88	n/a	
L3999	Upper limb orthosis, NOS	No	BI	n/a	
	Specific repair				
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	No	BI	n/a	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	No	BI	n/a	
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	No	719.86	n/a	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	No	BI	n/a	
L4010	Replace trilateral socket brim	No	361.56	n/a	
L4020	Replace quadrilateral socket brim, molded to patient model	No	398.37	n/a	
L4030	Replace quadrilateral socket brim, custom fitted	No	267.39	n/a	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	No	267.39	n/a	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	No	271.63	n/a	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	No	238.16	n/a	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	No	164.92	n/a	
L4060	Replace high roll cuff	No	267.39	n/a	
L4070	Replace proximal and distal upright for KAFO	No	243.57	n/a	
L4080	Replace metal bands KAFO, proximal thigh	No	68.20	n/a	
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	No	64.94	n/a	
L4100	Replace leather cuff KAFO, proximal thigh	No	62.10	n/a	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	No	56.10	n/a	
L4130	Replace pretibial shell	No	259.80	n/a	
	Repairs				
L4205	Repair of orthotic device, labor component, per 15 minutes	No	BI	n/a	
L4210	Repair of orthotic device, repair or replace minor parts	No	BI	n/a	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment	No	50.48	n/a	
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	No	168.73	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	No	128.62	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	No	66.72	n/a	
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L4392	Replacement soft interface material, static AFO	No	BI	n/a	
L4394	Replace soft interface material, foot drop splint	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	No	110.67	n/a	
L4398	Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment	No	BI	n/a	
	Prosthetic Procedures L5000-L9999				
	Lower limb				
	Partial foot				
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	No	334.35	n/a	
L5010	Partial foot, molded socket, ankle height, with toe filler	No	883.84	n/a	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	No	1550.73	n/a	
	Ankle				
L5050	Ankle, Symes, molded socket, SACH foot	No	1647.54	n/a	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	No	2064.51	n/a	
	Below knee				
L5100	Below knee, molded socket, shin, SACH foot	No	1538.03	n/a	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	No	2521.92	n/a	
	Knee disarticulation				
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	No	2548.46	n/a	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	No	2720.72	n/a	
	Above knee				
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	No	2307.46	n/a	
L5210	Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each	No	1828.00	n/a	
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	No	1985.40	n/a	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	No	3356.61	n/a	
	Hip disarticulation				
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	No	3875.07	n/a	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot	No	3915.38	n/a	
	Hemipelvectomy				
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	No	4108.60	n/a	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	No	1748.93	n/a	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system	No	3070.00	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	No	2805.87	n/a	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	4479.10	n/a	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	4993.38	n/a	
	Immediate post surgical or early fitting procedures				
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	No	1050.48	n/a	
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, blow knee, each additional cast change and realignment	No	266.30	n/a	
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	No	1261.33	n/a	
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, “AK” or knee disarticulation, each additional cast change and realignment	No	309.90	n/a	
L5450	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee	No	528.82	n/a	
L5460	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee	No	580.00	n/a	
	Initial prosthesis				
L5500	Initial, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	No	1166.99	n/a	
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	No	1486.21	n/a	
	Preparatory prosthesis				
L5510	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	No	1229.25	n/a	
L5520	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	No	1142.38	n/a	
L5530	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	No	1580.81	n/a	
L5535	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	No	580.63	n/a	
L5540	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	No	1344.26	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	No	1764.10	n/a	
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	No	2053.51	n/a	
L5580	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	No	2253.85	n/a	
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	No	2137.94	n/a	
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	No	2031.68	n/a	
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	No	2519.43	n/a	
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	No	2822.38	n/a	
	Additions: Lower extremity				
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	No	1477.98	n/a	
L5611	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control	No	1421.62	n/a	
L5613	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control	No	2225.12	n/a	
L5614	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	No	BI	n/a	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	No	1170.74	n/a	
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	No	BI	n/a	
	Additions: Test sockets				
L5618	Addition to lower extremity, test socket, Symes	No	186.11	n/a	
L5620	Addition to lower extremity, test socket, below knee	No	183.98	n/a	
L5622	Addition to lower extremity, test socket, knee disarticulation	No	239.90	n/a	
L5624	Addition to lower extremity, test socket, above knee	No	241.34	n/a	
L5626	Addition to lower extremity, test socket, hip disarticulation	No	259.81	n/a	
L5628	Addition to lower extremity, test socket, hemipelvectomy	No	280.11	n/a	
L5629	Addition to lower extremity, below knee, acrylic socket	No	210.31	n/a	
	Additions: Socket variations				
L5630	Addition to lower extremity, Symes type, expandable wall socket	No	260.17	n/a	

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L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	No	290.77	n/a	
L5632	Addition to lower extremity, Symes type, “PTB” brim design socket	No	180.65	n/a	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	No	364.68	n/a	
L5636	Addition to lower extremity, Symes type, medial opening socket	No	224.82	n/a	
L5637	Addition to lower extremity, below knee, total contact	No	191.17	n/a	
L5638	Addition to lower extremity, below knee, leather socket	No	510.59	n/a	
L5639	Addition to lower extremity, below knee, wood socket	No	1741.46	n/a	
L5640	Addition to lower extremity, knee disarticulation, leather socket	No	607.99	n/a	
L5642	Addition to lower extremity, above knee, leather socket	No	587.83	n/a	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	No	934.06	n/a	
L5644	Addition to lower extremity, above knee, wood socket	No	747.78	n/a	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	No	704.01	n/a	
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	No	315.86	n/a	
L5647	Addition to lower extremity, below knee, suction socket	No	642.72	n/a	
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	No	382.15	n/a	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	No	1275.39	n/a	
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	No	430.75	n/a	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	No	1026.26	n/a	
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	No	384.69	n/a	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	No	BI	n/a	
	Additions: Socket insert and suspension				
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	220.65	n/a	
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	175.51	n/a	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	BI	n/a	
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	275.80	n/a	
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	No	BI	n/a	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	No	269.52	n/a	
L5666	Addition to lower extremity, below knee, cuff suspension	No	46.34	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5668	Addition to lower extremity, below knee, molded distal cushion	No	66.82	n/a	
L5670	Addition to lower extremity, below knee, molded supracondylar suspension (“PTS” or similar)	No	217.66	n/a	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No	BI	n/a	
L5672	Addition to lower extremity, below knee, removable medial brim suspension	No	256.83	n/a	
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or elastomeric or equal, for use with locking mechanism	No	BI	n/a	
L5676	Addition to lower extremity, below knee, knee joints single axis, pair	No	296.58	n/a	
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	No	326.28	n/a	
L5678	Addition to lower extremity, below knee joint covers, pair	No	34.20	n/a	
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	No	BI	n/a	
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	No	245.92	n/a	
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)	No	BI	n/a	
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	No	BI	n/a	
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)	No	BI	n/a	
L5684	Addition to lower extremity, below knee, fork strap	No	35.05	n/a	
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	No	57.71	n/a	
L5686	Addition to lower extremity, below knee, back check (extension control)	No	35.05	n/a	
L5688	Addition to lower extremity, below knee, waist belt, webbing	No	BI	n/a	
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	No	53.99	n/a	
L5692	Addition to lower extremity, above knee, pelvic control belt, light	No	90.99	n/a	
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	No	133.84	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	No	131.19	n/a	
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	No	120.20	n/a	
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	No	69.02	n/a	
L5699	All lower extremity prostheses, shoulder harness	No	100.98	n/a	
	Replacements				
L5700	Replacement, socket, below knee, molded to patient model	No	1877.83	n/a	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	No	2506.35	n/a	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	No	BI	n/a	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	No	BI	n/a	
L5704	Custom shaped protective cover, below knee	No	391.86	n/a	
L5705	Custom shaped protective cover, above knee	No	665.35	n/a	
L5706	Custom shaped protective cover, knee disarticulation	No	BI	n/a	
L5707	Custom shaped protective cover, hip disarticulation	No	BI	n/a	
	Additions: Exoskeletal knee-shin system				
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	No	BI	n/a	
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	314.12	n/a	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	315.82	n/a	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	No	BI	n/a	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	876.83	n/a	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	No	980.69	n/a	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	BI	n/a	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	No	1092.69	n/a	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	No	1025.39	n/a	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	BI	n/a	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	No	811.17	n/a	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	No	BI	n/a	
	Component modification				
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	343.82	n/a	
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	BI	n/a	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	No	580.63	n/a	
	Additions: Endoskeletal knee-shin system				
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	No	389.71	n/a	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	625.14	n/a	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	460.19	n/a	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	No	2499.07	n/a	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	BI	n/a	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	No	811.88	n/a	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	1542.57	n/a	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	No	BI	n/a	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	No	2101.42	n/a	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	2101.44	n/a	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	No	1287.50	n/a	
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	No	2582.55	n/a	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	No	1206.09	n/a	
L5848	Addition to endoskeletal, knee-shin system, fluid stance extension, dampening feature, with or without adjustability	No	BI	n/a	
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	No	112.88	n/a	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	No	BI	n/a	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	No	BI	n/a	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	No	BI	n/a	
L5910	Addition, endoskeletal system, below knee, alignable system	No	319.56	n/a	
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	No	464.96	n/a	
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	No	BI	n/a	
L5930	Addition, endoskeletal system, high activity knee control frame	No	BI	n/a	
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	402.34	n/a	
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	486.31	n/a	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	No	422.18	n/a	
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	No	495.55	n/a	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	No	700.29	n/a	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	No	BI	n/a	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	No	BI	n/a	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	No	150.25	n/a	
L5971	All lower extremity prosthesis, solid ankle cushion hell (SACH) foot, replacement only	No	BI	n/a	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	No	231.75	n/a	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	No	156.36	n/a	
L5975	All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot	No	395.14	n/a	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	No	400.15	n/a	
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	No	193.13	n/a	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	No	1827.80	n/a	
L5980	All lower extremity prostheses, flex-foot system	No	3271.49	n/a	
L5981	All lower extremity prostheses, flex-walk system or equal	No	2137.84	n/a	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	No	649.67	n/a	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	No	399.17	n/a	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	No	559.12	n/a	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	No	4840.70	n/a	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	No	1344.24	n/a	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No	BI	n/a	
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)	No	BI	n/a	Effective 1/1/2007
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)	No	BI	n/a	Effective 1/1/2007
L5995	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knew (for patient weight greater than 300 lbs)	No	BI	n/a	
L5999	Lower extremity prosthesis not otherwise specified	No	BI	n/a	
	Upper Limb				
	The procedures in L6000-L6599 are considered as "base" or "basic procedures" and may be modified by listing procedures from the "addition" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified				
	Partial hand				
L6000	Partial hand, Robin-aids, thumb remaining (or equal)	No	893.57	n/a	
L6010	Partial hand, Robin-aids, little and/or ring finger remaining (or equal)	No	984.74	n/a	
L6020	Partial hand, Robin-aids, no finger remaining (or equal)	No	935.03	n/a	
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	No	BI	n/a	
	Wrist disarticulation				
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	No	1352.81	n/a	
L6055	Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad	No	1872.94	n/a	
	Below elbow				
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	No	1339.02	n/a	
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	No	1381.93	n/a	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	No	1522.34	n/a	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	No	1728.67	n/a	
	Elbow disarticulation				
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	No	1872.91	n/a	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	No	2273.26	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Above elbow				
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	No	BI	n/a	
L6250	Above elbow molded double wall socket, internal locking elbow, forearm	No	1796.62	n/a	
	Shoulder disarticulation				
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	2485.48	n/a	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	No	1950.69	n/a	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	No	1177.98	n/a	
	Interscapular thoracic				
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	3295.10	n/a	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	No	2059.59	n/a	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	No	1409.56	n/a	
	Immediate and early post surgical procedures				
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	No	811.88	n/a	
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	No	1082.49	n/a	
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	No	1407.26	n/a	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	No	297.69	n/a	
L6388	Immediate post surgical or early fitting, application of rigid dressing only	No	405.95	n/a	
	Endoskeletal: Below elbow				
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	2047.40	n/a	
	Endoskeletal: Elbow disarticulation				
L6450	Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping	No	2293.19	n/a	
	Endoskeletal: Above elbow				
L6500	Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping	No	2654.04	n/a	
	Endoskeletal: Shoulder disarticulation				
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	3059.87	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
	Endoskeletal: Interscapular thoracic				
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	3308.63	n/a	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, “USMC” or equal pylon, no cover, molded to patient model	No	1271.95	n/a	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, “USMC” or equal pylon, no cover, direct formed	No	1271.95	n/a	
L6584	Preparatory, wrist disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, “USMC” or equal pylon, no cover, molded to patient model	No	1202.25	n/a	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, “USMC” or equal pylon, no cover, direct formed	No	1202.25	n/a	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, “USMC” or equal pylon, no cover, molded to patient model	No	1716.67	n/a	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, “USMC” or equal pylon, no cover, direct formed	No	1615.67	n/a	
	Additions: Upper limb				
	The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order				
L6600	Upper extremity additions, polycentric hinge, pair	No	97.42	n/a	
L6605	Upper extremity additions, single pivot hinge, pair	No	100.66	n/a	
L6610	Upper extremity additions, flexible metal hinge, pair	No	133.12	n/a	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	No	BI	n/a	Effective 1/1/2007
L6615	Upper extremity addition, disconnect locking wrist unit	No	129.20	n/a	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	No	42.92	n/a	
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	No	225.15	n/a	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	No	BI	n/a	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	No	355.44	n/a	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	No	BI	n/a	Effective 1/1/2007
L6625	Upper extremity addition, rotation wrist unit with cable lock	No	256.14	n/a	

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L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	No	422.70	n/a	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	No	129.08	n/a	
L6630	Upper extremity addition, stainless steel, any wrist	No	136.64	n/a	
L6632	Upper extremity addition, latex suspension sleeve, each	No	57.32	n/a	
L6635	Upper extremity addition, life assist for elbow	No	147.86	n/a	
L6637	Upper extremity addition, nudge control elbow lock	No	178.62	n/a	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	No	BI	n/a	
L6639	Upper extremity addition, heavy duty feature, any elbow	No	BI	n/a	Effective 1/1/2007
L6640	Upper extremity additions, shoulder abduction joint, pair	No	219.49	n/a	
L6641	Upper extremity addition, excursion amplifier, pulley type	No	135.32	n/a	
L6642	Upper extremity addition, excursion amplifier, lever type	No	119.07	n/a	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	No	184.53	n/a	
L6646	Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	No	BI	n/a	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	No	BI	n/a	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	No	BI	n/a	
L6650	Upper extremity addition, shoulder universal joint, each	No	222.90	n/a	
L6655	Upper extremity addition, standard control cable, extra	No	49.70	n/a	
L6660	Upper extremity addition, heavy duty control cable	No	62.22	n/a	
L6665	Upper extremity addition, Teflon, or equal, cable lining	No	30.48	n/a	
L6670	Upper extremity addition, hook to hand, cable adapter	No	31.74	n/a	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	No	166.38	n/a	
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	No	79.47	n/a	
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	No	93.68	n/a	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	No	BI	n/a	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	No	162.62	n/a	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	No	177.25	n/a	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	No	227.33	n/a	
L6686	Upper extremity addition, suction socket	No	390.69	n/a	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	No	508.95	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	No	265.21	n/a	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	No	346.40	n/a	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	No	346.40	n/a	
L6691	Upper extremity addition, removable insert, each	No	228.43	n/a	
L6692	Upper extremity addition, silicone gel insert or equal, each	No	463.02	n/a	
L6693	Upper extremity addition, locking elbow, forearm counter balance	No	2419.71	n/a	
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No	BI	n/a	
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No	BI	n/a	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No	BI	n/a	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No	BI	n/a	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	No	BI	n/a	
	Terminal Devices				
	Hooks				
L6700	Terminal device, hook, Dorrance or equal, model #3	Deleted			Deleted 12/31/2006
L6703	Terminal device, passive hand/mitt, any material, any size	No	BI	n/a	Effective 1/1/2007
L6704	Terminal device, sport/recreation/work attachment, any material, any size	Yes	BI	n/a	Effective 1/1/2007
L6705	Terminal device, hook, Dorrance or equal, model #5	Deleted			Deleted 12/31/2006
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	No	BI	n/a	Effective 1/1/2007
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any sized, lined or unlined	No	BI	n/a	Effective 1/1/2007
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	No	BI	n/a	Effective 1/1/2007
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	No	BI	n/a	Effective 1/1/2007
L6710	Terminal device, hook, Dorrance or equal, model #5X	Deleted			Deleted 12/31/2006
L6715	Terminal device, hook, Dorrance or equal, model #5XA	Deleted			Deleted 12/31/2006

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L6720	Terminal device, hook, Dorrance or equal, model #6	Deleted			Deleted 12/31/2006
L6725	Terminal device, hook, Dorrance or equal, model #7	Deleted			Deleted 12/31/2006
L6730	Terminal device, hook, Dorrance or equal, model #7LO	Deleted			Deleted 12/31/2006
L6735	Terminal device, hook, Dorrance or equal, model #8	Deleted			Deleted 12/31/2006
L6740	Terminal device, hook, Dorrance or equal, model #8X	Deleted			Deleted 12/31/2006
L6745	Terminal device, hook, Dorrance or equal, model #88X	Deleted			Deleted 12/31/2006
L6750	Terminal device, hook, Dorrance or equal, model #10P	Deleted			Deleted 12/31/2006
L6755	Terminal device, hook, Dorrance or equal, model #10X	Deleted			Deleted 12/31/2006
L6765	Terminal device, hook, Dorrance or equal, model #12P	Deleted			Deleted 12/31/2006
L6770	Terminal device, hook, Dorrance or equal, model #99X	Deleted			Deleted 12/31/2006
L6775	Terminal device, hook, Dorrance or equal, model #555	Deleted			Deleted 12/31/2006
L6780	Terminal device, hook, Dorrance or equal, model #SS555	Deleted			Deleted 12/31/2006
L6790	Terminal device, hook, Accu hook or equal	Deleted			Deleted 12/31/2006
L6795	Terminal device, hook, 2 load or equal	Deleted			Deleted 12/31/2006
L6800	Terminal device, hook, APRL VC or equal	Deleted			Deleted 12/31/2006
L6805	Addition to terminal device, modifier wrist unit	No	257.64	n/a	
L6806	Terminal device, hook, TRS Grip, Grip III, VC, or equal	Deleted			Deleted 12/31/2006
L6807	Terminal device, hook, Grip I, Grip II, VC, or equal	Deleted			Deleted 12/31/2006
L6808	Terminal device, hook, TRS Adept, infant or child, VC or equal	Deleted			Deleted 12/31/2006
L6809	Terminal device, hook, TRS Super Sport, passive	Deleted			Deleted 12/31/2006
L6810	Addition to terminal device, precision pinch device	No	176.65	n/a	
	Hands				
L6825	Terminal device, hand, Dorrance, VO	Deleted			Deleted 12/31/2006
L6830	Terminal device, hand, APRL, VC	Deleted			Deleted 12/31/2006
L6835	Terminal device, hand, Sierra, VO	Deleted			Deleted 12/31/2006
L6840	Terminal device, hand, Becker Imperial	Deleted			Deleted 12/31/2006
L6845	Terminal device, hand, Becker Lock Grip	Deleted			Deleted 12/31/2006
L6850	Terminal device, hand, Becker Plylite	Deleted			Deleted 12/31/2006
L6855	Terminal device, hand, Robin-Aids, VO	Deleted			Deleted 12/31/2006
L6860	Terminal device, hand, Robin-Aids, VO soft	Deleted			Deleted 12/31/2006
L6865	Terminal device, hand, passive hand	Deleted			Deleted 12/31/2006
L6867	Terminal device, hand, Detroit Infant Hand (mechanical)	Deleted			Deleted 12/31/2006
L6868	Term device, hand, passive infant hand, Steeper, Hosmer or equal	Deleted			Deleted 12/31/2006
L6870	Terminal device, hand, child mitt	Deleted			Deleted 12/31/2006
L6872	Terminal device, hand, NYU child hand	Deleted			Deleted 12/31/2006
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	Deleted			Deleted 12/31/2006
L6875	Terminal device, hand, Bock, VC	Deleted			Deleted 12/31/2006
L6880	Terminal device, hand, Bock, VO	Deleted			Deleted 12/31/2006
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes*	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes*	BI	n/a	
	Replacement Sockets				
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	No	BI	n/a	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	No	BI	n/a	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	No	BI	n/a	
	Gloves for above hands				
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes*	120.24	n/a	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Yes*	455.42	n/a	
	Hand restoration				
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Yes*	1099.87	n/a	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes*	1079.30	n/a	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes*	1095.54	n/a	
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes*	405.40	n/a	
	External Power				
	Base devices				
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	4385.03	n/a	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	4725.34	n/a	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	4847.01	n/a	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	5452.89	n/a	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	5888.11	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	6842.37	n/a	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	6255.37	n/a	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	9580.31	n/a	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	7841.38	n/a	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	BI	n/a	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	8930.28	n/a	
L6975	Intercapsular thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	9923.13	n/a	
L7007	Electric hand, switch or myoelectric, controlled, adult	No	BI	n/a	Effective 1/1/2007
L7008	Electric hand, switch or myoelectric, controlled, pediatric	No	BI	n/a	Effective 1/1/2007
L7009	Electric hook, switch or myoelectric controlled, adult	No	BI	n/a	Effective 1/1/2007
L7010	Electronic hand, Otto Bock, Steeper or equal, switch controlled	Deleted			Deleted 12/31/2006
L7015	Electronic hand, System Teknik, Variety Village or equal, switch controlled	Deleted			Deleted 12/31/2006
L7020	Electronic griefer, Otto Bock or equal, switch controlled	Deleted			Deleted 12/31/2006
L7025	Electronic hand, Otto Bock or equal, myoelectronically controlled	Deleted			Deleted 12/31/2006
L7030	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	Deleted			Deleted 12/31/2006
L7035	Electronic griever, Otto Bock or equal, myoelectronically controlled	Deleted			Deleted 12/31/2006
L7040	Prehensile actuator, switch controlled	No	1817.63	n/a	
L7045	Electronic hook, switch or myoelectric controlled, pediatric	No	930.27	n/a	
	Elbow				
L7170	Electronic elbow, Hosmer or equal, switch controlled	No	3897.81	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	No	BI	n/a	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	No	BI	n/a	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	No	4039.17	n/a	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	No	7387.29	n/a	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	No	5048.97	n/a	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	No	8122.05	n/a	
L7260	Electronic wrist rotator, Otto Bock or equal	No	1544.99	n/a	
L7261	Electronic wrist rotator, for Utah arm	No	2877.91	n/a	
L7266	Servo control, Steeper or equal	No	642.09	n/a	
L7272	Analogue control, UNB or equal	No	1413.71	n/a	
L7274	Proportional control 6-12 volt, Liberty, Utah or equal	No	4145.43	n/a	
	Battery components				
L7360	Six volt battery Otto Bock or equal, each	No	108.25	n/a	
L7362	Battery charger, six volt, Otto Bock or equal	No	303.1	n/a	
L7364	Twelve volt battery, Utah or equal, each	No	62.78	n/a	
L7366	Battery charger, twelve volt, Utah or equal	No	108.25	n/a	
L7367	Lithium ion battery, replacement	No	BI	n/a	
L7368	Lithium ion battery charger	No	BI	n/a	
	Addition to upper extremity prosthesis				
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	No	BI	n/a	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	No	BI	n/a	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	No	BI	n/a	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	No	BI	n/a	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	No	BI	n/a	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	No	BI	n/a	
L7499	Upper extremity prosthesis, NOS	No	BI	n/a	
	Repairs				
L7500	Repair of prosthetic device, hourly rate (excludes V5335	No	BI	n/a	
	Repair of oral or laryngeal prosthesis or artificial larynx)				
L7510	Repair of prosthetic device, repair or replace minor parts	No	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L7520	Repair prosthetic device, labor component, per 15 minutes	No	16.21	n/a	
	General				
L7900	Vacuum erection system	Yes*	BI	n/a	
	Prostheses				
L8000	Breast prosthesis, mastectomy bra	No	24.87	n/a	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	No	BI	n/a	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	No	BI	n/a	
L8010	Breast prosthesis, mastectomy sleeve	No	53.52	n/a	
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	No	51.09	n/a	
L8020	Breast prosthesis, mastectomy form	No	120.69	n/a	
L8030	Breast prosthesis, silicone or equal	No	235.58	n/a	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	No	BI	n/a	
L8039	Breast prosthesis, NOS	No	BI	n/a	
L8040	Nasal prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8041	Midfacial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8042	Orbital prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8043	Upper facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8044	Hemi-facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8045	Auricular prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8046	Partial facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8047	Nasal septal prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Yes*	BI	n/a	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Yes*	BI	n/a	
	Trusses				
L8300	Truss, single with standard pad	No	66.22	n/a	
L8310	Truss, double with standard pads	No	109.52	n/a	
L8320	Truss, addition to standard pads, water pad	No	27.61	n/a	
L8330	Truss, addition to standard pads, scrotal pad	No	31.39	n/a	
	Prosthetic socks				
L7600	Prosthetic donning sleeve, any material, each	No	BI	n/a	
L8400	Prosthetic sheath, below knee, each	No	9.47	n/a	
L8410	Prosthetic sheath, above knee, each	No	14.50	n/a	
L8415	Prosthetic sheath upper limb each	No	15.65	n/a	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	No	50.60	n/a	
L8420	Prosthetic sock, multiple ply, below knee, each	No	10.98	n/a	
L8430	Prosthetic sock, multiple ply, above knee, each	No	13.86	n/a	
L8435	Prosthetic sock, multiple ply, upper limb, each	No	13.93	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
L8440	Prosthetic shrinker, below knee, each	No	27.68	n/a	
L8460	Prosthetic shrinker, above knee, each	No	44.11	n/a	
L8465	Prosthetic shrinker, upper limb, each	No	35.34	n/a	
L8470	Prosthetic sock, single ply, fitting, below knee, each	No	5.35	n/a	
L8480	Prosthetic sock, single ply, fitting, above knee, each	No	8.12	n/a	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	No	8.83	n/a	
	Prosthetic Implants				
	Integumentary system				
L8500	Artificial larynx, any type	No	457.63	n/a	
L8501	Tracheostomy speaking valve	No	63.59	n/a	
L8505	Artificial larynx replacement battery/accessory, any type	Yes*	BI	n/a	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes*	BI	n/a	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes*	BI	n/a	
L8510	Voice amplifier	Yes*	BI	n/a	
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	No	BI	n/a	
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	No	BI	n/a	
L8513	Cleaning device used with tracheo-esophageal voice prosthesis, pipette, brush, or equal, replacement only, each	No	BI	n/a	
L8514	Tracheo-esophageal puncture dilator, replacement only, each	No	BI	n/a	
L8515	Gelatin capsule application device for use with tracheo-esophageal voice prosthesis, each	No	BI	n/a	
	Head: Skull, facial bones, and temporomandibular joint				
L8610	Ocular implant	Yes*	BI	n/a	
L8619	Cochlear implant external speech processor, replacement	Yes*	BI	n/a	
	Speech augmentation devices				
A4601	Lithium ion battery for non-prosthetic use, replacement	Yes	BI	n/a	Effective 1/1/2007
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes*	BI	n/a	
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes*	BI	n/a	
E2502	Speech generating device, digitalized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Yes*	BI	n/a	
E2504	Speech generating device, digitalized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Yes*	BI	n/a	
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes*	BI	n/a	

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CODE	NARRATIVE	PAR	MAXIMUM PURCHASE ($)	MAXIMUM RENTAL ($)	COMMENTS
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes*	BI	n/a	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes*	BI	n/a	
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes*	BI	n/a	
E2512	Accessory for speech generating device, mounting system	Yes*	BI	n/a	
E2599	Accessory for speech generating device, not otherwise classified	Yes*	BI	n/a	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes*	BI	n/a	

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L5200	80	L5632	83	L5696	85	L5920	87	L6350	89	L6665	91	L6805	93	L7009	95
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L5220	80	L5636	83	L5699	85	L5930	87	L6370	89	L6672	91	L6807	93	L7015	95
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QUESTIONNAIRE #1
HOSPITAL BED

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

How many hours per day is this client in bed? _____

What type of bed/mattress does this client presently use? Why doesn't it meet this client's needs? _____

_____

_____

What other alternatives have been tried? _____

_____

What type of bed is necessary to meet the client's needs? _____

_____

If request is for a semi or fully electric hospital bed, explain why a manual hospital bed will not provide for this client's needs:

_____

_____

_____

Can the client work the controls of an electric bed independently? Yes ☐ No ☐

Can the client change positions independently? Yes ☐ No ☐

Is a caregiver available to assist this client in changing position? Yes ☐ No ☐

If so, how many hours per day? _____

Is the caregiver at risk for injury? _____

List client's approximate current height and weight: _____

Please supply any additional information that will assist us in determining **medical necessity** for your request:

_____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #2
PRESSURE RELIEF MATTRESS

Client Name _____

Medical Assistance Program Client ID# _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department . After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

_____

_____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

What other alternatives have been tried? _____

_____

What type of mattress is necessary to meet the client's needs? _____

_____

How many hours per day is this client in bed? _____

Does this client have a history of skin breakdown? Yes ☐ No ☐ If yes, explain: _____

_____

_____

Does client currently have skin breakdown? Yes ☐ No ☐ If yes, explain level and location: _____

Level 1 _____

Level 2 _____

Level 3 _____

Level 4 _____

For what length of time is this mattress necessary? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

_____

_____

_____

Physician Signature: _____ Date: _____

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Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for **MEDICAL ASSISTANCE PROGRAM** ACS Medical Review Department	303-534-0279 1-800-237-7647

QUESTIONNAIRE #3
LIFT

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

What type of lift is necessary to meet the client's needs? _____

Will the client be confined to bed without the use of a lift? _____

If requested lift is electric, indicate why the electric is necessary, as opposed to a manual lift: _____

_____

What other alternatives have been tried? _____

Indicate client's approximate height, weight, and age: _____

List any specific weaknesses and/or impairments of the client: _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Does this client's condition require the assistance of more than one caregiver to transfer between bed, chair, wheelchair, or commode?

Yes ☐ No ☐

Indicate *caregiver's* approximate height, weight, and age: _____

To what degree can this client assist the caregiver with transfers? _____

_____

Can this client ambulate? _____ If yes, how far and with what degree of assistance? _____

_____

How long will this client require the lift? _____

Who will operate this lift? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #4
SEAT LIFT

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Does the client have one of the following conditions?

- ☐ Severe arthritis of the knee
- ☐ Severe arthritis of the hip
- ☐ Neuromuscular disease
- ☐ Other

Does the client live alone? Yes ☐ No ☐

Is the seat lift mechanism intended to effect improvement or arrest or retard deterioration in the client's condition?

☐ Effect improvement ☐ Arrest the client's condition ☐ Retard deterioration

Is the client completely incapable of standing from any chair in the home? _____

Once standing can the client ambulate independently? _____

What other alternatives have been tried? _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #5
BLOOD PRESSURE UNIT/MONITOR

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Indicate the dates and the latest three blood pressure readings of the client: _____

How frequently does the blood pressure need to be monitored? _____

What medication(s) is the client on? _____

If ordering an automatic monitor, please explain why a manual monitor will not meet the client's needs: _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #6
PULSE OXIMETER

Client Name: _____

Medical Assistance Program Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of a pulse oximeter beyond the initial 3-month monitoring period. Medical necessity must be documented for the continued use of a pulse oximeter after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____

Provide the dates and readings for one month of pulse oximetry: _____

_____

_____

_____

Are pulse ox readings being taken on a daily basis? _____ If yes, how many times per day? _____

What type of treatment is done when client desaturates? _____

_____

_____

Is client on continuous oxygen? Yes ☐ No ☐ Is client using oxygen intermittently? Yes ☐ No ☐

If so, how many liters per minute: _____

How long will client need routine oximetry? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

_____

_____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #7
APNEA MONITOR

Client Name: _____

Medical Assistance Program Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of an apnea monitor beyond the initial 6-month monitoring period. Medical necessity must be documented for the continued use of an apnea monitor after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____ How frequently have apneic episodes occurred? _____

Dates: _____

_____

Is apnea monitoring continuous? _____ At night only? _____ During feedings? _____

List all documented apneic episodes during the initial 6-month monitoring period: _____

_____

_____

Has client been hospitalized due to apneic episodes or related diagnosis? _____

If yes, what dates? _____

_____

Is client on continuous oxygen? Yes ☐ No ☐ Is client using oxygen intermittently? Yes ☐ No ☐

If so, how many liters per minute: _____

How long will client need apnea monitoring? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

_____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #8
CPAP/BIPAP

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

_____

_____

Send a written sleep study report with written results for CPAP. _____

If BIPAP is utilized for sleep apnea, has a sleep study been done? Yes ☐ No ☐ .

If yes, please include written results of study.

Supply any additional information that will assist us in determining **medical necessity** for this request: _____

_____

_____

_____

_____

_____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #9
TENS or NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR)

Client Name: _____

Medical Assistance Program Client ID#: _____

Transcutaneous or neuromuscular electrical nerve stimulation (TENS or NMES) is an acceptable treatment modality for some types of chronic intractable pain. Generally, a physician should be able to assess whether or not a client is likely to derive a significant therapeutic benefit from continuous use of a TENS or NMES unit within a trial period of 2 months. Medical necessity must be documented for continued use of TENS or NMES beyond the initial 2-month trial period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

During the trial period, did the TENS or NMES:

A. Produce no relief? ☐ B. Produce greater discomfort than the original pain? ☐ C. Significantly alleviate pain? ☐

List any used or prescribed analgesics (drug/dose/route/frequency) *prior* to using TENS or NMES:

_____

_____

Identify any of the above medications that were reduced in dosage/frequency as a result of the use of TENS or NMES: _____

_____

Identify any of the above medications that were discontinued as a result of the use of TENS or NMES: _____

_____

What was the degree of range of motion or mobility prior to initiation of treatment? _____

_____

Did the client's range of motion or mobility improve because of using a TENS or NMES? _____ If yes, describe: _____

_____

Do you feel your client derived significant therapeutic benefits to warrant continued (long term) use of a nerve stimulator? _____

Provision of a TENS unit is considered the final alternative in pain management. Comment on the following alternative treatments for this client and, if appropriate, the clinical results of each. This information is ***required*** to establish medical necessity. ***Failure to respond fully will result in denial of your request.***

A. Traction	
B. Trigger point	
C. Surgery	
D. Drugs	

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #10
ORAL AND ENTERAL NUTRITION FORMULAE

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

_____

_____

Client's height: _____ Client's current weight: _____ Client's ideal body weight: _____

What brand name(s) of formula are requested to meet the client's need? _____

_____

_____

Number of calories this formula will provide for the client *per day*: _____

Is the requested formula a supplement or the sole source of nutrition? _____

How is formula given? Oral ☐ Enteral ☐

Does this client have difficulty with chewing/swallowing? _____ If yes, describe: _____

_____

_____

_____

If therapeutic intent of this formula is to serve as a protein supplement, indicate most recent serum albumin level:

_____

Please supply any additional information that will assist us in determining **medical necessity** for this request:

_____

_____

_____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #11
ADULT ORTHOTICS and PROSTHETICS

This form must accompany all prior authorization requests, and may be completed by the physical therapist, prosthetist, or other medical professional familiar with the O/P needs of the client.

Client's Name: _____ Medical Assistance Program Client ID#: _____

Name and title of person completing this form: _____

General information questions:

1. Why does the client require this equipment? (Be specific; include diagnosis, co-morbidities, brief history, current condition, etc.)

_____

_____

_____

2. If the client previously lacked this equipment, what medical repercussions has the client experienced in the past 12 months? (check all that apply)

- ☐ Increased disability
- ☐ Loss of independence
- ☐ Lack of rehabilitation
- ☐ Continuing pain/discomfort/increased use of medication
- ☐ Surgery
- ☐ Physician assessment
- ☐ Disability related hospitalizations
- ☐ Related ER care required
- ☐ Use of other DME support function; specify type: _____

3. In the next year, if the equipment is supplied, what medical events and costs can be avoided? (check all that apply)

- ☐ Surgery (CPT code) _____
- ☐ Medication reduction
- ☐ Hospitalizations
- ☐ Physician assessment
- ☐ Continuing use of durable medical equipment named in #2 above

Other, Describe: _____

4. What change in the client's condition do you anticipate if the equipment is supplied?

- ☐ Problem correction
- ☐ Problem alleviation
- ☐ Prevention of associated problems
- ☐ Potential of avoiding surgery with use of orthotic or prosthetic

Questions specific to prostheses:

5. Functional level as defined by Medicare. Circle one.

Level 0 Level 1 Level 2 Level 3 Level 4

6. What is the client's height? _____ Weight? _____

7. Is this a replacement? ☐ Yes ☐ No If this is a replacement, in what year was the current O/P issued? _____

If this is a new prosthesis, when was the amputation/surgery performed? Month _____ Year _____

Questions specific to orthosis:

8. Is the orthosis pre-manufactured/custom fitted? _____ Custom fabricated? _____

9. What is the reason a pre-manufactured device is not appropriate? _____

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QUESTIONNAIRE # 12
WOUND CLOSURE THERAPY

Client Name: _____ Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please use the phone numbers listed above to contact the Medical Review Department.. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

1. Wound description, including: location, stage, size, depth, any tunneling, etc. _____

2. Previous wound treatment: _____

   Length of time: _____ Severe coexisting chronic illness Yes ☐ No ☐

   If yes, describe illness: _____

3. Does client have a history of skin break down ☐ Yes ☐ No If yes, explain and include treatment history _____

4. Does the client use a pressure-reducing surface: Yes ☐ No ☐

   If yes, please describe: _____

5. If the client has an albumin level less than 3 mg/dl, please list the albumin level and describe the type of nutritional support that the client is receiving or requires. (Normal range: greater than 3mg/dl) _____

6. Is the client's wound free of necrotic infection: Yes ☐ No ☐

   If the wound has recently been debrided, identify the type and date of debridement. ☐ Surgical Date: _____ ☐ Chemical Date: _____ ☐ Physical Date: _____ ☐ Autolytic Date: _____

7. Is the client's wound free of infection: Yes ☐ No ☐

   If the wound is infected, identify the wound treatment, including dosage, frequency, route, and duration of any medications.

8. Will the client's overall health status, including nutritional status, affect wound healing: Yes ☐ No ☐

   Describe all medical conditions that might affect wound healing. Address incontinence if pertinent, and what is being done to decrease the contamination of the wound. _____

9. Name of family member/friend/caregiver who has been trained to provide the service: _____ Training date: _____

10. If the care provider does not see measurable improvement after four weeks, the physician will assess the client. The physician will determine the appropriateness of the continued use of Wound Closure Therapy. If there is measurable improvement, the physician will assess the client for the appropriateness of continued use of this therapy every 62 days (when the new Plan of Care is prepared). If Wound Closure Therapy is not reordered with the plan of care, The Medical Assistance Program will not be responsible for payment, even if an open PAR still exists.

11. Physician's signature: _____ Date: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for **THE MEDICAL ASSISTANCE PROGRAM** ACS Medical Review Department	303-534-0279 1-800-237-7647

QUESTIONNAIRE #13
AUGMENTATIVE COMMUNICATION DEVICE

This form, a speech and language evaluation, and an evaluation of the client's ability to utilize the requested device effectively must accompany all Prior Authorization Requests (PAR). The questionnaire may be completed by a speech therapist or other medical professional familiar with the medical communication needs of the client. The two evaluations must be completed by a speech therapist. If the questionnaire is not fully completed, or the evaluations are not submitted, the PAR will be denied.

Client's name _____ Medical Assistance Program Client ID # _____

1. Why does the client require this device? Please specify related diagnoses, including ICD-9 code(s), co-morbidity, brief history, current condition, etc _____

2. Is the client capable of intelligible speech? Yes ☐ No ☐
3. Is lack of speech permanent or temporary? Permanent ☐ Temporary ☐

   Is improvement expected? Yes ☐ No ☐

   If so, how soon? _____
4. Is client able to communicate in writing? Yes ☐ No ☐
5. Using a scale of 1(lowest) to 5 (highest), rate the client's motivation to use an augmentative communication device: _____

   Comments _____

6. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to express thoughts _____

   Comments _____

7. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to use the system and memorize necessary codes _____

   Comments _____

8. Has the client had a course of speech therapy? Yes ☐ No ☐

   Using a scale of 1(lowest) to 5 (highest), rate the client's progress in the area of expressive language _____

   Comments _____

Name and title of person completing this form _____

Address _____ Telephone # _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for
THE MEDICAL ASSISTANCE PROGRAM
ACS
Medical Review Department

303-534-0279
1-800-237-7647

QUESTIONNAIRE # 14

MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION

Date: _____

Medical center information:
Address: _____

Prescribing physician:
Name: _____
Phone number: _____

Client information:
Name: _____
Address: _____
Birth date: _____

Medical Assistance Program
Client ID #: _____
Date: _____
Height: _____
Weight: _____
Age: _____

Has client received ThAIRapy Vest treatment in the past? ☐ Yes ☐ No

If yes, how recently was treatment given (in months)? ☐ Current ☐ 1-6 months ago ☐ More than 6 months ago

For how long? _____ If treatments were discontinued, why? _____

Most recent pulmonary function tests results

Date: _____ ☐ Check if additional information is included.

FVC (L): _____ / _____ % FEVI (L): _____ / _____ % FEF25-75 (L/sec): _____ / _____ %

Medications (in past 6 months)

Inhaled	Dosage	Days	Other (excluding antibiotics)	Dosage	Days
☐ Intal					
☐ Albuterol					
☐ Pulmozyme					
☐ Mucomist					
☐ Corticosteroid					

Antibiotic (excluding home IV therapy)	Dosage	Days	Home IV therapy Date	Medication	Dosage	Circle one	Days
						Q_BID TID QID	
						Q_BID TID QID	
						Q_BID TID QID	

☐ Check if additional information is included.

Hospitalization history (in the past 6 months or 6 months prior to ThAIRapy Vest treatment for clients currently using system):

Admit date: _____ Discharge date: _____ Reason: _____

Admit date: _____ Discharge date: _____ Reason: _____

☐ Check if additional information is included.

Manual percussion therapy (in past 6 mos)
Times per day prescribed/required: _____ For how long? _____
Primary caregiver: _____
Results/Comments: _____

Flutter therapy (in past 6 mos)
Times per day prescribed/required: _____ For how long? _____
Primary caregiver: _____
Results/Comments: _____

Other mechanical therapy (in past 6 mos)
Times per day prescribed/required: _____ For how long? _____
Primary caregiver: _____
Results/Comments: _____

How would ThAIRapy Vest promote or allow greater independence? _____

Does client have any of the following conditions?

Suspected pulmonary tuberculosis	☐Yes	☐No	Lung contusion	☐Yes	☐No
Complaint of chest wall pain	☐Yes	☐No	Subcutaneous emphysema	☐Yes	☐No
Head &/or neck injury which is not yet stabilized	☐Yes	☐No	Active hemorrhage with hemodynamic instability	☐Yes	☐No
Recent epidural spinal infusion or spinal anesthesia	☐Yes	☐No	Recent skin grafts, or flaps on the thorax	☐Yes	☐No
Recently placed transvenous pacemaker or subcutaneous pacemaker	☐Yes	☐No			

Summary of health status (including severity and frequency of bronchitis): _____

_____ Physician signature _____ Date

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for **THE MEDICAL ASSISTANCE PROGRAM** ACS Medical Review Department	303-534-0279 1-800-237-7647

QUESTIONNAIRE #15
WHEELCHAIR TILT / RECLINE DEVICE

Client Name: _____

Medical Assistance Program Client ID #: _____

This client was prescribed a power tilt/recline back. The information requested below is required in order to determine medical necessity. Please answer the following questions in regard to the client's current condition. Use additional paper, if necessary. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Is the client ***required*** (by work or school) to sit in a wheelchair more than four hours without the ability to move or without the assistance of a caregiver? Please explain in detail. _____

Describe any repetitive strain injury to the client's upper extremities. _____

Does the client have autonomic dysreflexia? *Muscle* Spasms? Please explain in detail: _____

Please describe the client's cardiac status. Does the client have orthostatic hypotension? _____

Please explain in detail the client's ability to stand, ambulate, transfer and change position at work or school. _____

Describe the client's skin condition. Does the client have a significant*ly* high risk of pressure ulcers? *History of pressure ulcers?* Please explain *fully.* _____

Explain the client's cognitive, visual and auditory abilities to safely operate a power tilt/recline. Please explain *fully* the severity of deficiencies. _____

Please describe the client's living situation. Is *the* home accessible and large enough to accommodate a power tilt / recline? _____

How will the power tilt / recline reduce the client's supportive care, such as hours of in-home care required? _____

How many hours of in-home health care (Skilled nursing, home health aid) are currently provided each week? _____

Does the client currently have a power tilt / recline system? *Why is a new one medically necessary at this time?* _____

Physician Signature: _____ Date: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED