



# Provider Bulletin

Reference #: B1000280

February 2010

[colorado.gov/hcpf](http://colorado.gov/hcpf)

Colorado Department of  
Health Care Policy and  
Financing  
1570 Grant Street  
Denver, CO 80203

## Equipment, Supply, Orthotic & Prosthetic HCPCS Codes

Colorado Medicaid uses the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Colorado Medicaid services. Level II of the HCPCS is a standardized coding system that is used primarily to identify durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) when used outside a physician's office.

### In this issue:

2010 Supply HCPCS  
Codes

Use the following list when submitting Level II HCPCS claims to Colorado Medicaid. Updates and revisions will be made available through future Provider Bulletins. Please refer to the Medicare Pricing, Data Analysis and Coding (PDAC) contractor Web site at [www.dmepdac.com](http://www.dmepdac.com) to obtain information relating to DMEPOS. Codes authorized by Colorado Medicaid may differ from the codes approved for Medicare billing. This list contains the approved Colorado Medicaid HCPCS codes.

**The codes in this bulletin are effective for services provided on and after January 1, 2010.**

If you have any questions about the information in this bulletin, please call  
1-800-237-0757.



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### ACS Contacts

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1-800-237-0757

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## General Billing Information

All of the requirements for client 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.

Except as identified below, all claims must be submitted electronically on the Colorado 1500/837P form. The following claims will be processed for payment on paper:

- Claims from providers who consistently submit five claims or fewer per month
- Claims that by policy require attachments; and
- Reconsideration claims.

For complete billing instructions please refer to the Provider Services [Billing Manuals](#) section.

Most durable medical equipment (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 by the medical supplier or pharmacy. Claims for certain oxygen items can be billed for direct payment. Please refer to 10 CCR 2505-10 Section 8.580.

Failure to use the proper coding when billing may result in claims being denied or may place the provider in jeopardy of recovery actions and/or state or federal civil sanctions. Use procedure codes and modifiers as instructed in this bulletin.

### Billing using 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:

22	Increased Procedural Services
52	Reduced Services
BO	Orally administered nutrition, not by feeding tube
KH	DMEPOS item, initial claim, purchase or first month rental
KI	DMEPOS item, second or third month rental
KR	Rental item, billing for partial month
MS	Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
RR	Rental (use the RR modifier when DME is to be rented)
SC	Medically necessary service or supply
TT	Individualized service provided to more than one patient in same setting
UB	Invoice cost

### Billing for “Fee Schedule” Services

Under federal Law and state regulations, providers are reminded that Colorado Medicaid shall not be billed amounts in excess of that charged to non-Medicaid clients (42 CFR 447). Providers are requested to submit their Usual and Customary charges to Colorado Medicaid.

**Billing for “By Invoice” Services:**

**A. DME** – Items that can withstand repeated use for a medical purpose.

- Fee Schedule items, with a HCPC or CPT code, that have a maximum allowable reimbursement rate shall be reimbursed at the lesser of submitted charges or the Department fee schedule.
- Manually priced items that have no maximum allowable reimbursement rate assigned, but have a Manufacture Suggested Retail Price (MSRP) shall be reimbursed the MSRP less 21.61%.
- When submitting electronic and paper claims for manually priced DME items where Manufactured Suggested Retail Price (MSRP) will be used for pricing, the addition of the “SC” modifier is required. When submitting paper claims, a copy of the MSRP must be attached. When using the “SC” modifier, the submitted charge should be the MSRP minus 21.61%, which alerts Affiliated Computer Services (ACS) that MSRP less 21.61% should be used to pay the claim. If using MSRP pricing, do not use procedure code A9901. See Example #1.

**Example #1**

E1233	Pediatric Wheelchair (Current Published MSRP=\$2,754.00) Billed Charges to Medicaid=\$2,158.86
E0973	Wheelchair Accessory (Current Published MSRP=\$225.00) Billed Charges to Medicaid=\$176.38

- For paper claim submission, it is the responsibility of the provider to submit documentation which clearly identifies the current published MSRP. See Example #2.

**Example #2**

E1233	SPREEGT Spree GT Tilt-in-Space Wheelchair	\$2,754.00 – <b><u>Claim Page 1, Line 1</u></b>
E0973	TAD T-Arms, Desk Adjustable Height	\$225.00 – <b><u>Claim Page 1, Line 2</u></b>

**B. SUPPLIES/DISPOSABLES** – Supplies/Disposables are items which generally have a one-time use.

- Where there is a maximum purchase price for a specific coded item as identified in the Medical Assistance Program Bulletin, the provider will be paid no more than the maximum allowable reimbursement rate.
- Manually priced items that have no maximum allowable reimbursement rate assigned, nor a MSRP shall be reimbursed at the lesser of the submitted charges or the sum of the manufacturers invoice cost, plus 14.71%. See example #3

**Example #3**

Mod	Description												
UB	<p>Manufacturer’s Invoice Price</p> <p>Use with supply/DME codes and special procedure codes for invoiced handling fees when the billed charge represents the manufacturer’s invoice price to a retail provider.</p> <p>For Example:</p> <table> <tr> <td>MM/DD/YY</td> <td>K0002-UB</td> <td>Wheelchair (Cost from invoice)</td> <td>\$450.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>K0115-UB</td> <td>Orthotic seating system (Cost from invoice)</td> <td>\$800.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>A9901-UB</td> <td>14.71% of cost for both items which includes handling</td> <td>\$183.88</td> </tr> </table>	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	14.71% of cost for both items which includes handling	\$183.88
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	14.71% of cost for both items which includes handling	\$183.88										

- Copies of invoices documenting actual acquisition invoiced cost shall be maintained in the provider's files in accordance with Department regulations. Providers cannot bill for state sales tax collection.

### Capped Rentals

A financial cap on certain rental items may be set. If the total cost for rental of any item exceeds the cost of purchase, the item shall be converted to a purchase.

### Requirements for Wheelchair Purchase and Equipment Repairs

Prior authorization requests (PARs) and claims for wheelchair purchase and equipment repair require the following:

**Purchase:** 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.

**Repair:** PARs for equipment repair must identify the serial number of the equipment in field 12 (paper) or field 30 (paper/electronic) on the PAR form.

A prescription is no longer required for wheelchair repairs, and physician signatures are not required on repair PARs.

### Prior Authorization Requests

PARs must be approved before claims are submitted. PAR approval does not guarantee Colorado Medicaid payment and does not serve as a timely filing waiver. Specific requirements for PARs include:

- DME supply PARs may only be submitted by Colorado Medicaid enrolled pharmacies or Durable Medical Equipment Supply companies.
- A PAR must be submitted and approved before the item/service is provided. Claims for items that have not received approval will be denied.
- PAR approval assures that the item has been identified as medically necessary. Items determined not to be medically necessary shall be denied.
- The actual number of units approved for any item may be reduced or increased by the medical reviewer due to the medical evaluation of the information submitted by the provider.
- PARs are to be submitted by the supplier processing claims for remittance.
- The PAR must include a prescription and other required documentation describing the need for the supply/DME. A client's Primary Care Physician name and phone number must be indicated on the PAR.
- Incomplete PARs will be denied.
- All PARs that have been denied may be resubmitted with additional information. All denied PARs that are returned to the reviewing agency must include all previously submitted documentation as well as the additional information to be reviewed.
- PAR dates must be for one year or provide an explanation as to why dates are less than one year. Dates must not exceed one year and must match the dates on individual line items or the PAR will be denied.

## Column Instructions for HCPCS Code Table

**Code Column:** HCPCS codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Providers are instructed to submit the HCPCS code most closely describing the item being requested on the PAR form. Colorado Medicaid reserves the right to amend the coding for any approved item.

**Description Column:** A description of the item as provided by CMS is listed. When possible and appropriate, the description of the item includes a notation of the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted.

**PAR Column:** This column is used to identify if prior authorization is required for the item identified and to identify which reviewing agency to send the PAR to for review.

**Yes/ACS:** PARs for these items are reviewed by ACS. PAR forms and all additional information should be mailed to:

ACS  
P.O. Box 30  
Denver, CO 80201

**Yes/CFMC:** PARs for these items are reviewed by the Colorado Foundation for Medical Care (CFMC). For faster service, submit PAR(s) to CFMC electronically at [www.cfmc.org/copar/](http://www.cfmc.org/copar/). Provider registration is required to use this service.

For requests not submitted electronically, PAR forms and all additional information should be **faxed** to CFMC at **303-790-4643**. Providers may also submit PARs via mail to:

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

For questions regarding PARs submitted to CFMC, the CFMC PAR line is 1-800-333-2362.

**Conditional:** The item requires prior authorization under certain circumstances. See the Comments Section next to the item or the subheading description for an explanation of the circumstances.

**None:** The identified item does not require special authorization when provided to an eligible client.

**\*Maximum allowable purchase price column:**

**Identified dollar amount:** Payment is available up to the identified dollar amount. No additional handling, shipping, or tax charges may be billed.

**MSRP or By Invoice (BI):** For DME, payment is available and based upon a MSRP invoice for DME to be maintained in the provider's files. With proper claim completion, payment may include MSRP less 21.61%, which includes handling. If no MSRP is available for DME, reimbursement is the actual acquisition invoiced cost plus 14.71% which includes handling.

For supplies and disposables, reimbursement is at the actual acquisition invoiced cost plus 14.71%, which includes handling.

**n/a:** Indicates items that can not be purchased.

**\*Maximum allowable rental price column:**

**Identified 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:** Indicates items that cannot be rented.

**Per PAR:** Rental payment is based upon attachment of a manufacturer's invoice to the 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:** Comments expand on the description and identifies any required special PAR or billing instruction. 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 12/31/09 can be used only for non-prior authorized services provided prior to 1/1/10 or on PARs approved prior to 1/1/10.

**\*Please note:** The above listed maximum allowable purchase and rental price is subject to change. Please refer to the fee schedule on the [Provider Services](#) Home page of the Department's Web site at [colorado.gov/pacific/hcpf](http://colorado.gov/pacific/hcpf) for current pricing.

## Record Keeping

Providers shall maintain the following for all items provided to a client:

1. Prescribing practitioner's Prescription(s);
2. Approved prior authorization requests; and
3. Additional documentation received from physicians or other licensed practitioners;
4. Documentation that the client and/or caregiver have been provided with the following:
  - Manufacturer's instructions;
  - Warranty information;
  - Registration documents;
  - Service manual; and
  - Operating guides.
5. Documentation on all reimbursed equipment, which shall include:
  - Manufacturer's name and address;
  - Date acquired;
  - Acquisition cost;
  - Model number;

- Serial number; and
  - Accessories, attachments or special features included in the item.
6. Providers shall verify that equipment requiring repairs belongs to the presenting client;
  7. Providers shall retain all documentation for a period of six years; and
  8. Providers shall provide a copy of all documentation to a client or his/her representative, if requested.

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 Provider Services at 1-800-237-0757.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>MISCELLANEOUS CODES</b>					
A4649	Surgical supply; miscellaneous	Yes/ACS	BI	n/a	Use for disposable supplies such as dressings, etc.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes/ACS	MSRP	n/a	Use for accessories or parts for DME other than wheelchairs.
B9998	(NOC) For enteral supplies	Yes/ACS	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.
B9999	(NOC) For parenteral supplies	Yes/ACS	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufacturer's invoice attached.
E1399	Durable medical equipment, miscellaneous	Yes/ACS	MSRP	Per PAR	Use for durable reusable equipment other than wheelchairs.
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes/CFMC or ACS	MSRP	n/a	Use only when appropriate and specific procedure codes are not available. Submit PAR to CFMC when using this code to order new items to accompany a new power wheelchair. Submit PAR to ACS when replacing items on a current power wheelchair.
K0108	Other accessories	Yes/ACS	MSRP	n/a	Use for wheelchair parts and accessories only when an appropriate code is not available.
S8189	Tracheostomy supply, not otherwise classified	Yes/ACS	BI	n/a	Use for tracheostomy supplies when an appropriate code is not available.
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for masks, disposable gowns, etc.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
T5999	Supply, not otherwise specified	None	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.
<b>AMBULATION DEVICES – GENERAL USE</b>					
<b>Canes</b>					
E0100	Cane, all materials, adjustable or fixed with tip	None	17.88	n/a	
E0105	Cane, quad or three prong, all materials, adjustable or fixed with tips	None	37.49	8.43	
<b>Crutches</b>					
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	None	62.80	n/a	1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	None	48.94	n/a	1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	None	33.31	9.45	1 item = 1 pair
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	None	16.65	4.90	1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	None	36.49	8.16	1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pat, tip, handgrip, with or without shock absorber, each	None	18.20	n/a	1 item = 1 crutch
E0117	Crutch, underarm, articulating, spring assisted, each	Yes/ACS	MSRP	n/a	1 item = 1 crutch
E0118	Crutch substitute, lower leg platform, with or without wheels, each	None	MSRP	n/a	
<b>Walkers</b>					
E0130	Walker, rigid (pickup), adjustable or fixed height, each	None	49.83	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0135	Walker, folding (pickup), adjustable or fixed height, each	None	63.08	n/a	
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes/ACS	MSRP	n/a	
E0141	Walker, rigid, wheeled, adjustable or fixed height	None	94.62	n/a	
E0143	Walker, folding, wheeled, adjustable or fixed height	None	98.67	n/a	
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	Yes/ACS	261.37	n/a	
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Yes/ACS	226.85	n/a	
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes/ACS	MSRP	n/a	
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Yes/ACS	MSRP	n/a	
<b>Accessories for ambulation devices</b>					
A4635	Underarm pad replacement, crutch, each	None	4.35	n/a	
A4636	Handgrip replacement, cane, crutch or walker, each	None	3.80	n/a	
A4637	Tip replacement, cane, crutch or walker, each	None	1.89	n/a	
E0153	Platform attachment, forearm crutch, each	None	56.94	n/a	
E0154	Platform attachment, walker, each	None	55.50	n/a	
E0155	Wheel attachment, rigid pick-up walker, per pair	None	25.47	n/a	1 unit = 1 pair
E0156	Seat attachment, walker, each	None	18.44	n/a	
E0157	Crutch attachment, walker, each	None	66.35	n/a	
E0158	Leg extensions for walker, per set of four (4)	None	23.97	n/a	1 unit = 1 set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each	None	14.66	n/a	
<b>BATH AND BATHROOM EQUIPMENT - GENERAL USE</b>					
<b>Bath equipment</b>					
E0160	Sitz type bath, portable, fits over commode seat, each	Yes/ACS	20.43	n/a	Limited to EPSDT program, up to age 20.
E0163	Commode chair, mobile or stationary, with fixed arms	None	75.93	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0165	Commode chair, mobile or stationary, with detachable arms	Yes/ACS	199.32	17.69	
E0167	Pail or pan for use with commode chair, replacement only	None	9.71	n/a	Purchase for client owned equipment only.
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes/ACS	MSRP	n/a	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Yes/ACS	MSRP	n/a	
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes/ACS	MSRP	n/a	
E0172	Seat lift mechanism placed over or on top of toilet, any type	Yes/ACS	MSRP	n/a	
E0175	Foot rest, for use with commode chair, each	None	63.06	n/a	Purchase for client owned equipment only.
E0240	Bath/shower chair, with or without wheels, any size	Yes/ACS	MSRP	n/a	
E0241	Bathtub wall rail, each	Yes/ACS	19.30	n/a	
E0242	Bathtub rail, floor base, each	Yes/ACS	118.64	n/a	
E0243	Toilet rail, each	Yes/ACS	31.90	n/a	
E0244	Toilet seat, raised, each	Yes/ACS	26.56	n/a	
E0244-22	Toilet seat, raised, each	Yes/ACS	115.06	n/a	Use for padded raised toilet seat.
E0245	Tub stool or bench, each	Yes/ACS	47.46	n/a	
E0245-22	Tub stool or bench, each	Yes/ACS	161.06	n/a	Use for padded tub stool or bench.
E0246	Transfer tub rail attachment, each	Yes/ACS	45.56	n/a	
E0247	Transfer bench for tub or toilet with or without commode opening	Yes/ACS	89.64	n/a	
E0247-22	Transfer bench for tub or toilet with or without commode opening	Yes/ACS	167.78	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/ACS	MSRP	n/a	
E0248-22	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes/ACS	MSRP	n/a	Use for padded transfer bench, heavy duty, for tub or toilet with or without commode opening.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1399	Durable medical equipment, miscellaneous	Yes/ACS	MSRP	n/a	Use for hand held shower, and other miscellaneous bath equipment. Clearly identify on par and on claim the particular item being requested or billed.
<b>Whirlpool equipment</b>					
E1300	Whirlpool, portable (over tub type)	Yes/ACS	175.59	n/a	
E1310	Whirlpool, nonportable (built-in type)	Yes/ACS	MSRP	n/a	
<b>BED AND BEDROOM EQUIPMENT - GENERAL USE</b>					
<b>Beds</b>					
E0194- KR	Bed, powered air flotation (low air loss therapy), per day	Yes/ACS	MSRP	85.95	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/ACS	711.88	71.19	Requires Questionnaire #1. See Appendix A.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes/ACS	711.88	71.19	Requires Questionnaire #1. See Appendix A.
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes/ACS	996.63	106.31	Requires Questionnaire #1. See Appendix A.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes/ACS	MSRP	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/ACS	996.63	106.31	Requires Questionnaire #1. See Appendix A.
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Yes/ACS	MSRP	136.88	Requires Questionnaire #1. See Appendix A.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0270	Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress	Yes/ACS	MSRP	166.10	Requires Questionnaire #1. See Appendix A.
E0280	Bed, cradle, any type	Yes/ACS	31.35	3.38	
E0290	Hospital bed, fixed height, without side rails, with mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0291	Hospital bed, fixed height, without side rails, without mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0300	Pediatric crib, hospital grade, fully enclosed	Yes/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	MSRP	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/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #1. See Appendix A.
E0462- KR	Rocking bed with or without side rails, per day	Yes/ACS	n/a	92.06	1 item = 1 day rental
<b>Mattresses &amp; pads</b>					
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes/ACS	52.46	n/a	Purchase for client owned equipment only.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Yes/ACS	195.37	24.81	Requires Questionnaire #2. See Appendix B.
E0182	Pump for alternating pressure pad, for replacement only	Yes/ACS	150.27	24.94	
E0184	Mattress, dry flotation	Yes/ACS	149.83	12.36	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B. Flexicare
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes/ACS	237.29	12.36	Requires Questionnaire #2. See Appendix B.
E0186	Mattress, air pressure	Yes/ACS	MSRP	12.36	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0187	Mattress, water pressure	Yes/ACS	MSRP	12.36	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0188	Sheepskin pad, synthetic	Yes/ACS	15.84	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes/ACS	MSRP	n/a	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Yes/ACS	MSRP	n/a	
E0191	Heel or elbow protector, each	Yes/ACS	9.51	n/a	
E0193- KR	Air fluidized bed, per day	Yes/ACS	n/a	61.70	Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes/ACS	332.21	12.36	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes/ACS	210.99	n/a	Requires Questionnaire #2. See Appendix B.
E0198	Water pressure pad for mattress, standard mattress length and width	Yes/ACS	MSRP	n/a	Geo mattress.
E0199	Dry pressure pad for mattress, standard mattress length and width	None	MSRP	n/a	Egg crate for bed or wheelchair.
E0271	Mattress, innerspring	Yes/ACS	185.09	13.31	Purchase for client owned hospital bed only.
E0272	Mattress, foam rubber	Yes/ACS	161.60	13.33	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B.
E0277	Powered pressure-reducing air mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #2. See Appendix B. Identify brand.
E0370	Air pressure elevator for heel	Yes/ACS	MSRP	n/a	Requires Questionnaire #2. See Appendix B.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes/ACS	MSRP	Per PAR	Acucair, 1" step. Requires Questionnaire #2. See Appendix B.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes/ACS	MSRP	Per PAR	Jay, Roho, Rik. Requires Questionnaire #2. See Appendix B.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0373	Non-powered advanced pressure reducing mattress	Yes/ACS	MSRP	Per PAR	Requires Questionnaire #2. See Appendix B. Maxifloat
E1399	Durable medical equipment miscellaneous	Yes/ACS	MSRP	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.
<b>Accessories/safety equipment</b>					
A9281	Reaching/grabbing device, any type, any length, each	Yes/ACS	MSRP	n/a	
E0273	Bed board	Yes/ACS	94.92	n/a	
E0274	Over-bed table	Yes/ACS	MSRP	16.61	
E0275	Bedpan, standard, metal or plastic	None	9.48	n/a	
E0276	Bedpan, fracture, metal or plastic	None	4.98	n/a	
E0305	Bed side rails, half length, pair	Yes/ACS	166.57	13.99	
E0310	Bed side rails, full length, pair	Yes/ACS	135.45	16.18	
E0315	Bed accessory: board, table, or support device any type	Yes/ACS	94.92	16.14	Bed cane. Do not use for over bed table.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes/ACS	MSRP	n/a	
E0325	Urinal, male, jug-type, any material, each	None	4.28	n/a	
E0326	Urinal, female, jug-type, any material, each	None	7.58	n/a	
E0700	Safety equipment, device or accessory, any type	Yes/ACS	MSRP	n/a	Includes gait belt. Not for use as wheelchair accessory. See E0960, E0978, E0980 for wheelchairs.
E0710	Restraints, any type (body, chest, wrist or ankle)	Yes/ACS	MSRP	n/a	Hip belt. Not for use as wheelchair accessory.
<b>Lifts</b>					
E0621	Sling or seat, patient lift, canvas or nylon	Yes/ACS	MSRP	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes/ACS	759.33	57.46	Lift for bathtub, includes seat. Acculift, Beluga
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes/ACS	321.22	n/a	Requires Questionnaire # 4. See Appendix D.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes/ACS	MSRP	n/a	Requires Questionnaire # 4. See Appendix D.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes/ACS	MSRP	n/a	Requires Questionnaire # 4. See Appendix D.
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Yes/ACS	908.35	57.46	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0635	Patient lift, electric, with seat or sling	Yes/ACS	MSRP	52.20	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Yes/ACS	MSRP	n/a	Requires Questionnaire # 3. See Appendix C.
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Yes/ACS	MSRP	57.46	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E1035	Multi-positional patient transfer system, with integrated seat operated by caregiver, patient weight capacity up to and including 300 lbs	Yes/ACS	MSRP	n/a	Requires Questionnaire # 3. See Appendix C.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Yes/ACS	MSRP	n/a	<b>New code effective January 1, 2010.</b> Requires Questionnaire # 3. See Appendix C.
<b>Repairs/labor</b>					
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes/ACS	15.49	n/a	Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	None	BI	n/a	Please see pages 5 and 6 for specific billing instructions.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739, K0740.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739-MS, K0740-MS.
K0739	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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 K0739-MS.
K0739 - MS	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	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.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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. 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 K0740-MS.
K0740 - MS	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	Quick minor repairs to oxygen equipment. 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.

#### 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 PAR form. Please refer to [www.dmepdac.com](http://www.dmepdac.com) for the most updated and complete information for product classification for wheelchairs, wheelchair accessories, etc.

Use Medicare procedures regarding weight and measurements to code appropriately.

**Note:** Deleted procedure codes effective 12/31/09 can only be used for services provided prior to 1/1/10. On Prior Authorization forms for chairs and wheelchairs, the manufacturer and the model number being requested must be included in Field 16. 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, 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 Colorado Medicaid fiscal agent.

Chairs					
E1031	Rollabout chair, any and all types with castors 5 in or greater	Yes/ACS	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1037	Transport chair, pediatric size	Yes/ACS	MSRP	n/a	
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Yes/ACS	MSRP	n/a	
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Yes/ACS	MSRP	n/a	
<b>Wheelchairs - motorized/powered vehicles</b>					
E1230	Power operated vehicle, three or four wheel non-highway	Yes/CFMC	1830.69	123.74	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/CFMC	MSRP	134.89	
K0010	Standard - weight frame motorized/power wheelchair	Yes/CFMC	4196.32	134.89	
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes/CFMC	5047.57	134.89	
K0012	Lightweight portable motorized/power wheelchair	Yes/CFMC	4096.41	134.89	
K0014	Other motorized/power wheelchair base	Yes/CFMC	MSRP	n/a	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes/CFMC	1,061.02	106.11	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Yes/CFMC	1710.59	171.04	
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes/CFMC	1935.84	193.57	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes/CFMC	1283.56	128.35	
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Yes/CFMC	1947.65	194.76	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Yes/CFMC	3,013.41	301.33	
K0812	Power operated vehicle, not otherwise classified	Yes/CFMC	MSRP	BI	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes/CFMC	2312.46	197.99	
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	2959.88	253.43	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3370.62	288.59	
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3227.90	276.38	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	2,469.86	211.47	
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,170.67	271.48	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3842.05	328.09	
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3857.01	330.23	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,642.07	397.46	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,054.38	363.84	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	6,009.58	514.54	
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes/CFMC	4,597.40	459.75	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	6,622.01	566.98	
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Yes/CFMC	5762.75	520.64	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,741.65	374.16	
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,741.65	374.16	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3961.11	333.01	
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,033.19	345.33	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,642.07	397.46	
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,191.07	355.57	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	6,009.58	514.54	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	9,104.81	779.57	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,139.69	354.44	
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4139.69	354.44	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	4984.19	426.75	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,208.50	433.71	
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4870.23	416.99	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	5885.54	503.10	
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	5503.55	483.71	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	6789.19	581.30	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes/CFMC	6974.18	597.13	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 600 pounds or more	Yes/CFMC	9239.29	791.07	
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes/CFMC	8727.90	747.29	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5437.31	465.55	
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,546.31	474.88	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back patient weight 301 to 450 pounds	Yes/CFMC	6746.05	577.61	
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	6,267.24	550.86	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	9637.58	825.18	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5431.08	543.11	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	6746.05	577.61	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	9637.58	825.18	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	12,046.85	981.97	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	MSRP	BI	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	MSRP	BI	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	MSRP	BI	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes/CFMC	MSRP	BI	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	MSRP	BI	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	MSRP	BI	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes/CFMC	MSRP	BI	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes/CFMC	MSRP	BI	
K0898	Power wheelchair, not otherwise classified	Yes/CFMC	MSRP	BI	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Yes/CFMC	MSRP	BI	
<p><b><u>Manual Wheelchair codes</u></b>  Providers are instructed to submit the HCPCS code on the PAR form that most closely describes the requested wheelchair or related equipment. Colorado Medicaid reserves the right to amend the coding for any approved item.</p>					
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	686.95	66.45	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	Yes/ACS	939.69	71.67	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes/ACS	MSRP	70.72	
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	Yes/ACS	MSRP	51.25	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	Yes/ACS	605.09	56.00	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Yes/ACS	MSRP	41.87	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes/ACS	605.09	51.72	
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	MSRP	52.20	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	Yes/ACS	1281.38	52.20	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Yes/ACS	1281.38	52.20	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes/ACS	1235.67	52.20	
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	Yes/ACS	1477.15	55.05	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes/ACS	1405.97	55.05	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	879.17	67.48	
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	Yes/ACS	MSRP	47.46	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Yes/ACS	284.75	23.73	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes/ACS	355.93	33.22	
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Yes/ACS	450.86	42.71	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	370.18	32.76	
E1161	Manual adult size wheelchair, includes tilt-in- space	Yes/ACS	2047.82	n/a	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	MSRP	34.17	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	Yes/ACS	MSRP	28.21	
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	Yes/ACS	MSRP	33.32	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Yes/ACS	MSRP	40.15	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	Yes/ACS	MSRP	47.84	
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	MSRP	125.57	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Yes/ACS	MSRP	34.17	
E1220	Wheelchair, specially sized or constructed (indicate brand name, model number, if any, and justification)	Yes/ACS	MSRP	n/a	
E1221	Wheelchair with fixed arm, footrests	Yes/ACS	409.33	29.90	
E1222	Wheelchair with fixed arm, elevating legrests	Yes/ACS	MSRP	36.73	
E1223	Wheelchair with detachable arms, footrests	Yes/ACS	569.50	21.31	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1224	Wheelchair with detachable arms, elevating legrests	Yes/ACS	662.05	47.84	
E1229	Wheelchair, pediatric size, not otherwise specified	Yes/ACS	MSRP	49.95	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes/ACS	MSRP	n/a	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes/ACS	MSRP	n/a	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes/ACS	MSRP	n/a	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes/ACS	MSRP	n/a	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes/ACS	1755.27	n/a	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes/ACS	MSRP	n/a	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes/ACS	MSRP	BI	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes/ACS	MSRP	BI	
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	Yes/ACS	818.67	57.44	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	Yes/ACS	676.29	44.13	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes/ACS	676.29	57.91	
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes/ACS	MSRP	51.72	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	Yes/ACS	1477.15	56.95	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	Yes/ACS	MSRP	101.66	
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes/ACS	1405.97	113.61	
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	Yes/ACS	MSRP	115.66	
K0001	Standard wheelchair	Yes/ACS	571.23	49.95	
K0002	Standard Hemi (low seat) wheelchair	Yes/ACS	618.37	49.95	
K0003	Lightweight wheelchair	Yes/ACS	745.34	49.95	
K0004	High strength, lightweight wheelchair	Yes/ACS	779.30	54.95	
K0005	Ultra lightweight wheelchair	Yes/ACS	1498.69	54.95	
K0006	Heavy duty wheelchair	Yes/ACS	955.16	57.95	Client greater than 200 lbs.
K0007	Extra heavy duty wheelchair	Yes/ACS	MSRP	57.95	Client greater than 300 lbs.
K0009	Other manual wheelchair/base	Yes/ACS	MSRP	n/a	Tilt in Space, strollers
<b>Wheelchair accessories</b>					
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes/ACS	15.49	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/ACS	MSRP	Per PAR	Use for accessories or parts for DME <u>other</u> than wheelchairs.
E0181	Pressure pad, alternating with pump, heavy duty	Yes/ACS	195.37	24.81	Requires questionnaire #2.
E0182	Pump for alternating pressure pad	Yes/ACS	150.27	24.94	
E0188	Sheepskin pad, synthetic	Yes/ACS	15.84	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes/ACS	MSRP	n/a	
E0705	Transfer device, any type, each	Yes/ACS	MSRP	n/a	
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes/ACS	MSRP	n/a	
E0950	Wheelchair accessory, tray, each	Yes/ACS	MSRP	n/a	Upper extremity support surface.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0951	Heel loop/holder, any type, with or without ankle strap, each	Conditional/ACS	14.25	n/a	1 item = 1 heel loop PAR required for more than 2 per fiscal year.
E0952	Toe loop/holder, any type, each	Conditional/ACS	14.25	n/a	1 item = 1 toe loop/holder. PAR required for more than 2 per fiscal year
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes/ACS	MSRP	n/a	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes/ACS	485.41	41.54	1 item = 1 attachment
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes/ACS	42.09	n/a	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Conditional/ACS	102.40	n/a	PAR required for more than 1 per fiscal year
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Conditional/ACS	14.24	n/a	PAR required for more than 2 per fiscal year
E0966	Manual wheelchair accessory, headrest extension, each	Yes/ACS	61.70	n/a	
E0968	Commode seat, wheelchair	Yes/ACS	MSRP	n/a	
E0969	Narrowing device, wheelchair	Yes/ACS	138.42	n/a	For positioning.
E0970	No. 2 footplates, except for elevating legrest	Yes/ACS	31.70	n/a	
E0971	Manual wheelchair accessory, anti-tipping device, each	Conditional/ACS	30.37	n/a	1 item =1 device PAR required for more than 2 per year.
E0974	Manual wheelchair accessory, anti-rollback device, each	Conditional/ACS	28.47	n/a	PAR required for more than 2 per fiscal year.
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Conditional/ACS	27.52	n/a	PAR required for more than 1 per fiscal year.
E0980	Safety vest, wheelchair	Yes/ACS	31.48	n/a	Shoulder harness
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E0985	Wheelchair accessory, seat lift mechanism	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E0986	Manual wheelchair accessory, push activated power assist, each	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E0992	Manual wheelchair accessory, solid seat insert	Yes/ACS	61.70	n/a	
E0992-22	Manual wheelchair accessory, solid seat insert	Yes/ACS	MSRP	n/a	Use for hook-in solid seat insert.
E1002	Wheelchair accessory, power seating system, tilt only	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes/CFMC	MSRP	n/a	Questionnaire #15 required. See Appendix O.
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes/CFMC	MSRP	n/a	Questionnaire #15 required. See Appendix O.
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes/CFMC	MSRP	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/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes/CFMC	MSRP	n/a	Requires Questionnaire #15. See Appendix O. One unit = one pair.
E1014	Reclining back, addition to pediatric size wheelchair	Yes/ACS	261.65	26.17	
E1020	Residual limb support system for wheelchair	Yes/ACS	MSRP	n/a	
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes/CFMC	MSRP	n/a	
E1029	Wheelchair accessory, ventilator tray, fixed	Yes/ACS	MSRP	n/a	
E1030	Wheelchair accessory, ventilator tray, gimbale	Yes/ACS	MSRP	n/a	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees)	Yes/ACS	MSRP	n/a	
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes/ACS	332.33	34.20	
E1227	Special height arms for wheelchair	Yes/ACS	MSRP	n/a	
E1228	Special back height for wheelchair	Yes/ACS	MSRP	n/a	
E1296	Special wheelchair seat height from floor	Yes/ACS	MSRP	n/a	
E1297	Special wheelchair seat depth, by upholstery	Yes/ACS	MSRP	n/a	
E1298	Special wheelchair seat depth and/or width, by construction	Yes/ACS	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1399	Miscellaneous durable medical equipment	Yes/ACS	MSRP	Per PAR	<b>Important</b> , please note: Use for durable reusable equipment <u>other</u> 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.
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes/ACS	MSRP	n/a	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes/ACS	MSRP	n/a	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes/ACS	MSRP	n/a	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes/ACS	MSRP	n/a	
E2207	Wheelchair accessory, crutch and cane holder, each	Yes/ACS	31.06	n/a	1 item = 1 crutch and cane holder
E2208	Wheelchair accessory, cylinder tank carrier, each	Yes/ACS	85.11	n/a	1 item = 1 carrier
E2209	Accessory, arm trough, with or without hand support, each	Yes/ACS	76.78	n/a	1 item = 1 arm trough
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	Yes/CFMC	MSRP	n/a	
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes/CFMC	MSRP	n/a	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes/CFMC	MSRP	n/a	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes/CFMC	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes/ACS	MSRP	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/ACS	MSRP	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2609	Custom fabricated wheelchair seat cushion, any size	Yes/ACS	MSRP	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2610	Wheelchair seat cushion, powered	Yes/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	n/a	Identify specific brand/name of cushion requested on prior authorization request.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	MSRP	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/ACS	47.46	n/a	Identify specific brand/name of cushion requested on prior authorization request.
K0038	Leg strap, each	Conditional/ACS	23.10	n/a	1 item = 1 leg strap PAR required for more than 1 per fiscal year.
K0039	Leg strap, H style, each	Conditional/ACS	44.96	n/a	1 item = 1 leg strap PAR required for more than 1 per fiscal year.
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	Yes/ACS	MSRP	n/a	
K0105	IV hanger, each	Yes/ACS	94.67	n/a	1 item = 1 IV hanger
K0108	Wheelchair component or accessory, not otherwise specified	Yes/ACS	MSRP	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.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	Yes/ACS	MSRP	n/a	Use K0669 rather than K0108.
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes/ACS	272.05	n/a	
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes/ACS	346.17	n/a	
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes/ACS	274.28	n/a	
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes/ACS	404.42	n/a	
<b>Wheelchair replacement parts and attachments</b>					
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Yes/ACS	MSRP	n/a	Use for repair only.
E0971	Anti-tipping device, wheelchair	Yes/ACS	30.37	n/a	1 item 1 device
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes/ACS	MSRP	n/a	1 item = 1 armrest
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Conditional/ACS	68.22	n/a	For repair only. PAR required for more than one Frenalper fiscal year.
E0982	Wheelchair accessory, back upholstery replacement only, each	Conditional Yes/ACS	63.80	n/a	For repair only. PAR required for more than one per fiscal year.
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes/ACS	96.38	6.84	Articulating
E0994	Armrest, each	Yes/ACS	13.31		
E0995	Wheelchair accessory, calf rest/pad, each	Conditional/ACS	14.58	n/a	For repair only. PAR required for more than 2 per fiscal year.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes/ACS	MSRP	n/a	For modification of an existing wheelchair only.
E1015	Shock absorber for manual wheelchair, each	Yes/ACS	MSRP	n/a	1 item = 1 shock absorber
E1016	Shock absorber for power wheelchair, each	Yes/CFMC	MSRP	n/a	1 item = 1 shock absorber
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes/ACS	MSRP	n/a	1 item = 1 shock absorber
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes/CFMC	MSRP	n/a	1 item = 1 shock absorber
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739, K0740.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739-MS, K0740-MS.
K0739	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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 K0739-MS.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0739 - MS	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	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.
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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. 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 K0740-MS.
K0740 - MS	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	Quick minor repairs to oxygen equipment. 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.
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each	Yes/ACS	MSRP	n/a	Use for repair only.
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes/ACS	MSRP	n/a	Wheel locks

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Conditional/ ACS	4.80	n/a	PAR required for purchase but not required for repair. PAR required for more than 16 per fiscal year.
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Conditional/ ACS	29.32	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Conditional/ ACS	4.21	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube. PAR required for more than 2 per fiscal year.
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Conditional/ ACS	21.79	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire insert. PAR required for more than 2 per fiscal year.
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Conditional/ ACS	25.80	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Conditional/ ACS	6.88	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube. PAR required for more than 2 per fiscal year.
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Conditional/ ACS	28.98	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Conditional/ ACS	31.11	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Conditional/ ACS	29.25	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Conditional/ ACS	25.96	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Conditional/ ACS	20.44	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Conditional/ ACS	18.31	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year.
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Conditional/ ACS	15.10	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire with wheel PAR required for more than 2 per fiscal year.
E2223	Manual wheelchair accessory, valve, any type, replacement only, each				<b>Code deleted 12/31/09</b>
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Conditional/ ACS	70.26	n/a	PAR required for purchase but not required for repair. 1 item = 1 wheel PAR required for more than 2 per fiscal year.
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional/ ACS	12.46	n/a	PAR required for purchase but not required for repair. 1 item = 1 caster wheel PAR required for more than 2 per fiscal year.
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Conditional/ ACS	27.20	n/a	PAR required for purchase but not required for repair. 1 item = 1 caster fork PAR required for more than 2 per fiscal year.
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Conditional/ ACS	MSRP	n/a	PAR required for purchase but not required for repair. 1 item = 1 gear reduction drive wheel
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Conditional/ ACS	MSRP	n/a	PAR required for purchase but not required for repair. 1 item = 1 wheel braking system and lock
E2230	Manual wheelchair accessory, manual standing system	Yes/ACS	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Yes/ACS	115.69	n/a	
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Yes/ACS	MSRP	n/a	
E2300	Power wheelchair accessory, power seat elevation system	Yes/CFMC	MSRP	n/a	
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/CFMC	MSRP	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/CFMC	MSRP	n/a	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Yes/CFMC	1445.89	n/a	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Yes/CFMC	229.62	n/a	
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes/CFMC	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes/CFMC	MSRP	n/a	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes/CFMC	MSRP	n/a	
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes/CFMC	MSRP	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/CFMC	MSRP	n/a	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes/CFMC	MSRP	n/a	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes/CFMC	MSRP	n/a	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes/CFMC	MSRP	n/a	
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/CFMC	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/CFMC	MSRP	n/a	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Yes/CFMC	MSRP	n/a	
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Conditional/CFMC	72.59	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/CFMC	129.09	n/a	PAR required for purchase but not for repair.
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Conditional/CFMC	87.66	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/CFMC	157.95	n/a	PAR required for purchase but not for repair.
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Conditional/CFMC	71.93	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/CFMC	92.05	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/CFMC	251.23	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/CFMC	399.06	n/a	PAR required for purchase but not for repair.
E2368	Power wheelchair component, motor, replacement only	Conditional/ACS	MSRP	n/a	PAR required for more than 2 per 3 fiscal years.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2369	Power wheelchair component, gear box, replacement only	Conditional/ ACS	MSRP	n/a	PAR required for more than 2 per 3 fiscal years.
E2370	Power wheelchair component, motor and gear box combination, replacement only	Conditional/ ACS	MSRP	n/a	PAR required for more than 2 per 3 fiscal years.
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Conditional/ CFMC	108.02	n/a	PAR required for purchase but not for repair.
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Conditional/ CFMC	MSRP	n/a	PAR required for purchase but not for repair.
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Yes/CFMC	669.40	n/a	
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	Conditional/ ACS	520.75	n/a	PAR required for more than 1 per 3 fiscal years.
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Conditional/ ACS	614.11	n/a	PAR required for more than 1 per fiscal year.
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Conditional/ ACS	962.35	n/a	PAR required for more than 1 per fiscal year.
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Conditional/ CFMC	348.22	n/a	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Conditional/ CFMC	54.62	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Conditional/CFMC	14.89	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Conditional/CFMC	108.89	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Conditional/CFMC	58.00	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Conditional/CFMC	35.49	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Conditional/CFMC	107.91	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Conditional/CFMC	48.39	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Conditional/CFMC	36.13	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Conditional/CFMC	19.62	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Conditional/CFMC	30.68	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Conditional/CFMC	14.70	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Conditional/CFMC	38.63	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each				<b>Code deleted 12/31/09</b>

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Conditional/CFMC	55.02	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional/CFMC	39.11	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Conditional/CFMC	40.53	n/a	PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year.
E2397	Power wheelchair accessory, lithium based battery, each	Conditional/CFMC	MSRP	n/a	PAR required for purchase but not for repair.
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware				<b>Code deleted 12/31/09</b>
K0015	Detachable, non-adjustable height armrest, each	Yes/ACS	149.13	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes/ACS	41.94	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes/ACS	23.43	n/a	1 item = 1 armrest
K0019	Arm pad, each	Conditional/ACS	13.98	n/a	For repair only. 1 item = 1 arm pad PAR required for more than 2 per fiscal year.
K0020	Fixed, adjustable height armrest, pair	Yes/ACS	38.13	n/a	1 item = 1 pair
K0037	High mount flip-up footrest, each	Yes/ACS	45.86	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Conditional/ACS	80.14	n/a	1 item = 1 footplate PAR required for more than 2 per fiscal year.
K0041	Large size footplate, each	Conditional/ACS	50.42	n/a	1 item = 1 footplate PAR required for more than 2 per fiscal year.
K0042	Standard size footplate, each	Conditional/ACS	34.97	n/a	1 item = 1 footplate PAR required for more than 2 per fiscal year.
K0043	Footrest, lower extension tube, each	Conditional/ACS	16.06	n/a	For repair only, slider extension tubes PAR required for more than 2 per fiscal year.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0044	Footrest, lower extension bracket, each	Conditional/ACS	29.25	n/a	For repair only. PAR required for more than 2 per fiscal year.
K0045	Footrest, complete assembly	Conditional/ACS	132.04	n/a	Swing away PAR required for more than 2 per fiscal year.
K0046	Elevating leg rest, lower extension tube, each	Conditional/ACS	18.53	n/a	For repair only. PAR required for more than 2 per fiscal year.
K0047	Elevating leg rest, upper hanger bracket, each	Conditional/ACS	75.93	n/a	For repair only. PAR required for more than 2 per fiscal year.
K0050	Ratchet assembly	Yes/ACS	24.38	n/a	For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes/ACS	10.92	n/a	For repair only.
K0052	Swing away, detachable footrests, each	Conditional/ACS	62.25	n/a	New or repair. PAR required for more than 2 per fiscal year.
K0053	Elevating footrests, articulating (telescoping), each	Yes/ACS	MSRP	n/a	
K0065	Spoke protectors, each	Yes/ACS	42.33	n/a	1 item = 1 spoke protector
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional/ACS	95.16	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional/ACS	174.42	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly. PAR required for more than 2 per fiscal year.
K0071	Front caster assembly, complete, with pneumatic tire, each	Conditional/ACS	MSRP	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly. PAR required for more than 2 per 3 fiscal years.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Conditional/ACS	MSRP	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly. PAR required for more than 2 per 3 fiscal year.
K0073	Caster pin lock, each	None	33.14	n/a	1 item = 1 pin.
K0077	Front caster assembly, complete, with solid tire, each	Conditional/ACS	MSRP	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per 3 fiscal year.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0098	Drive belt for power wheelchair	Yes/ACS	22.34	n/a	For repair only.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	Yes/ACS	33.60	6.83	
K0462-RR	Temporary replacement for patient owned equipment being repaired, any type	Yes/ACS	n/a	142.38	Do not use when there is an appropriate code available for the rental equipment being provided.
K0733	Power wheelchair accessory, 12 to 24 AMP hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Conditional/CFMC	20.50	n/a	PAR required for purchase but not for repair.
<b>Support systems</b>					
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes/CFMC or ACS	MSRP	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
T5001	Positioning seat for persons with special orthopedic needs	Yes/ACS	MSRP	n/a	Use this code for custom seating/positioning car seats.
<b>COCHLEAR EQUIPMENT &amp; SUPPLIES</b>					
A4638	Replacement battery for patient-owned ear pulse generator, each	None	MSRP	n/a	
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Yes/CFMC	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8615	Headset/headpiece for use with cochlear implant device, replacement	None	MSRP	n/a	
L8616	Microphone for use with cochlear implant device, replacement	None	MSRP	n/a	
L8617	Transmitting coil for use with cochlear implant device, replacement	None	MSRP	n/a	
L8618	Transmitter cable for use with cochlear implant device, replacement	None	MSRP	n/a	
L8619	Cochlear implant external speech processor, replacement	None	MSRP	n/a	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	None	MSRP	n/a	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	None	MSRP	n/a	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	None	37.88	n/a	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	None	94.40	n/a	
L8627	Cochlear implant, external speech processor, component, replacement	None	4,776.35	n/a	<b>New code effective January 1, 2010</b>
L8628	Cochlear implant, external controller component, replacement	None	861.95	n/a	<b>New code effective January 1, 2010</b>
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	None	MSRP	n/a	<b>New code effective January 1, 2010</b>
<b>DIABETIC MONITORING EQUIPMENT &amp; SUPPLIES</b>					
	<p><b>Glucometers</b> – Benefit is limited to a basic model. Providers are requested to submit their Usual and Customary charge to Colorado Medicaid. Under Federal Law and State Regulations, providers are reminded that Colorado Medicaid shall not be billed in excess of that charged to non-Colorado Medicaid clients.</p> <p><b>Rebates:</b> If a rebate is available the provider must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.</p>				

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4206	Syringe with needle, sterile, 1 cc or less, each	None	.15	n/a	Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe
A4211	Supplies for self-administered injection	None	9.48	n/a	Use specific codes when available. Charges greater than \$9.48 must attach manufacturer's invoice, description & amounts. Must be submitted on paper.
A4215	Needle, sterile, any size, each	None	.25	n/a	Use for diabetic pen needles. Indicate frequency of administration.
A4230	Infusion set for external insulin pump, non-needle cannula type	Yes/ACS	BI	n/a	
A4231	Infusion set for external insulin pump, needle type	Yes/ACS	BI	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes/ACS	BI	n/a	
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	None	.57	n/a	
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	None	2.61	n/a	
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	None	1.68	n/a	
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	None	1.21	n/a	
A4250	Urine test or reagent strips or tablets, each	None	.49	n/a	1 item = 1 strip/tablet Albustix
A4252	Blood ketone test or reagent strip, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	None	31.48	n/a	1 item = 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box	None	BI	n/a	1 item = 50 per box
A4258	Spring-powered device for lancet, each	None	BI	n/a	1 item = 1 device
A4259	Lancets, per box of 100	None	9.90	n/a	1 item = box of 100
A4772	Blood glucose test strips, for dialysis, per 50	None	.71	n/a	1 item = per 50 Also for diabetic use.
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Yes/ACS	BI	n/a	
E0607	Home blood glucose monitor	None	47.46	n/a	
E0784	External ambulatory infusion pump, insulin	Yes/ACS	5098.67	n/a	1 item = 1 system
E2100	Blood glucose monitor with integrated voice synthesizer	Yes/ACS	MSRP	n/a	Medical justification needed for upgrade.
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes/ACS	MSRP	n/a	Medical justification needed for upgrade.
<b>DISPOSABLE SUPPLIES – GENERAL USE</b>					
<b>Disposable supplies</b> Disposable supplies, including gloves, are a benefit Colorado Medicaid 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 universal precaution requirement during a visit. Bill only per information in Comments column. Example A4245 per wipe equals one wipe =unit of service.					
<b>Antiseptics/solutions</b>					
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Yes/ACS	.43	n/a	
A4217	Sterile water/saline, 500 ml	Yes/ACS	2.77	n/a	
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Yes/ACS	BI	n/a	
A4244	Alcohol or peroxide, per pint	Yes/ACS	.49	n/a	1 item = 1 pint
A4245	Alcohol wipes, each	None	.03	n/a	1 item = 1 wipe
A4246	Betadine, per pint	Yes/ACS	3.33	n/a	1 item = 1 pint
A4247	Betadine or Iodine swabs/wipes, each	Yes/ACS	.13	n/a	1 item = 1 swab/wipe
A6250	Skin sealants, protectants, moisturizers, ointment	None	4.74	n/a	
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for masks, disposable gowns, etc.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>First aid/dressings</b>					
A4450	Tape, non-waterproof, per 18 square inches	Yes/ACS	BI	n/a	
A4452	Tape, waterproof, per 18 square inches	Yes/ACS	BI	n/a	Hypafix
A4455	Adhesive remover or solvent, each	None	1.37	n/a	
A4456	Adhesive remover, wipes, any type, each	None	.20	n/a	<b>New code effective January 1, 2010</b>
A4461	Surgical dressing holder, non-reusable, each	None	2.36	n/a	
A4463	Surgical dressing holder, reusable, each	None	9.53	n/a	
A4561	Pessary, rubber, any type	None	19.68	n/a	
A4562	Pessary, non-rubber, any type	None	29.98	n/a	
A4565	Sling, each	None	18.05	n/a	
A4570	Splint	None	16.52	n/a	
A4649	Miscellaneous surgical supply not otherwise classified	Yes/ACS	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A4927	Gloves, non-sterile, per 100	Yes/ACS	11.99	n/a	1 item = 100 gloves First 2 boxes per calendar month do not require Prior Authorization.
A4930	Gloves, sterile, per pair	Yes/ACS	1.24	n/a	1 item = 1 pair Limit 5 pair per day.
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Yes/ACS	BI	n/a	
A6011	Collagen based wound filler, gel/paste, sterile, per gram of collagen	Yes/ACS	BI	n/a	
A6021	Collagen dressing, sterile, pad size 16 sq. in. or less, each	Yes/ACS	20.10	n/a	
A6022	Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes/ACS	20.10	n/a	
A6023	Collagen dressing, sterile, pad size more than 48 sq. in., each	Yes/ACS	BI	n/a	
A6024	Collagen dressing wound filler, sterile, per 6 inches	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Yes/ACS	BI	n/a	1 item = 1 sheet
A6154	Wound pouch, each	Yes/ACS	13.69	n/a	1 item = 1 pouch
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Yes/ACS	3.82	n/a	
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	16.38	n/a	
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Yes/ACS	5.26	n/a	
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing				<b>Code deleted 12/31/09</b>
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing				<b>Code deleted 12/31/09</b>
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing				<b>Code deleted 12/31/09</b>
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	3.19	n/a	
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing	Yes/ACS	4.78	n/a	
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	Yes/ACS	BI	n/a	Mepitel
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	7.32	n/a	
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	6.29	n/a	
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	10.33	n/a	
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	6.45	n/a	
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6215	Foam dressing, wound filler, sterile, per gram	Yes/ACS	BI	n/a	Gelfoam
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	.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/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	.95	n/a	
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	2.59	n/a	
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	1.15	n/a	
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	1.48	n/a	Vaseline gauze
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	1.28	n/a	
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	2.00	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	Yes/ACS	BI	n/a	
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	6.04	n/a	
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	9.78	n/a	Duoderm
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	4.96	n/a	
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	16.38	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce	Yes/ACS	9.70	n/a	
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Yes/ACS	BI	n/a	
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	5.79	n/a	
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	9.31	n/a	
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	7.24	n/a	
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	9.89	n/a	
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6248	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce	Yes/ACS	9.83	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	1.90	n/a	
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	3.11	n/a	
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	6.07	n/a	
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	1.15	n/a	
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	2.18	n/a	
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Yes/ACS	1.34	n/a	
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	2.53	n/a	
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6260	Wound cleansers, sterile, any type, any size	Yes/ACS	BI	n/a	
A6261	Wound filler, gel/paste, sterile, per fluid ounce, not otherwise specified	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6262	Wound filler, dry form, sterile per gram, not otherwise specified	Yes/ACS	BI	n/a	
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	Yes/ACS	1.90	n/a	
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	.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/ACS	.43	n/a	
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	Yes/ACS	1.79	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/ACS	BI	n/a	1 unit = one yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Yes/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = one yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Yes/ACS	BI	n/a	1 unit = one yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Yes/ACS	BI	n/a	1 unit = one yard

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Yes/ACS	BI	n/a	1 unit = one yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Yes/ACS	BI	n/a	1 unit = one yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Yes/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = one yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Yes/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = one yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Yes/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = one yard

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Yes/ACS	BI	n/a	1 unit = 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/ACS	BI	n/a	1 unit = one yard Unaboot
A6457	Tubular dressing with or without elastic, any width, per linear yard	Yes/ACS	.82	n/a	
L0210	Thoracic rib belt, custom fitted				<b>Code deleted 12/31/09</b>
L4350	Pneumatic ankle control splint, prefabricated, includes fitting and adjustment	None	48.26	n/a	
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated, includes fitting and adjustment	None	161.30	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	None	122.96	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	None	63.79	n/a	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	None	BI	n/a	
S8451	Splint, prefabricated, wrist or ankle	None	BI	n/a	
S8452	Splint, prefabricated, elbow	None	BI	n/a	
<b>Compression burn garment</b>					
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Yes/ACS	BI	n/a	
A6502	Compression burn garment, chin strap, custom fabricated	Yes/ACS	BI	n/a	
A6503	Compression burn garment, facial hood, custom fabricated	Yes/ACS	BI	n/a	
A6504	Compression burn garment, glove to wrist, custom fabricated	Yes/ACS	BI	n/a	
A6505	Compression burn garment, glove to elbow, custom fabricated	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6506	Compression burn garment, glove to axilla, custom fabricated	Yes/ACS	BI	n/a	
A6507	Compression burn garment, foot to knee length, custom fabricated	Yes/ACS	BI	n/a	
A6508	Compression burn garment, foot to thigh length, custom fabricated	Yes/ACS	BI	n/a	
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Yes/ACS	BI	n/a	
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Yes/ACS	BI	n/a	
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Yes/ACS	BI	n/a	
A6512	Compression burn garment, not otherwise classified	Yes/ACS	BI	n/a	
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Yes/ACS	BI	n/a	
<b>Ostomy care</b>					
A4361	Ostomy face plate, all sizes, each	None	7.05	n/a	1 item = 1 faceplate
A4362	Skin barrier, solid, 4x4 or equivalent, each	None	2.96	n/a	
A4363	Ostomy clamp, any type, replacement only, each	None	1.69	n/a	.
A4364	Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce	None	2.37	n/a	1 item = 1 ounce Silicone, latex.
A4365	Adhesive remover wipes, any type, per 50				<b>Code deleted 12/31/09.</b> See code A4456.
A4366	Ostomy vent, any type, each	None	BI	n/a	
A4367	Ostomy belt, each	None	7.17	n/a	1 item = 1 belt
A4368	Ostomy filter, any type, each	None	BI	n/a	1 item = 1 filter
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	None	1.65	n/a	1 item = 1 ounce
A4371	Ostomy skin barrier; powder, per ounce	None	3.54	n/a	1 item = 1 ounce

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	None	4.04	n/a	1 item = 1 skin barrier
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	None	5.98	n/a	1 item = 1 skin barrier
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	None	BI	n/a	1 item = 1 pouch
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	None	BI	n/a	1 item = 1 pouch
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	None	4.09	n/a	1 item = 1 pouch
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	None	BI	n/a	1 item = 1 pouch
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	None	BI	n/a	1 item = 1 pouch
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	None	BI	n/a	1 item = 1 pouch
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	None	4.39	n/a	1 item = 1 pouch
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	None	BI	n/a	1 item = 1 pouch
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	None	BI	n/a	1 item = 1 pouch
A4384	Ostomy faceplate equivalent, silicone ring, each	None	BI	n/a	1 item = 1 faceplate, silicone ring
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	None	4.32	n/a	1 item = 1 skin barrier
A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each	None	BI	n/a	1 item = 1 pouch
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	None	4.16	n/a	1 item = 1 pouch
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	None	3.14	n/a	1 item = 1 pouch

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	None	6.49	n/a	1 item = 1 pouch
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	None	BI	n/a	1 item = 1 pouch
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	None	7.79	n/a	1 item = 1 pouch
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	None	8.12	n/a	1 item = 1 pouch
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	None	2.33	n/a	
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	None	.05	n/a	1 item = 1 tablet
A4396	Ostomy belt with peristomal hernia support	None	BI	n/a	1 item = 1 belt
A4397	Irrigation supply, sleeve, each	None	2.37	n/a	1 item = 1 sleeve
A4398	Ostomy irrigation supply; bag, each	None	12.91	n/a	1 item = 1 bag
A4399	Ostomy irrigation supply; cone/catheter, including brush	None	3.33	n/a	1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	None	21.56	n/a	1 item = 1 set
A4402	Lubricant, per ounce	None	.32	n/a	KY Gel, Vaseline. 1 item = 1 ounce
A4404	Adhesive rings (washers, wafers, discs, etc.), each	None	1.61	n/a	1 item = 1 ring
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	None	3.25	n/a	1 item = 1 ounce
A4406	Ostomy skin barrier, pectin based, paste, per ounce	None	5.49	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	None	8.38	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	None	9.43	n/a	1 item = 1 skin barrier

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each	None	5.95	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	None	8.64	n/a	1 item = 1 skin barrier
A4411	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, with built-in convexity, each	None	3.64	n/a	
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	None	1.93	n/a	
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	None	5.25	n/a	1 item = 1 pouch
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 inches or smaller, each	None	4.71	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	None	5.71	n/a	1 item = 1 skin barrier
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	None	2.62	n/a	1 unit = 1 pouch
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter( 1 piece), each	None	3.55	n/a	1 unit = 1 pouch
A4418	Ostomy pouch , closed, without barrier attached, with filter (1 piece), each	None	1.72	n/a	1 unit = 1 pouch
A4419	Ostomy pouch, closed, for use on barrier with non-locking flange, with filter (2 piece), each	None	1.65	n/a	1 unit = 1 pouch
A4420	Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each	None	BI	n/a	1 unit = 1 pouch

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4421	Miscellaneous ostomy supply not otherwise classified	None	23.73	n/a	Charges greater than \$23.73 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper.
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	None	BI	n/a	1 item = 1 packet
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each	None	BI	n/a	1 unit = 1 pouch
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	None	4.52	n/a	1 unit = 1 pouch
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each	None	3.42	n/a	1 unit = 1 pouch
A4426	Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each	None	2.41	n/a	1 unit = 1 pouch
A4427	Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each	None	2.41	n/a	1 unit = 1 pouch
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	None	6.20	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	None	7.85	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	None	8.12	n/a	1 unit = 1 pouch
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each	None	5.92	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	None	3.43	n/a	1 unit = 1 pouch

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each	None	3.18	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	None	3.57	n/a	1 unit = 1 pouch
A5051	Pouch, closed; with barrier attached (1 piece), each	None	1.97	n/a	1 item = 1 pouch
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	None	1.42	n/a	1 item = 1 pouch
A5053	Ostomy pouch, closed; for use on faceplate, each	None	1.65	n/a	1 item = 1 pouch
A5054	Ostomy pouch, closed; for use on barrier with flange, (2 piece) each	None	1.05	n/a	1 item = 1 pouch (2 piece system) each
A5055	Stoma cap, each	None	1.16	n/a	1 item = 1 cap
A5061	Ostomy pouch, drainable; with barrier attached (1 piece), each	None	3.51	n/a	1 item = 1 pouch
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	None	2.12	n/a	1 item = 1 pouch
A5063	Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each	None	2.28	n/a	1 item = 1 pouch (2 piece system) each
A5071	Ostomy pouch; urinary; with barrier attached (1 piece), each	None	3.00	n/a	1 item = 1 pouch
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	None	2.99	n/a	1 item = 1 pouch
A5073	Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each	None	2.89	n/a	1 item = 1 pouch
A5081	Continent device, plug for continent stoma, each	None	2.76	n/a	1 item = 1 device
A5082	Continent device, catheter for continent stoma, each	None	6.64	n/a	1 item = 1 catheter
A5083	Continent device, stoma absorptive cover for continent stoma	None	BI	n/a	1 item = 1 cover
A5093	Ostomy accessory, convex insert, each	None	1.86	n/a	1 item = 1 insert
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	None	7.53	n/a	1 item = 1 bottle

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A5105	Urinary suspensory with leg bag, with or without tube, each	None	34.35	n/a	1 item = 1 suspensory
A5112	Urinary leg bag, latex, each	None	28.50	n/a	1 item = 1 bag
A5113	Leg strap; latex, replacement only, per set	None	.74	n/a	1 item = 1 pair
A5114	Leg strap; foam or fabric, replacement only, per set	None	6.61	n/a	1 item = 1 set
A5120	Skin barrier, wipes or swabs, each	None	.18	n/a	.
A5121	Skin barrier, solid, 6x6 or equivalent, each	None	7.10	n/a	1 item = 1 skin barrier
A5122	Skin barrier, solid, 8x8 or equivalent, each	None	10.73	n/a	1 item = 1 skin barrier
A5126	Adhesive or non-adhesive disc or foam pad	None	1.26	n/a	1 item = 1 pad
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	None	.77	n/a	1 item = 1 ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	None	4.74	n/a	
<p><b><u>Incontinence Products or Briefs</u></b>  <b>Please note: the prescribing practitioner's prescription must include incontinence as a condition of a primary or secondary diagnosis in order for the client to qualify for reimbursement by Colorado Medicaid. COMBINATION LIMIT: Diapers or briefs are not available for clients under the age of 4 years. Products are limited to 240 per calendar month in any combination of diapers, liners, and undergarments. Medically necessary usage above that amount requires prior authorization. Incontinence wipes are not a benefit.</b></p>					
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Conditional/ ACS	.63	n/a	Diaper. COMBINATION LIMIT
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Conditional/ ACS	.73	n/a	Diaper. COMBINATION LIMIT
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Conditional/ ACS	.87	n/a	Diaper. COMBINATION LIMIT
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Conditional/ ACS	.89	n/a	Diaper. COMBINATION LIMIT
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Conditional/ ACS	.63	n/a	Pull-up. COMBINATION LIMIT

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Conditional/ ACS	.82	n/a	Pull-up. COMBINATION LIMIT
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional/ ACS	.99	n/a	Pull-up. COMBINATION LIMIT
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Conditional/ ACS	.98	n/a	Pull-up. COMBINATION LIMIT
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Conditional/ ACS	.43	n/a	Diaper. COMBINATION LIMIT
T4530	Pediatric size disposable incontinence product brief/diaper, large size, each	Conditional/ ACS	.43	n/a	Diaper. COMBINATION LIMIT
T4531	Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each	Conditional/ ACS	.61	n/a	Pull-up. COMBINATION LIMIT
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional/ ACS	.61	n/a	Pull-up. COMBINATION LIMIT
T4533	Youth sized disposable incontinence product, brief/diaper, each	Conditional/ ACS	.56	n/a	Diaper. COMBINATION LIMIT
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Conditional/ ACS	.99	n/a	Pull-up. COMBINATION LIMIT
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Conditional/ ACS	.41	n/a	Liner. COMBINATION LIMIT
T4543	Disposable incontinence product, brief/diaper, bariatric, each	Conditional/ ACS	BI	n/a	Brief. COMBINATION LIMIT
A4554	Underpads, disposable, each	Conditional/ ACS	.39	n/a	Chux. 1 item = 1 pad. Limit 150 per calendar month. Above 150 requires a PAR.
<b>Syringes, needles &amp; infusion supplies</b>					
A4206	Syringe with needle, sterile, 1 cc, each	None	.15	n/a	Use for diabetic syringes. 1 item = 1 syringe.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4207	Syringe with needle, sterile, 2 cc, each	Yes/ACS	.26	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/ACS	.26	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/ACS	.34	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4212	Noncoring needle or stylet with or without catheter	None	3.33	n/a	1 item = 1 stylet.
A4213	Syringe, sterile, 20 cc or greater, each	Yes/ACS	1.80	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	None	.25	n/a	1 item = 1 needle. Use for diabetic pen needles. Indicate frequency of administration. Do not use with B4220, A4206-A4209.
A4220	Refill kit for implantable infusion pump	None	BI	n/a	
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	None	BI	n/a	
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	None	BI	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes/ACS	BI	n/a	
S8490	Insulin syringes (100 syringes, any size)	None	19.99	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>Urinary care</b>					
A4310	Insertion tray without drainage bag & without catheter (accessories only), each	None	6.18	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	None	11.73	n/a	1 item = 1 set
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	None	14.87	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	None	20.01	n/a	1 item = 1 set
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	None	20.01	n/a	1 item = 1 set
A4320	Irrigation tray with bulb or piston syringe, each	None	3.95	n/a	1 item = 1 set
A4322	Irrigation syringe, bulb or piston, each	None	2.05	n/a	1 item = 1 syringe
A4326	Male external catheter with integral collection chamber, any type, each	None	6.64	n/a	Inflatable, faceplate, etc. 1 item = 1 catheter
A4327	Female external urinary collection device, metal cup, each	None	6.64	n/a	1 item = 1 cup
A4328	Female external urinary collection device, pouch, each	None	7.98	n/a	1 item = 1 pouch
A4330	Perianal fecal collection pouch with adhesive, each	None	5.78	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	None	1.83	n/a	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, each	None	.11	n/a	1 item = 1 packet

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	None	2.10	n/a	1 item = 1 device
A4334	Urinary catheter anchoring device, leg strap, each	None	4.38	n/a	1 item = 1 device
A4335	Miscellaneous incontinence supply not otherwise classified	Conditional/ACS	23.73	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.
A4336	Incontinence supply, urethral insert, any type, each	None	BI	n/a	<b>New code effective January 1, 2010.</b> 1 item = 1 insert
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each	None	9.72	n/a	1 item = 1 catheter
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	None	14.70	n/a	1 item = 1 catheter
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	None	8.15	n/a	1 item = 1 catheter
A4349	Male external catheter, with or without adhesive, disposable, each	None	1.93	n/a	
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	1.24	n/a	1 item = 1 catheter
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	1.91	n/a	1 item = 1 catheter
A4352-22	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter
A4353	Intermittent urinary catheter, with insertion supplies	Yes/ACS	6.67	n/a	
A4354	Insertion tray with drainage bag, without catheter, each	None	3.83	n/a	1 item = 1 tray & bag

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	None	36.14	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	None	8.14	n/a	1 item = 1 set
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	None	4.90	n/a	1 item = 1 bag
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	None	.32	n/a	<b>New code effective January 1, 2010</b>
	<b>Miscellaneous</b>				
A4265	Paraffin, per pound	Yes/ACS	3.23	n/a	1 item = 1 pound
A6410	Eye Pad, sterile, each	None	BI	n/a	1 item = 1 eye pad
A6411	Eye Pad, non-sterile, each	None	.25	n/a	1 item = 1 eye pad
A6412	Eye patch, occlusive, each	None	BI	n/a	1 item = 1 eye patch
E0235	Paraffin bath unit, portable each	Yes/ACS	123.27	11.87	1 item = 1 unit
<b>ELASTIC SUPPORTS &amp; STOCKINGS – GENERAL USE</b>					
A4465	Nonelastic binder for extremity	None	BI	n/a	
A4466	Garnet, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	None	BI	n/a	<b>New code effective January 1, 2010</b>
A4490	Surgical stocking, above knee length, each	None	6.18	n/a	1 item = 1 stocking
A4495	Surgical stocking, thigh length, each	None	8.08	n/a	1 item = 1 stocking
A4500	Surgical stocking, below knee length, each	None	5.82	n/a	1 item = 1 stocking
A4510	Surgical stocking, full length, each	None	13.20	n/a	1 item = 1 stocking
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	None	17.22	n/a	
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	None	31.00	n/a	
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	None	43.68	n/a	
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	None	18.12	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	None	43.02	n/a	
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	None	27.54	n/a	
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	None	24.57	n/a	
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	None	BI	n/a	
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	None	78.36	n/a	
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	None	18.17	n/a	
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	None	56.63	n/a	
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	None	BI	n/a	
A6542	Gradient compression stocking, custom made				<b>Code deleted 12/31/09</b>
A6543	Gradient compression stocking, lymphedema				<b>Code deleted 12/31/09</b>
A6544	Gradient compression stocking, garter belt	None	23.63	n/a	
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	None	BI	n/a	
A6549	Gradient compression stocking/sleve, not otherwise specified	None	BI	n/a	
<b>HEAT &amp; COLD APPLICATION EQUIPMENT – GENERAL USE</b>					
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes/ACS	MSRP	4.75	
E0215	Electric heat pad, moist	Yes/ACS	57.95	n/a	Benefit under very limited circumstances.
E0217	Water circulating heat pad with pump	Yes/ACS	MSRP	n/a	
E0218	Water circulating cold pad with pump	Yes/ACS	MSRP	n/a	
E0221	Infrared heating pad system	Yes/ACS	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0230	Ice cap or collar	Yes/ACS	MSRP	n/a	
E0236	Pump for water circulating pad, each	Yes/ACS	MSRP	36.08	
E0249	Pad for water circulating heat unit, for replacement only	Yes/ACS	17.09	n/a	Purchase for client owned equipment only.
<b>MONITORING EQUIPMENT &amp; SUPPLIES – GENERAL USE</b>					
A4556	Electrodes (e.g., apnea monitor), per pair	None	7.58	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	None	20.31	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	None	4.75	n/a	1 item = 1 tube of gel
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Yes/ACS	37.98	n/a	Requires Questionnaire #5. See Appendix E.
A4663	Blood pressure cuff only	Yes/ACS	19.93	n/a	1 item = 1 cuff only
A4670	Automatic blood pressure monitor	Yes/ACS	67.17	n/a	Digital. Requires Questionnaire #5. See Appendix E.
E0607	Home blood glucose monitor, each	None	47.46	n/a	
E0619-RR	Apnea monitor, with recording feature	Yes/ACS	n/a	161.36	Includes cardiac monitoring (belts included). 1 unit = 1 month Beyond 6 months requires Questionnaire #7. See Appendix G.
E0445	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	716.96	n/a	Questionnaire # 6 required on all PARs. See Appendix F.
E0445-RR	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	n/a	355.93	1 unit = 1 month Beyond 2 months requires purchase. Questionnaire # 6 required on all PARs. See Appendix F.
E0445-KR	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	n/a	47.46	1 unit = 1 day Limited to overnight or 24 hour test period.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each	Yes/ACS	MSRP	n/a	
E0615	Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes/ACS	MSRP	n/a	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes/ACS	MSRP	1542.72	
K0607	Replacement battery for automated external defibrillator, garment type only, each	Yes/ACS	MSRP	n/a	
K0608	Replacement garment for use with automated external defibrillator, each	Yes/ACS	MSRP	n/a	
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Yes/ACS	MSRP	n/a	
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Yes/ACS	MSRP	n/a	
S9001-KR	Home uterine monitor with or without associated nursing services	Yes/ACS	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.
<b>PHOTOTHERAPY – GENERAL USE</b>					
E0202-KR	Phototherapy (bilirubin) light with photometer, per day	None	n/a	50.40	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/ACS	n/a	50.40	1 item = 1 day rental
E0692-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes/ACS	n/a	50.40	1 item = 1 day rental

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0693-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes/ACS	n/a	50.40	1 item = 1 day rental
E0694-KR	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes/ACS	n/a	50.40	1 item = 1 day rental
<b>OXYGEN &amp; RESPIRATORY CARE- GENERAL USE</b>					
Respiratory care equipment requires a physician's prescription. The supplier must maintain a copy of the prescription on file at all times.					
<b>Humidifiers</b>					
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes/ACS	3.09	n/a	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes/ACS	BI	n/a	1 item = 1 bottle
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)	None	n/a	66.45	1 item = 1 month rental
E0550	Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	None	257.72	7.58	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	None	49.13	27.43	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	None	51.20	6.54	
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes/ACS	87.82	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes/ACS	227.81	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1405	Oxygen & water vapor enriching system with heated delivery	Yes/ACS	BI	192.81	
E1406	Oxygen & water vapor enriching system without heated delivery	Yes/ACS	BI	174.76	
<b>IPPB machines</b>					
<p>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.</p> <p>Providers may be instructed to bill a different procedure code for Medicare/Medicaid dually eligible clients than for Colorado Medicaid-only clients, for the same service. Please review the following information carefully to identify the correct code. After Medicare payment, Colorado Medicaid pays based on the current lower of payment logic.</p>					
<b>Oxygen contents: Colorado Medicaid-Only Client, POS- Home</b>					
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	None	3.33	n/a	1 unit = 50 cubic ft
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	None	7.78	n/a	1 unit = 10 lbs
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	None	8.23	n/a	Bill 1 unit per tank only, regardless of cubic feet 1 unit = up to 23 cubic ft
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	None	.78	n/a	1 unit = 1 lb
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.78	n/a	1 unit = 1 lb
<b>Oxygen contents: Dually Eligible Medicare/Colorado Medicaid Client, POS- Home</b>					
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	None	3.33	n/a	1 unit = 50 cubic ft
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	None	7.78	n/a	1 unit = 10 lbs
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	None	8.23	n/a	Bill 1 unit per tank only, regardless of cubic feet 1 unit = up to 23 cubic ft
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	None	.78	n/a	1 unit = 1 lb
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic ft
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.78	n/a	1 unit = 1 lb

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>Oxygen contents: Colorado Medicaid-Only Client, POS- Nursing Facility</b>					
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	None	6.80	n/a	Bill 1 unit per tank only, regardless of cubic feet 1 unit = up to 23 cubic ft.
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.78	n/a	1 unit = 1 lb
<b>Oxygen contents: Dually Eligible Medicare/Colorado Medicaid Client, POS- Nursing Facility</b>					
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	None	6.80	n/a	Bill 1 unit per tank only, regardless of cubic feet 1 unit = up to 23 cubic ft
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.78	n/a	1 unit = 1 lb
<b>Oxygen systems: Colorado Medicaid-Only Client, POS- Home</b>					
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	37.98	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	26.56	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	None	n/a	77.83	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	None	n/a	42.71	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	n/a	37.02	Providers must include RR modifier.
<b>Oxygen systems: Dually eligible Colorado Medicaid Client, POS- Home</b>					
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	36.54	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	None	n/a	77.83	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	None	n/a	54.10	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.
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	None	n/a	37.02	Providers must include RR modifier.
<b>Oxygen systems: Colorado Medicaid-Only Client, POS-Nursing Facility</b>					
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	33.22	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	26.56	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	None	n/a	77.83	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	None	n/a	54.10	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	None	n/a	23.73	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	None	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 <b>all</b> 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.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>Oxygen systems: Dually eligible Medicare/Colorado Medicaid Client, POS-Nursing Facility</b>					
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	33.22	Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	26.56	Providers must include RR modifier.
E0433-RR	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	None	n/a	38.72	<b>New code effective January 1, 2010</b> 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	None	n/a	77.83	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	None	n/a	54.10	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.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	23.73	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0439-TT-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None	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 <b>all</b> 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.
<b>Ventilators, percussors, &amp; respirators</b>					
A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes/ACS	47.88	n/a	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Yes/CFMC	284.75	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	None	BI	n/a	Purchase for client owned equipment only.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Yes/ACS	133.72	n/a	Purchase for client owned equipment only.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes/ACS	35.52	n/a	Purchase for client owned equipment only.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes/ACS	14.51	n/a/	Purchase for client owned equipment only.
A7030	Full face mask used with positive airway pressure device, each	Yes/ACS	44.28	n/a	Purchase for client owned equipment only.
A7031	Face mask interface, replacement for full face mask, each	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A7032	Cushion for use on nasal mask interface, replacement only, each	Yes/ACS	23.73	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes/ACS	23.73	n/a	Purchase for client owned equipment only.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Yes/ACS	71.19	n/a	Purchase for client owned equipment only.
A7035	Headgear used with positive airway pressure device	Yes/ACS	30.31	n/a	Purchase for client owned equipment only.
A7036	Chinstrap used with positive airway pressure device	Yes/ACS	13.00	n/a	Purchase for client owned equipment only.
A7037	Tubing used with positive airway pressure device	None	30.37	n/a	Purchase for client owned equipment only.
A7038	Filter, disposable, used with positive airway pressure device	Yes/ACS	4.50	n/a	Purchase for client owned equipment only.
A7039	Filter, non disposable, used with positive airway pressure device	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A7044	Oral interface used with positive airway pressure device, each	Yes/ACS	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/ACS	BI	n/a	Purchase for client owned equipment only.
A9280	Alert or alarm device, not otherwise classified	Yes/ACS	BI	37.98	Purchase only for client owned equipment.
E0450-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	Yes/ACS	n/a	618.87	LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental.
E0457	Chest Shell (cuirass)	Yes/ACS	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0459	Chest wrap	Yes/ACS	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes/ACS	n/a	450.86	
E0461-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes/ACS	n/a	Per PAR	1 item = 1 month rental

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	Yes/ACS	n/a	1398.77	
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes/ACS	n/a	1398.77	
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/ACS	1160.22	210.59	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/ACS	2137.62	450.86	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/ACS	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.
E0480	Percussor, electric or pneumatic, home model	Yes/ACS	BI	33.22	
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes/ACS	BI	308.13	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each.	Yes/CFMC	8993.35	806.80	Requires Questionnaire #14. See Appendix N. IVP percussor.
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Yes/ACS	BI	n/a	
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes/ACS	87.82	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes/ACS	227.81	n/a	Purchase for client owned equipment only.
E0601	Continuous positive airway pressure (CPAP) device, nasal	Yes/ACS	753.81	80.39	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.
E0606	Postural drainage board	Yes/ACS	n/a	Per PAR	
S8185	Flutter device	Yes/ACS	BI	n/a	
S8186	Swivel adapter	Yes/ACS	BI	n/a	
<b><u>Oxygen concentrators: Colorado Medicaid-Only Client and Medicare/Colorado Medicaid Dually Eligible Client, POS-Home</u></b>					
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None	n/a	166.10	
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	None	n/a	159.42	
E1392-RR	Portable oxygen concentrator, rental	None	n/a	BI	
<b><u>Oxygen concentrators: Colorado Medicaid-Only Client and Medicare/Colorado Medicaid Dually Eligible Client, POS-Nursing Facility</u></b>					
E1390-TT	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None	n/a	.23	1 item = 1 hour usage \$167.67(or 729 units) per month maximum for concentrator/equipment.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1391-TT	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	None	n/a	.23	1 item = 1 hour usage 167.67 (or 729 units) per month aximum for concentrator/equipment.
E1392-TT	Portable oxygen concentrator, rental	None	n/a	.23	1 item = 1 hour usage \$167.67 (or 729 units) per month maximum for concentrator/equipment.
<b>NEBULIZERS, VAPORIZERS, SUCTION</b>					
A7000	Canister, disposable, used with suction pump	None	.49	n/a	1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	None	21.26	n/a	1 unit = 1 canister
A7002	Tubing, used with suction pump	None	2.84	n/a	1 unit = 1 tubing
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	None	1.97	n/a	
A7004	Small volume non-filtered pneumatic nebulizer, disposable	None	1.51	n/a	1 unit = 1 nebulizer
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	None	18.79	n/a	
A7006	Administration set, with small volume filtered pneumatic nebulizer	None	4.75	n/a	
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	None	4.22	n/a	1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, pre-filled, used with aerosol compressor	None	BI	n/a	1 unit = 1 nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	None	39.59	n/a	1 unit = 1 reservoir bottle
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	None	3.33	n/a	1 unit = 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	None	11.39	n/a	1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	None	1.65	n/a	1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor	None	.67	n/a	1 unit = 1 filter

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	None	3.78	n/a	1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	None	.95	n/a	1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	None	6.60	n/a	1 unit = dome and mouthpiece
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	None	BI	n/a	1 unit = 1 nebulizer
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	None	.32	n/a	1 unit = 1,000 ml.
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	None	399.78	n/a	
E0570	Nebulizer with compressor	None	104.42	n/a	Devilbiss, Pulmo-Aid
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	None	BI	n/a	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	None	BI	n/a	
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer	None	BI	n/a	
E0575	Nebulizer, ultrasonic, large volume	None	545.77	n/a	Mistogen
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	None	4.75	n/a	
E0585	Nebulizer with compressor & heater	None	189.83	n/a	
E0600	Respiratory suction pump, home model, portable or stationary, electric	None	281.81	24.67	Rental includes suction tubing.
E1372	Immersion external heater for nebulizer	None	BI	n/a	
K0730	Controlled dose inhalation drug delivery system	None	BI	n/a	
	<p><b><u>Respiratory care accessories, supplies &amp; related services</u></b></p> <p><b>Note:</b> All belts, leads, pads, &amp; 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.</p>				

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4481	Tracheostomy filter, any type, any size, each	None	BI	n/a	1 item = 1 filter
A4605	Tracheal suction catheter, closed system, each	None	11.75	n/a	
A4606	Oxygen probe for use with oximeter device, replacement	Yes/ACS	BI	n/a	1 unit = 1 probe Non-disposable
A4608	Transtracheal oxygen catheter, each	None	47.74	n/a	1 item = 1 catheter
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	None	BI	n/a	
A4612	Battery cables, replacement for patient owned ventilator, each	None	BI	n/a	
A4613	Battery charger, replacement for patient owned ventilator, each	None	116.72	n/a	
A4614	Peak expiratory flow rate meter, hand held	None	10.43	n/a	
A4615	Cannula, nasal, each	None	.68	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4616	Tubing (oxygen), per foot	None	.07	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4617	Mouthpiece, each	None	.49	n/a	
A4618	Breathing circuits, each	None	8.46	n/a	
A4619	Face tent, each	None	1.15	n/a	
A4620	Variable concentration mask, each	None	.58	n/a	
A4623	Tracheostomy, inner cannula (replacement only), each	None	4.63	n/a	
A4624	Tracheal suction catheter, any type other than closed system, each	None	1.20	n/a	1 item = 1 catheter
A4625	Tracheostomy care kit for new tracheostomy	None	5.12	n/a	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	None	33.98	n/a	Includes aerochamber.
A4628	Oropharyngeal suction catheter, each	None	1.31	n/a	1 item = 1 catheter

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4629	Tracheostomy care kit for established tracheostomy	None	3.28	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	None	BI	n/a	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	None	BI	n/a	
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	None	BI	n/a	
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	None	BI	n/a	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	None	BI	n/a	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	None	BI	n/a	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	None	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	None	BI	n/a	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7520	Tracheostomy,/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	None	BI	n/a	1 unit = 1 tube
A7521	Tracheostomy,/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	None	BI	n/a	1 unit = 1 tube
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	None	BI	n/a	1 unit = 1 tube
A7523	Tracheostomy shower protector, each	None	BI	n/a	1 unit = 1 protector
A7524	Tracheostoma stent/stud/button, each	None	BI	n/a	1 unit = 1 stent/stud/button
A7525	Tracheostomy mask, each	None	1.97	n/a	
A7526	Tracheostomy tube collar/holder, each	None	BI	n/a	
A7527	Tracheostomy/laryngectomy tube plug/stop, each	None	BI	n/a	
E0455	Oxygen tent excluding croup or pediatric tents, each	None	7.58	n/a	
E0755	Electronic salivary reflex stimulator, intra oral/non-invasive, each	Yes/ACS	BI	n/a	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739, K0740.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes				<b>Code deleted March 31, 2009.</b> See codes K0739-MS, K0740-MS.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0739	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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 K0739-MS.
K0739 - MS	Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	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.
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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. 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 K0740-MS.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0740 - MS	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	None	156.77	n/a	Quick minor repairs to oxygen equipment. 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.
E1353	Regulator, each	None	26.98	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	None	BI	n/a	Purchase for client owned equipment only.
E1355	Stand/rack, each	None	20.31	n/a	Purchase for client owned equipment only.
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	None	BI	n/a	Purchase for client owned equipment only.
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	None	BI	n/a	Purchase for client owned equipment only.
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	None	BI	n/a	Purchase for client owned equipment only.
L8501	Tracheostomy, speaking valve, each	None	60.79	n/a	
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	None	32.26	n/a	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	None	BI	n/a	
S8189	Tracheostomy supply, not otherwise classified	Yes/ACS	BI	n/a	Use for tracheostomy supplies when an appropriate code is not available.
S8210	Mucus trap	None	BI	n/a	
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for cleaning solutions for respiratory equipment.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S8999	Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event)	None	105.58	n/a	
<b>TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT &amp; SUPPLIES – GENERAL USE</b>					
<b>Note:</b> TENS or NMES require 2-month trial rental before purchase. Requires Questionnaire #9. See Appendix I.					
A4245	Alcohol wipes, each	None	.03	n/a	
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	None	MSRP	n/a	Purchase for client owned equipment only. Must be provided for rental equipment. Use for 4 lead also.
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	None	5.95	n/a	Limited to maximum of 4 per year.
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) device, two lead, localized stimulation	Yes/ACS	MSRP	33.22	
E0720-KH	TENS, two lead, localized stimulation, each	Yes/ACS	MSRP	33.22	Use for 1 <sup>st</sup> 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/ACS	MSRP	33.22	Use for 2 <sup>nd</sup> 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/ACS	MSRP	33.22	
E0730-KH	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes/ACS	MSRP	33.22	Use for 1 <sup>st</sup> 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

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0730-KI	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes/ACS	MSRP	33.22	Use for 2 <sup>nd</sup> 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/ACS	MSRP	n/a	
E0744	Neuromuscular stimulator for scoliosis, each	Yes/ACS	MSRP	87.20	
E0745	Neuromuscular stimulator electronic shock unit, each	Yes/ACS	398.65	87.97	
E0746	Electromyography (EMG), biofeedback device	Yes/ACS	MSRP	n/a	
E0747-RR	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes/ACS	Per PAR	Per PAR	
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes/ACS	Per PAR	Per PAR	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes/ACS	MSRP	n/a	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes/ACS	MSRP	n/a	
E0762-KH	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes/ACS	MSRP	33.22	Use for 1 <sup>st</sup> 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/ACS	MSRP	33.22	Use for 2 <sup>nd</sup> month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0770-KH	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Yes/ACS	MSRP	Per PAR	Use for 1 <sup>st</sup> month trial rental only. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0770-KI	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Yes/ACS	MSRP	Per PAR	Use for 2 <sup>nd</sup> month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
<b>TRAPEZE, TRACTION &amp; FRACTURE FRAMES – GENERAL USE</b>					
E0830	Ambulatory traction device, all types, each	Yes/ACS	MSRP	Per PAR	
E0840	Traction frame, attached to headboard, cervical traction	Yes/ACS	59.49	15.54	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Yes/ACS	369.24	36.93	
E0850	Traction stand, free standing, cervical traction	Yes/ACS	MSRP	11.68	
E0855	Cervical traction equipment not requiring additional stand or frame	Yes/ACS	MSRP	n/a	
E0856	Cervical traction device, cervical collar with inflatable air bladder	Yes/ACS	MSRP	n/a	
E0860	Traction equipment, over door, cervical	Yes/ACS	34.88	n/a	
E0870	Traction frame, attached to footboard, extremity traction	Yes/ACS	89.76	10.84	Bucks
E0880	Traction stand, free standing, extremity traction	Yes/ACS	96.86	18.77	Bucks
E0890	Traction frame, attached to footboard, pelvic traction	Yes/ACS	92.65	16.14	
E0900	Traction stand, free standing, pelvic traction	Yes/ACS	98.60	16.14	Bucks
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes/ACS	113.26	16.26	
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes/ACS	MSRP	35.72	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Yes/ACS	MSRP	82.02	
E0920	Fracture frame, attached to bed, includes weights	Yes/ACS	MSRP	33.22	
E0930	Fracture frame, free standing, includes weights	Yes/ACS	MSRP	33.22	
E0935-KR	Continuous passive motion exercise device for use on knee only	Yes/ACS	MSRP	20.63	Rental per day. First 14 days post-op.
E0936	Continuous passive motion exercise device for use other than knee	Yes/ACS	MSRP	Per PAR	
E0940	Trapeze bar, free standing, complete with grab bar	Yes/ACS	199.32	23.73	
E0941	Traction device, gravity assisted, any type	Yes/ACS	210.52	33.22	
E0942	Cervical head harness or halter, each	Yes/ACS	17.96	n/a	
E0944	Pelvic belt, harness or boat, each	Yes/ACS	42.71	n/a	
E0945	Extremity belt or harness, each	Yes/ACS	40.12	n/a	
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes/ACS	MSRP	33.22	Balken, 4-poster
E0947	Fracture frame, attachments for complex pelvic traction	Yes/ACS	MSRP	33.22	
E0948	Fracture frame, attachments for complex cervical traction	Yes/ACS	MSRP	33.22	
E1841-KR	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories	Yes/ACS	MSRP	Per PAR	Rental is per day.
<b>LYMPHEDEMA PUMPS &amp; COMPRESSORS – SPECIALIZED USE</b>					
A4600	Sleeve for intermittent limb compression device, replacement only, each	Yes/ACS	BI	n/a	
E0650	Pneumatic compressor, non-segmental home model	Yes/ACS	654.93	47.46	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes/ACS	874.56	47.60	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes/ACS	1998.95	47.46	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes/ACS	BI	n/a	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Yes/ACS	BI	n/a	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Yes/ACS	BI	n/a	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes/ACS	82.58	n/a	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes/ACS	BI	n/a	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes/ACS	BI	n/a	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes/ACS	267.46	29.59	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes/ACS	BI	35.30	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes/ACS	BI	n/a	
E0671	Segmental gradient pressure pneumatic appliance, full leg	Yes/ACS	BI	n/a	
E0672	Segmental gradient pressure pneumatic appliance, full arm	Yes/ACS	BI	n/a	
E0673	Segmental gradient pressure pneumatic appliance, half leg	Yes/ACS	BI	n/a	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	Yes/ACS	BI	Per PAR	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Yes/ACS	BI	n/a	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes/ACS	BI	n/a	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes/ACS	BI	n/a	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes/ACS	BI	n/a	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes/ACS	BI	n/a	
S8424	Gradient pressure aid (sleeve), ready made	Yes/ACS	BI	n/a	
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes/ACS	BI	n/a	
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes/ACS	BI	n/a	
S8427	Gradient pressure aid (glove), ready made	Yes/ACS	BI	n/a	
S8428	Gradient pressure aid (gauntlet), ready made	Yes/ACS	BI	n/a	
S8429	Gradient pressure exterior wrap	Yes/ACS	BI	n/a	
S8430	Padding for compression bandage, roll	Yes/ACS	BI	n/a	
S8431	Compression bandage, roll	Yes/ACS	BI	n/a	
<b>WOUND THERAPY EQUIPMENT</b>					
E2402-KR	Negative pressure wound therapy electrical pump, stationary or portable	Yes/ACS	n/a	113.03	Price includes equipment & all supplies. 1 unit = one day rental Requires Questionnaire #12. See Appendix L.
<b>REHABILITATION EQUIPMENT – SPECIALIZED USE</b>					
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Yes/ACS	109.94	n/a	
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Yes/ACS	109.94	n/a	
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Yes/ACS	MSRP	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Yes/ACS	MSRP	n/a	
A8004	Soft interface for helmet, replacement only	Yes/ACS	MSRP	n/a	
E0637	Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels	Yes/ACS	MSRP	n/a	
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Yes/ACS	MSRP	n/a	
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Yes/ACS	MSRP	n/a	
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	Yes/ACS	MSRP	n/a	
E1700	Jaw motion rehabilitation system	Yes/ACS	MSRP	Per PAR	
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	Yes/ACS	MSRP	n/a	
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	Yes/ACS	MSRP	n/a	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes/ACS	MSRP	Per PAR	Use for adults also.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes/ACS	MSRP	Per PAR	Use for adults also.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes/ACS	MSRP	Per PAR	Use for adults also.

#### **ORAL & ENTERAL NUTRITION, FORMULAS, 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).

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, complete Questionnaire #10, Appendix J. Please refer to <a href="http://www.dmepdac.com">www.dmepdac.com</a> 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.					
<b>Enteral formulas</b>					
B4100	Food thickener, administered orally, per ounce	Yes/ACS	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/ACS	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/ACS	BI	n/a	Pedialyte, 1 unit = 1 can
B4104	Additive for enteral formula (e.g. fiber)	Yes/ACS	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/ACS	1.22	n/a	
B4150	Enteral formula; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	.56	n/a	For oral administration use modifier -BO.
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	.49	n/a	For oral administration use modifier -BO.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	1.62	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/ACS	1.55	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/ACS	2.76	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/ACS	1.55	n/a	
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/ACS	1.16	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	1.16	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/ACS	1.62	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/ACS	2.76	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/ACS	BI	n/a	1 unit = 1 can
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Yes/ACS	BI	n/a	
	<b>Enteral equipment &amp; supplies</b> 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				
A4281	Tubing for breast pump, replacement	None	BI	n/a	Purchase for client owned equipment only.
A4282	Adapter for breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4283	Cap for breast pump bottle, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A4284	Breast shield and splash protector for use with breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A4286	Locking ring for breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	None	BI	n/a	1 unit = 1 device
B4034	Enteral feeding supply kit: Syringe fed, per day	Yes/ACS	4.75	n/a	
B4035	Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day	Yes/ACS	8.70	n/a	
B4036	Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day	Yes/ACS	6.18	n/a	
B4081	Nasogastric tubing with stylet, each	Yes/ACS	15.89	n/a	
B4082	Nasogastric tubing without stylet, each	Yes/ACS	12.33	n/a	
B4083	Stomach tube, Levine type, each	Yes/ACS	1.80	n/a	
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Yes/ACS	BI	n/a	
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Yes/ACS	BI	n/a	
B9000-RR	Enteral nutrition infusion pump, without alarm, each	Yes/ACS	BI	71.19	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B9002-RR	Enteral nutrition infusion pump, with alarm, each	Yes/ACS	BI	71.19	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	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/ACS	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	None	18.98	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/ACS	40.81	2.15	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.
E0776	IV pole	Yes/ACS	94.92	14.25	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S8265	Haberman feeder for cleft lip/palate	None	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.
T2101	Human breast milk processing, storage and distribution only	Yes/ACS	2.05	n/a	
<b>HOME IV THERAPY – SPECIALIZED USE</b>					
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 Colorado Medicaid. 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.					
<b>Enteral formulas</b>					
<b>Parenteral equipment &amp; supplies</b>					
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes/ACS	BI	n/a	1 item = 1 system Elastomeric
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Yes/ACS	BI	n/a	1 item = 1 system Elastomeric
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 & destruclick, per day	Yes/ACS	5.79	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

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes/ACS	18.98	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
B9004-RR	Parenteral nutrition infusion pump, portable	Yes/ACS	BI	237.29	1 unit = 1 month rental
B9006-RR	Parenteral nutrition infusion pump, stationary	Yes/ACS	BI	137.62	1 unit = 1 month rental
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes/ACS	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.
E0779-KR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Yes/ACS	BI	4.58	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/ACS	BI	4.58	1 item = 1 pump Less than 8 hours. Prior authorization must substantiate the necessity for the use of an ambulatory pump.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes/ACS	326.67	Per PAR	1 unit = 1 month rental
E0791	Parenteral infusion pump, stationary, single or multi channel	Yes/ACS	BI	137.62	1 unit = 1 month rental
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g. epoprostenol or treprostinol)	Yes/ACS	BI	Per PAR	1 item = 1 system 1 item = 1 month rental
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Yes/ACS	BI	n/a	1 unit = 1 cartridge

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	None	BI	n/a	For client owned equipment only.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	None	BI	n/a	For client owned equipment only.
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	None	BI	n/a	For client owned equipment only.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	None	BI	n/a	For client owned equipment only.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	None	BI	n/a	For client owned equipment only.
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Yes/ACS	14.71	n/a	For client owned equipment only. Cannot be billed with K0739 or K0739-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups. 1 unit = 15 minutes
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes/ACS	14.71	n/a	For client owned equipment only. Cannot be billed with k0739 or K0739-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups.
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes/ACS	BI	n/a	Use for insertion supplies only.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes/ACS	BI	n/a	Use for insertion supplies only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>PROSTHETICS &amp; ORTHOTICS</b>					
Prosthetics and orthotics are a covered Colorado Medicaid benefit for the child and adult population. The benefit includes such items as breast prostheses, braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. Items requiring PARs must include the completed Questionnaire #11 (Appendix K), or Questionnaire #13 (Appendix M).					
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	None	BI	n/a	1 unit = 1 attachment
<b>Diabetic Shoes, Fitting, and Modifications</b>					
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	None	59.80	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	None	179.39	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	None	26.93	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	None	26.93	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	None	26.93	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	None	26.93	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe	None	BI	n/a	
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	None	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	None	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	None	17.35	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	None	25.90	n/a	
	<b><u>Orthotic Devices – Spinal</u></b>				
	<b><u>Cervical</u></b>				
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0113	Cranial cervical orthosis, toricollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Yes/CFMC	BI	n/a	
L0120	Cervical, flexible, nonadjustable (foam collar)	None	15.76	n/a	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Yes/CFMC	71.91	n/a	
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Yes/CFMC	42.93	n/a	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Yes/CFMC	67.52	n/a	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	Yes/CFMC	78.90	n/a	
L0170	Cervical, collar, molded to patient model	Yes/CFMC	357.01	n/a	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece	Yes/CFMC	78.33	n/a	
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	Yes/CFMC	190.79	n/a	
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Yes/CFMC	BI	n/a	
<b>Multiple post collar</b>					
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	Yes/CFMC	220.03	n/a	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Yes/CFMC	305.42	n/a	
L0200	Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension	Yes/CFMC	335.80	n/a	
<b>Thoracic</b>					
L0210	Thoracic rib belt				<b>Code deleted 12/31/09</b>
L0220	Thoracic rib belt, custom fabricated	Yes/CFMC	71.40	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	<b><u>Thoracic-Lumbar-Sacral Orthosis (TLSO)</u></b> <b><i>Flexible</i></b>				
L0450	TLISO, 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	None	BI	n/a	
L0452	TLISO, 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	None	BI	n/a	
L0454	TLISO 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	None	BI	n/a	
L0456	TLISO, 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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	BI	n/a	
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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	BI	n/a	
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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	447.89	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	None	282.25	n/a	
<b>Lumbar-Sacral Orthosis (LSO)</b>					
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	None	32.19	n/a	Support is not for obstetrical or obesity diagnosis.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	45.55	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	None	240.20	n/a	
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	None	49.01	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	None	BI	n/a	Support is not for obstetrical or obesity diagnosis.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	94.62	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	None	599.86	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	167.57	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	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	None	516.29	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	None	898.43	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	None	604.86	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	769.19	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	None	604.86	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	None	610.22	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b><u>Sacroiliac</u></b>					
<b><i>Flexible</i></b>					
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	None	61.53	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,	None	139.35	n/a	
<b><i>Semi-rigid</i></b>					
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	None	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	None	BI	n/a	
<b><u>Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO)</u></b>					
<b><i>Anterior-posterior-lateral control</i></b>					
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	None	1085.49	n/a	
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	None	1417.14	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b><i>Halo procedure</i></b>					
L0810	Halo procedure, cervical halo incorporated into jacket vest	None	1271.77	n/a	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	None	1167.26	n/a	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	None	1815.07	n/a	
L0861	Addition to halo procedure, replacement liner/interface material	None	BI	n/a	
<b><i>Additions to Spinal Orthosis</i></b>					
L0970	TLSO, corset front	None	116.93	n/a	
L0972	LSO, corset front	None	64.15	n/a	
L0974	TLSO, full corset	None	77.02	n/a	
L0976	LSO, full corset	None	142.29	n/a	
L0978	Axillary crutch extension	None	63.13	n/a	
L0980	Peroneal straps, pair	None	10.18	n/a	
L0982	Stocking supporter grips, set of four (4)	None	10.60	n/a	
L0984	Protective body sock, each	None	39.56	n/a	
L0999	Addition to spinal orthosis, NOS	None	BI	n/a	
<b><u>Orthotic Devices - Scoliosis Procedures</u></b>					
<b><i>Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee)</i></b>					
L1000	CTLSSO (Milwaukee), inclusive of furnishing initial orthosis, including model	None	1475.30	n/a	
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	None	BI	n/a	
L1010	Addition to CTLSSO or scoliosis orthosis, axilla sling	None	28.81	n/a	
L1020	Addition to CTLSSO or scoliosis orthosis, kyphosis pad	None	56.41	n/a	
L1025	Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating	None	82.06	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	None	37.76	n/a	
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	None	42.78	n/a	
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	None	49.45	n/a	
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	None	56.80	n/a	
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	None	41.05	n/a	
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	None	50.71	n/a	
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	None	53.81	n/a	
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	None	52.10	n/a	
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	None	60.19	n/a	
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	None	76.58	n/a	
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	None	15.52	n/a	
<b>Thoracic-lumbar-sacral orthosis (TLSO) (Low Profile)</b>					
L1200	TLSO, inclusive of furnishing initial orthosis only	None	1115.69	n/a	
L1210	Addition to TLSO, (low profile), lateral thoracic extension	None	188.34	n/a	
L1220	Addition to TLSO, (low profile), anterior thoracic extension	None	137.16	n/a	
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	None	580.15	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1240	Addition to TLSO, (low profile), lumbar derotation pad	None	46.11	n/a	
L1250	Addition to TLSO, (low profile), anterior ASIS pad	None	27.94	n/a	
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	None	44.92	n/a	
L1270	Addition to TLSO, (low profile), abdominal pad	None	38.28	n/a	
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	None	51.21	n/a	
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	None	46.67	n/a	
<b><i>Other scoliosis procedures</i></b>					
L1300	Other scoliosis procedure, body jacket molded to patient model	None	1232.65	n/a	
L1310	Other scoliosis procedure, postoperative body jacket	None	1631.37	n/a	
L1499	Spinal orthosis, not otherwise specified	None	BI	n/a	
<b><i>Thoracic-hip-knee-ankle orthosis (THKAO)</i></b>					
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes/CFMC	1235.79	n/a	
L1510	THKAO, standing frame, with or without tray and accessories	Yes/CFMC	923.05	n/a	
L1520	THKAO, swivel walker	Yes/CFMC	1256.61	n/a	
<b><u>Orthotic Devices - Lower Limb</u></b>					
<b><i>Hip orthosis (HO) - Flexible</i></b>					
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	None	78.27	n/a	
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	None	24.32	n/a	
L1620	HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	None	79.56	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1630	HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	None	BI	n/a	
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	None	336.16	n/a	
L1650	HO, abduction control of hip joints, static, adjustable (lifted type), prefabricated, includes fitting and adjustment	None	154.91	n/a	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	None	BI	n/a	
L1660	HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	None	101.63	n/a	
L1680	HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	None	723.48	n/a	
L1685	HO abduction control of hip joint, postoperative hip abduction type, custom fabricated	None	522.06	n/a	
L1686	HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	None	610.47	n/a	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	None	1241.46	n/a	
	<b>Legg perthes</b>				
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	None	BI	n/a	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	None	977.38	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	None	852.16	n/a	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	None	673.17	n/a	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	None	BI	n/a	
<b>Knee Orthosis (KO)</b>					
E1810	Dynamic adjustable knee extension/ flexion device, includes soft interface material	None	BI	n/a	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
E1812	Dynamic knee, extension/flexion device with active resistance control	None	BI	n/a	
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment				<b>Code deleted 12/31/09</b>
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	None	59.92	n/a	
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment				<b>Code deleted 12/31/09</b>
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	None	84.19	n/a	
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment				<b>Code deleted 12/31/09</b>
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	None	54.86	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	None	328.19	n/a	
L1834	KO, without knee joint, rigid, custom fabricated	None	BI	n/a	
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	None	496.36	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	None	523.69	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	None	968.93	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	None	501.27	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	None	BI	n/a	
L1847	KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment	None	467.72	n/a	
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	None	220.25	n/a	
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	None	637.16	n/a	
<b>Ankle-Foot Orthosis (AFO)</b>					
A9283	Foot pressure off loading/supportive device, any type, each	None	BI	n/a	
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material	None	BI	n/a	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	None	BI	n/a	
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	None	47.40	n/a	
L1904	AFO, molded ankle gauntlet, custom fabricated	None	329.10	n/a	
L1906	AFO, multi-ligamentous ankle support, prefabricated, includes fitting and adjustment	None	95.21	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	None	BI	n/a	
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	None	198.67	n/a	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated	None	261.08	n/a	
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	None	139.39	n/a	
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1940	AFO, plastic or other material, custom fabricated	None	266.96	n/a	
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	None	539.88	n/a	
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	None	478.51	n/a	
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1960	AFO, posterior solid ankle, plastic, custom fabricated	None	299.21	n/a	
L1970	AFO, plastic, with ankle joint, custom fabricated	None	443.90	n/a	
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	None	243.46	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	None	240.61	n/a	
<b><i>Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination</i></b>					
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	None	710.90	n/a	
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	None	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	None	616.74	n/a	
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	None	630.29	n/a	
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	None	601.52	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	None	BI	n/a	
L2035	Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	None	1209.30	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	None	989.01	n/a	
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	None	798.22	n/a	
<b><i>Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)</i></b>					
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	None	136.99	n/a	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	None	377.19	n/a	
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	None	431.86	n/a	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	None	75.02	n/a	
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	None	213.56	n/a	
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	None	328.03	n/a	
<b><i>Fracture orthosis</i></b>					
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	None	320.79	n/a	
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	None	900.28	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	None	277.04	n/a	
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None	347.49	n/a	
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	None	422.72	n/a	
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	None	751.28	n/a	
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	None	1117.56	n/a	
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	None	BI	n/a	
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None	616.74	n/a	
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	None	729.58	n/a	
<b>Additions to fracture orthosis</b>					
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	None	90.55	n/a	
L2182	Additions to lower extremity fracture orthosis, drop lock knee joint	None	25.88	n/a	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	None	72.41	n/a	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	None	92.66	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	None	186.30	n/a	
L2190	Addition to lower extremity fracture orthosis, waist belt	None	53.09	n/a	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	None	225.07	n/a	
<b>Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee</b>					
L2200	Addition to lower extremity, limited ankle motion, each joint	None	34.22	n/a	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	None	53.21	n/a	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	None	62.99	n/a	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	None	49.71	n/a	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	None	BI	n/a	
L2240	Addition to lower extremity, round caliper and plate attachment	None	49.67	n/a	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attached	None	249.78	n/a	
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	None	136.12	n/a	
L2265	Addition lower extremity, long tongue stirrup	None	69.92	n/a	
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	None	35.03	n/a	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	None	88.45	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2280	Addition to lower extremity, molded inner boot	None	244.42	n/a	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	None	159.87	n/a	
L2310	Addition to lower extremity, abduction bar, straight	None	104.51	n/a	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	None	155.91	n/a	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	None	248.35	n/a	
L2335	Addition to lower extremity, anterior swing band	None	141.53	n/a	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	None	265.38	n/a	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	None	617.98	n/a	
L2360	Addition to lower extremity, extended steel shank	None	34.14	n/a	
L2370	Addition to lower extremity, Patten bottom	None	151.87	n/a	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	None	62.75	n/a	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	None	126.03	n/a	
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	None	106.03	n/a	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	None	BI	n/a	
L2390	Addition to lower extremity, offset knee joint, each joint	None	86.65	n/a	
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	None	110.39	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2397	Addition to lower extremity orthosis, suspension sleeve	None	76.46	n/a	
<b>Additions to straight knee or offset knee joints</b>					
L2405	Addition to knee joint, drop lock, each	None	40.30	n/a	
L2415	Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint	None	100.86	n/a	
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	None	119.01	n/a	
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	None	BI	n/a	
L2492	Addition to knee joint, lift loop for drop lock ring	None	66.91	n/a	
<b>Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing</b>					
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	None	216.27	n/a	
L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	None	407.72	n/a	
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	None	292.77	n/a	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	None	735.60	n/a	
L2526	Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	None	500.88	n/a	
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	None	152.12	n/a	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	None	262.32	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	None	300.61	n/a	
<b>Additions: Pelvic and thoracic control</b>					
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each	None	282.82	n/a	
L2580	Addition to lower extremity, pelvic control, pelvic sling	None	410.26	n/a	
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	None	132.40	n/a	
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	None	190.40	n/a	
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	None	184.21	n/a	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	None	182.10	n/a	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	None	196.62	n/a	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	None	BI	n/a	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	None	1205.84	n/a	
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	None	196.04	n/a	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	None	199.54	n/a	
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	None	71.14	n/a	
L2660	Addition to lower extremity, thoracic control, thoracic band	None	190.80	n/a	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	None	174.63	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2680	Addition to lower extremity, thoracic control, lateral support uprights	None	160.20	n/a	
<b>Additions: General</b>					
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	None	BI	n/a	
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	None	55.65	n/a	
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	None	33.12	n/a	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	None	83.86	n/a	
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	None	48.10	n/a	
L2768	Orthotic side bar disconnect device, per bar	None	BI	n/a	
L2770	Addition to lower extremity orthosis, any material, per bar or joint				<b>Code deleted 12/31/09</b>
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	None	40.18	n/a	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	None	18.82	n/a	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	None	50.44	n/a	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	None	69.46	n/a	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	None	46.38	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	None	62.50	n/a	
L2830	Addition to lower extremity orthosis soft interface for molded plastic, above knee section	None	74.39	n/a	
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	None	17.56	n/a	
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	None	47.20	n/a	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	None	BI	n/a	<b>New code effective January 1, 2010</b>
L2999	Lower extremity orthoses, NOS	None	BI	n/a	
	<b>Orthopedic shoes</b>				
	<b>Inserts</b>				
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	Yes/CFMC	222.64	n/a	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Yes/CFMC	BI	n/a	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Yes/CFMC	114.47	n/a	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Yes/CFMC	BI	n/a	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes/CFMC	123.49	n/a	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes/CFMC	140.61	n/a	
L3030	Foot insert, removable, formed to patient foot, each	Yes/CFMC	54.09	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Yes/CFMC	BI	n/a	
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	Yes/CFMC	33.34	n/a	
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	Yes/CFMC	33.34	n/a	
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	Yes/CFMC	52.30	n/a	
<b>Arch support, non-removable, attached to shoe</b>					
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	Yes/CFMC	22.53	n/a	
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Yes/CFMC	22.53	n/a	
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Yes/CFMC	BI	n/a	
L3100	Hallus-valgus night dynamic splint	Yes/CFMC	30.66	n/a	
<b>Abduction and rotation bars</b>					
L3140	Foot, abduction rotation bar, including shoes	Yes/CFMC	63.10	n/a	
L3150	Foot, abduction rotation bar, without shoes	Yes/CFMC	57.69	n/a	
L3160	Foot, adjustable shoe-styled positioning device	Yes/CFMC	BI	n/a	
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	Yes/CFMC	42.25	n/a	
<b>Orthopedic footwear</b>					
L3201	Orthopedic shoe, oxford with supinator or pronator, Infant	None	50.41	n/a	
L3202	Orthopedic shoe, oxford with supinator or pronator, Child	None	43.01	n/a	
L3203	Orthopedic shoe, oxford with supinator or pronator, Junior	None	BI	n/a	
L3204	Orthopedic shoe, high top with supinator or pronator, Infant	None	50.41	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3206	Orthopedic shoe, high top with supinator or pronator, Child	None	BI	n/a	
L3207	Orthopedic shoe, high top with supinator or pronator, Junior	None	113.90	n/a	
L3208	Surgical boot, each, infant	None	BI	n/a	
L3209	Surgical boot, each, child	None	66.80	n/a	
L3211	Surgical boot, each, junior	None	BI	n/a	
L3212	Benesch boot, pair, infant	None	69.93	n/a	
L3213	Benesch boot, pair, child	None	BI	n/a	
L3214	Benesch boot, pair, junior	None	99.14	n/a	
L3215	Orthopedic footwear, ladies shoe, oxford, each	Yes/CFMC	113.90	n/a	
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Yes/CFMC	113.90	n/a	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Yes/CFMC	BI	n/a	
L3219	Orthopedic footwear, men's shoe, oxford, each	Yes/CFMC	91.70	n/a	
L3221	Orthopedic footwear, men's shoe, depth inlay, each	Yes/CFMC	BI	n/a	
L3222	Orthopedic footwear, men's shoe, hightop, depth inlay, each	Yes/CFMC	BI	n/a	
L3224	Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis)	Yes/CFMC	37.97	n/a	
L3225	Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis)	Yes/CFMC	BI	n/a	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes/CFMC	237.29	n/a	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Yes/CFMC	BI	n/a	
L3251	Foot, shoe molded to patient model, silicone shoe, each	Yes/CFMC	BI	n/a	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes/CFMC	237.29	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3253	Foot, molded shoe Plastozote (or similar), custom fitted, each	Yes/CFMC	BI	n/a	
L3254	Nonstandard size or width	Yes/CFMC	BI	n/a	
L3255	Nonstandard size or length	Yes/CFMC	BI	n/a	
L3257	Orthopedic footwear, additional charge for split size	Yes/CFMC	BI	n/a	
L3260	Surgical boot/shoe, each	Yes/CFMC	151.87	n/a	
L3265	Plastazote sandal, each	Yes/CFMC	104.18	n/a	
<b>Shoe modification - lifts</b>					
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Yes/CFMC	36.97	n/a	
L3310	Lift, elevation, heel and sole, neoprene, per inch	Yes/CFMC	57.69	n/a	
L3320	Lift, elevation, heel and sole, cork, per inch	Yes/CFMC	60.68	n/a	
L3330	Lift, elevation, metal extension (skate)	Yes/CFMC	BI	n/a	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Yes/CFMC	52.30	n/a	
L3334	Lift, elevation, heel, per inch	Yes/CFMC	BI	n/a	
<b>Shoe modification - wedges</b>					
L3340	Heel wedge, SACH	Yes/CFMC	BI	n/a	
L3350	Heel wedge	Yes/CFMC	16.24	n/a	
L3360	Sole wedge, outside sole	Yes/CFMC	25.24	n/a	
L3370	Sole wedge, between sole	Yes/CFMC	35.16	n/a	
L3380	Clubfoot wedge	Yes/CFMC	35.16	n/a	
L3390	Outflare wedge	Yes/CFMC	BI	n/a	
L3400	Metatarsal bar wedge, rocker	Yes/CFMC	28.85	n/a	
L3410	Metatarsal bar wedge, between sole	Yes/CFMC	BI	n/a	
L3420	Full sole and heel wedge, between sole	Yes/CFMC	BI	n/a	
<b>Shoe modifications - heels</b>					
L3430	Heel, counter, plastic reinforced	Yes/CFMC	BI	n/a	
L3440	Heel, counter, leather reinforced	Yes/CFMC	BI	n/a	
L3450	Heel, SACH cushion type	Yes/CFMC	BI	n/a	
L3455	Heel, new leather, standard	Yes/CFMC	BI	n/a	
L3460	Heel, new rubber, standard	Yes/CFMC	24.59	n/a	
L3465	Heel, Thomas with wedge	Yes/CFMC	BI	n/a	
L3470	Heel, Thomas extended to ball	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3480	Heel, pad and depression for spur	Yes/CFMC	BI	n/a	
L3485	Heel, pad, removable for spur	Yes/CFMC	24.59	n/a	
<b>Miscellaneous shoe additions</b>					
L3500	Orthopedic shoe addition, insole, leather	Yes/CFMC	BI	n/a	
L3510	Orthopedic shoe addition, insole, rubber	Yes/CFMC	BI	n/a	
L3520	Orthopedic shoe addition, insole, felt covered with leather	Yes/CFMC	BI	n/a	
L3530	Orthopedic shoe addition, sole, half	Yes/CFMC	BI	n/a	
L3540	Orthopedic shoe addition, sole, full	Yes/CFMC	BI	n/a	
L3550	Orthopedic shoe addition, toe tap, standard	Yes/CFMC	BI	n/a	
L3560	Orthopedic shoe addition, toe tap, horseshoe	Yes/CFMC	BI	n/a	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Yes/CFMC	BI	n/a	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Yes/CFMC	BI	n/a	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Yes/CFMC	BI	n/a	
L3595	Orthopedic shoe addition, March bar	Yes/CFMC	BI	n/a	
<b>Transfer or replacement</b>					
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Yes/CFMC	BI	n/a	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Yes/CFMC	BI	n/a	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Yes/CFMC	BI	n/a	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Yes/CFMC	BI	n/a	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Yes/CFMC	30.65	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3649	Orthopedic shoe, modification, additional or transfer, NOS	Yes/CFMC	BI	n/a	
<b><u>Orthotic Devices – Upper Limb</u></b> <b><u>Shoulder Orthosis (SO)</u></b>					
L3650	SO, figure of eight design abduction re-strainer, prefabricated, includes fitting and adjustment	None	17.05	n/a	
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	None	77.93	n/a	
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	None	52.51	n/a	
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3677	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	None	BI	n/a	
<b><i>Elbow Orthosis (EO)</i></b>					
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	None	BI	n/a	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	None	BI	n/a	
E1818	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment				<b>Code deleted 12/31/09</b>
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	None	71.83	n/a	
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	None	BI	n/a	
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	None	476.18	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	None	620.98	n/a	
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	None	BI	n/a	
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
<b><u>Elbow-Wrist-Hand Orthosis</u></b>					
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	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	None	BI	n/a	
<b><u>Elbow-Wrist-Hand-Finger Orthosis</u></b>					
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	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	None	BI	n/a	
<b><u>Wrist-Hand-Finger Orthosis (WHFO)</u></b>					
L3806	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	None	251.60	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	None	BI	n/a	
L3808	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	None	156.32	n/a	
<b><i>Additions - general</i></b>					
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	None	BI	n/a	<b>New code effective January 1, 2010</b>
<b><i>Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension</i></b>					
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	None	BI	n/a	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	None	BI	n/a	
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	None	751.85	n/a	
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	None	879.59	n/a	
<b><i>External power</i></b>					
L3904	WHFO, external powered, electric, custom fabricated	None	1487.06	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b><i>Other WHFOs – Custom fitted</i></b>					
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	None	BI	n/a	
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	244.18	n/a	
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	None	31.64	n/a	
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)				<b>Code deleted 12/31/09</b>
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	None	74.00	n/a	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3915	WHFO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	None	42.37	n/a	
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	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	None	BI	n/a	.
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3925	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment	None	27.92	n/a	
L3927	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3929	HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	None	44.22	n/a	
L3931	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	None	109.24	n/a	
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	None	BI	n/a	.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3935	Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	None	BI	n/a	.
L3956	Addition of joint to upper extremity orthosis, any material; per joint	None	BI	n/a	
<b>Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)</b>					
L3960	SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	None	427.04	n/a	
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	None	390.95	n/a	
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	None	723.97	n/a	
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	None	545.40	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	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	None	565.01	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	None	482.65	n/a	
L3970	SEO, addition to mobile arm support, elevating proximal arm	None	217.31	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	None	BI	n/a	
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	None	126.78	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	None	BI	n/a	
L3974	SEO, addition to mobile arm support, supinator	None	106.20	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	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	None	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	None	BI	n/a	
<b>Fracture orthosis</b>					
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	None	179.63	n/a	
L3982	Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment	None	222.09	n/a	
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	None	247.30	n/a	
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	None	19.01	n/a	
L3999	Upper limb orthosis, NOS	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>Specific repair</b>					
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	None	BI	n/a	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	None	BI	n/a	
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	None	688.14	n/a	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	None	BI	n/a	
L4010	Replace trilateral socket brim	None	345.63	n/a	
L4020	Replace quadrilateral socket brim, molded to patient model	None	380.81	n/a	
L4030	Replace quadrilateral socket brim, custom fitted	None	255.61	n/a	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	None	255.61	n/a	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	None	259.67	n/a	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	None	227.67	n/a	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	None	157.65	n/a	
L4060	Replace high roll cuff	None	255.61	n/a	
L4070	Replace proximal and distal upright for KAFO	None	216.09	n/a	
L4080	Replace metal bands KAFO, proximal thigh	None	65.20	n/a	
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	None	62.08	n/a	
L4100	Replace leather cuff KAFO, proximal thigh	None	59.37	n/a	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	None	53.63	n/a	
L4130	Replace pretibial shell	None	248.35	n/a	
<b>Repairs</b>					
L4205	Repair of orthotic device, labor component, per 15 minutes	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L4210	Repair of orthotic device, repair or replace minor parts	None	BI	n/a	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment	None	48.26	n/a	
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	None	161.30	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	None	122.96	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	None	63.79	n/a	
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L4392	Replacement soft interface material, static AFO	None	BI	n/a	
L4394	Replace soft interface material, foot drop splint	None	BI	n/a	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	None	105.79	n/a	
L4398	Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment	None	BI	n/a	
	<b><u>Prosthetic Procedures L 5000-L 9999</u></b>				
	<b><u>Lower limb</u></b>				
	<b><u>Partial foot</u></b>				
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	None	319.61	n/a	
L5010	Partial foot, molded socket, ankle height, with toe filler	None	844.90	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	None	1482.41	n/a	
<b>Ankle</b>					
L5050	Ankle, Symes, molded socket, SACH foot	None	1574.94	n/a	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	None	1973.55	n/a	
<b>Below knee</b>					
L5100	Below knee, molded socket, shin, SACH foot	None	1470.26	n/a	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	None	2410.81	n/a	
<b>Knee disarticulation</b>					
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	None	2436.18	n/a	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	None	2600.84	n/a	
<b>Above knee</b>					
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	None	2205.79	n/a	
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	None	1747.46	n/a	
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	None	1897.93	n/a	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	None	3208.71	n/a	
<b>Hip disarticulation</b>					
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None	3704.33	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot	None	3742.87	n/a	
<b><i>Hemipelvectomy</i></b>					
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None	3927.58	n/a	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	None	1671.87	n/a	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system	None	2934.74	n/a	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	None	2682.24	n/a	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None	4281.75	n/a	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None	4773.36	n/a	
<b><i>Immediate post surgical or early fitting procedures</i></b>					
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	None	1004.20	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	None	254.56	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	1205.75	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	None	296.24	n/a	
L5450	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee	None	400.78	n/a	
L5460	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee	None	469.41	n/a	
<b><i>Initial prosthesis</i></b>					
L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	None	1115.57	n/a	
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	None	1420.73	n/a	
<b><i>Preparatory prosthesis</i></b>					
L5510	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None	1175.08	n/a	
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None	1092.05	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5530	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	None	1511.16	n/a	
L5535	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	None	555.04	n/a	
L5540	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	None	1285.03	n/a	
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None	1686.38	n/a	
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None	1963.03	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	None	2154.55	n/a	
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	None	2043.74	n/a	
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	None	1942.17	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	None	2408.42	n/a	
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	None	2698.03	n/a	
<b>Additions: Lower extremity</b>					
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	None	1412.86	n/a	
L5611	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control	None	1358.98	n/a	
L5613	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control	None	2127.08	n/a	
L5614	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	None	BI	n/a	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	None	1119.16	n/a	
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	None	BI	n/a	
<b>Additions: Test sockets</b>					
L5618	Addition to lower extremity, test socket, Symes	None	177.90	n/a	
L5620	Addition to lower extremity, test socket, below knee	None	175.87	n/a	
L5622	Addition to lower extremity, test socket, knee disarticulation	None	229.32	n/a	
L5624	Addition to lower extremity, test socket, above knee	None	230.71	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5626	Addition to lower extremity, test socket, hip disarticulation	None	248.36	n/a	
L5628	Addition to lower extremity, test socket, hemipelvectomy	None	267.77	n/a	
L5629	Addition to lower extremity, below knee, acrylic socket	None	201.05	n/a	
<b>Additions: Socket variations</b>					
L5630	Addition to lower extremity, Symes type, expandable wall socket	None	248.70	n/a	
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	None	277.95	n/a	
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	None	172.69	n/a	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	None	348.62	n/a	
L5636	Addition to lower extremity, Symes type, medial opening socket	None	214.91	n/a	
L5637	Addition to lower extremity, below knee, total contact	None	182.74	n/a	
L5638	Addition to lower extremity, below knee, leather socket	None	488.09	n/a	
L5639	Addition to lower extremity, below knee, wood socket	None	1222.84	n/a	
L5640	Addition to lower extremity, knee disarticulation, leather socket	None	581.20	n/a	
L5642	Addition to lower extremity, above knee, leather socket	None	561.93	n/a	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	None	892.91	n/a	
L5644	Addition to lower extremity, above knee, wood socket	None	644.20	n/a	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	None	672.99	n/a	
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	None	301.95	n/a	
L5647	Addition to lower extremity, below knee, suction socket	None	614.40	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	None	365.31	n/a	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	None	1219.19	n/a	
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	None	411.77	n/a	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	None	1012.93	n/a	
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	None	367.74	n/a	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	None	BI	n/a	
<b>Additions: Socket insert and suspension</b>					
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	210.93	n/a	
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	167.78	n/a	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	BI	n/a	
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	263.65	n/a	
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	None	BI	n/a	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	None	257.65	n/a	
L5666	Addition to lower extremity, below knee, cuff suspension	None	44.30	n/a	
L5668	Addition to lower extremity, below knee, molded distal cushion	None	63.87	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	None	208.07	n/a	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	None	BI	n/a	
L5672	Addition to lower extremity, below knee, removable medial brim suspension	None	245.51	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	None	BI	n/a	
L5676	Addition to lower extremity, below knee, knee joints single axis, pair	None	283.52	n/a	
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	None	311.90	n/a	
L5678	Addition to lower extremity, below knee joint covers, pair	None	32.70	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	None	BI	n/a	
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	None	235.09	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)	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	None	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)	None	BI	n/a	
L5684	Addition to lower extremity, below knee, fork strap	None	33.50	n/a	
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	None	55.16	n/a	
L5686	Addition to lower extremity, below knee, back check (extension control)	None	33.50	n/a	
L5688	Addition to lower extremity, below knee, waist belt, webbing	None	BI	n/a	
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	None	51.62	n/a	
L5692	Addition to lower extremity, above knee, pelvic control belt, light	None	86.98	n/a	
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	None	127.94	n/a	
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	None	125.41	n/a	
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	None	114.90	n/a	
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	None	BI	n/a	
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	None	65.98	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5699	All lower extremity prostheses, shoulder harness	None	96.53	n/a	
<b>Replacements</b>					
L5700	Replacement, socket, below knee, molded to patient model	None	1795.10	n/a	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	None	2395.92	n/a	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	None	BI	n/a	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	None	BI	n/a	
L5704	Custom shaped protective cover, below knee	None	374.60	n/a	
L5705	Custom shaped protective cover, above knee	None	636.04	n/a	
L5706	Custom shaped protective cover, knee disarticulation	None	BI	n/a	
L5707	Custom shaped protective cover, hip disarticulation	None	BI	n/a	
<b>Additions: Exoskeletal knee-shin system</b>					
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	None	BI	n/a	
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	None	300.28	n/a	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	None	301.91	n/a	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	None	BI	n/a	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	None	794.92	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	None	937.48	n/a	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	None	BI	n/a	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	None	1044.54	n/a	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	None	980.21	n/a	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	None	BI	n/a	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	None	775.43	n/a	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	None	BI	n/a	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	None	BI	n/a	
	<b>Component modification</b>				
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	None	328.67	n/a	
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	None	BI	n/a	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None	555.04	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b>Additions: Endoskeletal knee-shin system</b>					
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	None	372.54	n/a	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	None	597.59	n/a	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	None	439.91	n/a	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	None	2388.96	n/a	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	None	BI	n/a	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	None	776.11	n/a	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	None	1474.61	n/a	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	None	BI	n/a	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	None	2008.83	n/a	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	None	2008.85	n/a	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	None	1230.78	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	None	2468.75	n/a	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	None	1152.95	n/a	
L5848	Addition to endoskeletal, knee-shin system, fluid stance extension, dampening feature, with or without adjustability	None	BI	n/a	
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	None	107.91	n/a	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	None	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	None	BI	n/a	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	None	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	None	BI	n/a	
L5910	Addition, endoskeletal system, below knee, alignable system	None	305.47	n/a	
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	None	444.47	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	None	BI	n/a	
L5930	Addition, endoskeletal system, high activity knee control frame	None	BI	n/a	
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	None	384.61	n/a	
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	None	464.88	n/a	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None	403.57	n/a	
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	None	473.72	n/a	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	None	669.43	n/a	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	None	BI	n/a	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	None	BI	n/a	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	None	143.63	n/a	
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	None	BI	n/a	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	None	221.53	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	None	BI	n/a	<b>New code effective January 1, 2010</b>
L5974	All lower extremity prostheses, foot, single axis ankle/foot	None	149.47	n/a	
L5975	All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot	None	377.73	n/a	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	None	382.53	n/a	
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	None	184.63	n/a	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	None	1747.26	n/a	
L5980	All lower extremity prostheses, flex-foot system	None	3127.34	n/a	
L5981	All lower extremity prostheses, flex-walk system or equal	None	2043.64	n/a	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	None	621.05	n/a	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	None	381.59	n/a	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	None	BI	n/a	
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	None	534.49	n/a	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	None	4627.42	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	None	1285.01	n/a	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	None	BI	n/a	
L5999	Lower extremity prosthesis not otherwise specified	None	BI	n/a	
<b>Upper Limb</b>					
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					
<b>Partial hand</b>					
L6000	Partial hand, Robin-aids, thumb remaining (or equal)	None	854.20	n/a	
L6010	Partial hand, Robin-aids, little and/or ring finger remaining (or equal)	None	941.35	n/a	
L6020	Partial hand, Robin-aids, no finger remaining (or equal)	None	893.83	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	None	BI	n/a	
<b>Wrist disarticulation</b>					
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	None	1293.21	n/a	
L6055	Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad	None	1790.42	n/a	
<b>Below elbow</b>					
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	None	1280.02	n/a	
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	None	1321.05	n/a	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	None	1455.26	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	None	1652.51	n/a	
<b><i>Elbow disarticulation</i></b>					
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	None	1790.39	n/a	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	None	2173.10	n/a	
<b><i>Above elbow</i></b>					
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	None	BI	n/a	
L6250	Above elbow molded double wall socket, internal locking elbow, forearm	None	1717.46	n/a	
<b><i>Shoulder disarticulation</i></b>					
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None	2375.97	n/a	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	None	1864.74	n/a	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	None	1126.08	n/a	
<b><i>Interscapular thoracic</i></b>					
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None	3149.92	n/a	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	None	1968.84	n/a	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	None	1347.45	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b><i>Immediate and early post surgical procedures</i></b>					
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	None	776.11	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	None	1034.79	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	None	1345.26	n/a	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	None	284.58	n/a	
L6388	Immediate post surgical or early fitting, application of rigid dressing only	None	388.06	n/a	
<b><i>Endoskeletal: Below elbow</i></b>					
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	1957.19	n/a	
<b><i>Endoskeletal: Elbow disarticulation</i></b>					
L6450	Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping	None	2192.15	n/a	
<b><i>Endoskeletal: Above elbow</i></b>					
L6500	Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping	None	2537.10	n/a	
<b><i>Endoskeletal: Shoulder disarticulation</i></b>					
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	2925.05	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
<b><i>Endoskeletal: Interscapular thoracic</i></b>					
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	3162.85	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	None	1215.91	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	None	1215.91	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	None	1149.28	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	None	1149.28	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	None	1641.03	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	1544.48	n/a	
<p><b><u>Additions: Upper limb</u></b>  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.</p>					
L6600	Upper extremity additions, polycentric hinge, pair	None	93.13	n/a	
L6605	Upper extremity additions, single pivot hinge, pair	None	96.23	n/a	
L6610	Upper extremity additions, flexible metal hinge, pair	None	127.25	n/a	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	None	251.07	n/a	
L6615	Upper extremity addition, disconnect locking wrist unit	None	123.50	n/a	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	None	41.03	n/a	
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	None	215.23	n/a	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	None	BI	n/a	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	None	339.78	n/a	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	None	2296.55	n/a	
L6625	Upper extremity addition, rotation wrist unit with cable lock	None	244.85	n/a	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	None	404.07	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	None	123.39	n/a	
L6630	Upper extremity addition, stainless steel, any wrist	None	130.62	n/a	
L6632	Upper extremity addition, latex suspension sleeve, each	None	54.80	n/a	
L6635	Upper extremity addition, life assist for elbow	None	141.35	n/a	
L6637	Upper extremity addition, nudge control elbow lock	None	170.75	n/a	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	None	BI	n/a	
L6639	Upper extremity addition, heavy duty feature, any elbow				<b>Code deleted 12/31/09</b>
L6640	Upper extremity additions, shoulder abduction joint, pair	None	209.82	n/a	
L6641	Upper extremity addition, excursion amplifier, pulley type	None	129.35	n/a	
L6642	Upper extremity addition, excursion amplifier, lever type	None	113.82	n/a	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	None	176.40	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	None	BI	n/a	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	None	BI	n/a	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	None	BI	n/a	
L6650	Upper extremity addition, shoulder universal joint, each	None	213.08	n/a	
L6655	Upper extremity addition, standard control cable, extra	None	47.51	n/a	
L6660	Upper extremity addition, heavy duty control cable	None	59.48	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6665	Upper extremity addition, Teflon, or equal, cable lining	None	29.14	n/a	
L6670	Upper extremity addition, hook to hand, cable adapter	None	30.33	n/a	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	None	159.04	n/a	
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	None	75.96	n/a	
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	None	89.55	n/a	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	None	BI	n/a	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	None	155.46	n/a	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	None	169.44	n/a	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	None	217.31	n/a	
L6686	Upper extremity addition, suction socket	None	373.48	n/a	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	None	486.53	n/a	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	None	253.53	n/a	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	None	331.15	n/a	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	None	331.15	n/a	
L6691	Upper extremity addition, removable insert, each	None	218.36	n/a	
L6692	Upper extremity addition, silicone gel insert or equal, each	None	442.62	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6693	Upper extremity addition, locking elbow, forearm counter balance	None	2313.10	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	None	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	None	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)	None	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)	None	BI	n/a	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	None	BI	n/a	
<b>Terminal Devices</b>					
L6703	Terminal device, passive hand/mitt, any material, any size	None	221.80	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6704	Terminal device, sport/recreation/work attachment, any material, any size	Yes/CFMC	431.75	n/a	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	None	277.52	n/a	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any sized, lined or unlined	None	857.07	n/a	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	None	597.24	n/a	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	None	926.12	n/a	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	None	442.12	n/a	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	None	814.00	n/a	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	None	1027.33	n/a	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	None	870.15	n/a	
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	None	1546.60	n/a	
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	None	1333.27	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6805	Addition to terminal device, modifier wrist unit	None	246.28	n/a	
L6810	Addition to terminal device, precision pinch device	None	168.86	n/a	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes/CFMC	BI	n/a	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes/CFMC	BI	n/a	
<b>Replacement Sockets</b>					
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	None	BI	n/a	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	None	BI	n/a	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	None	BI	n/a	
<b>Gloves for above hands</b>					
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes/CFMC	114.94	n/a	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Yes/CFMC	435.35	n/a	
<b>Hand restoration</b>					
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Yes/CFMC	1051.41	n/a	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes/CFMC	1031.75	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes/CFMC	1047.27	n/a	
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes/CFMC	387.54	n/a	
<b><u>External Power</u></b>					
<b><u>Base devices</u></b>					
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	None	4191.82	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	None	4517.14	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	None	4633.45	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	None	5212.64	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	None	5628.67	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	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	None	6540.90	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	None	5979.76	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	None	9158.20	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	None	7495.88	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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	None	8536.80	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	None	9485.91	n/a	
L7007	Electric hand, switch or myoelectric, controlled, adult	None	2063.61	n/a	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	None	3472.68	n/a	
L7009	Electric hook, switch or myoelectric controlled, adult	None	2160.82	n/a	
L7040	Prehensile actuator, switch controlled	None	1737.54	n/a	
L7045	Electronic hook, switch or myoelectric controlled, pediatric	None	889.28	n/a	
	<b>Elbow</b>				
L7170	Electronic elbow, Hosmer or equal, switch controlled	None	3726.06	n/a	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	None	BI	n/a	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	None	BI	n/a	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	None	3861.21	n/a	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	None	7061.80	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	None	4826.52	n/a	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	None	7764.19	n/a	
L7260	Electronic wrist rotator, Otto Bock or equal	None	1476.91	n/a	
L7261	Electronic wrist rotator, for Utah arm	None	2751.11	n/a	
L7266	Servo control, Steeper or equal	None	613.80	n/a	
L7272	Analogue control, UNB or equal	None	1351.42	n/a	
L7274	Proportional control 6-12 volt, Liberty, Utah or equal	None	3962.78	n/a	
<b>Battery components</b>					
L7360	Six volt battery, each	None	103.48	n/a	
L7362	Battery charger, six volt, each	None	273.26	n/a	
L7364	Twelve volt battery, each	None	60.01	n/a	
L7366	Battery charger, twelve volt, each	None	103.48	n/a	
L7367	Lithium ion battery, replacement	None	BI	n/a	
L7368	Lithium ion battery charger	None	BI	n/a	
<b>Addition to upper extremity prosthesis</b>					
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	None	BI	n/a	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	None	BI	n/a	
L7499	Upper extremity prosthesis, NOS	None	BI	n/a	
<b>Repairs</b>					
L7500	Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx)	None	BI	n/a	
L7510	Repair of prosthetic device, repair or replace minor parts	None	BI	n/a	
L7520	Repair prosthetic device, labor component, per 15 minutes	None	15.49	n/a	
<b>General</b>					
L7900	Vacuum erection system	Yes/CFMC	BI	n/a	
<b>Prostheses</b>					
L8000	Breast prosthesis, mastectomy bra	None	23.77	n/a	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	None	BI	n/a	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	None	BI	n/a	
L8010	Breast prosthesis, mastectomy sleeve	None	51.16	n/a	
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	None	48.84	n/a	
L8020	Breast prosthesis, mastectomy form	None	115.37	n/a	
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Yes/CFMC	225.21	n/a	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Yes/CFMC	BI	n/a	<b>New code effective January 1, 2010</b>
L8032	Nipple prosthesis, reusable, any type, each	Yes/CFMC	BI	n/a	<b>New code effective January 1, 2010</b>

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	None	BI	n/a	
L8039	Breast prosthesis, NOS	Yes/CFMC	BI	n/a	
L8040	Nasal prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8041	Midfacial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8042	Orbital prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8043	Upper facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8044	Hemi-facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8045	Auricular prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8046	Partial facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8047	Nasal septal prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Yes/CFMC	BI	n/a	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Yes/CFMC	BI	n/a	
L8499	Unlisted procedure for miscellaneous prosthetic services	Yes/CFMC	BI	n/a	
<b>Trusses</b>					
L8300	Truss, single with standard pad	None	63.31	n/a	
L8310	Truss, double with standard pads	None	104.69	n/a	
L8320	Truss, addition to standard pads, water pad	None	26.39	n/a	
L8330	Truss, addition to standard pads, scrotal pad	None	30.01	n/a	
<b>Prosthetic socks</b>					
L7600	Prosthetic donning sleeve, any material, each	None	BI	n/a	
L8400	Prosthetic sheath, below knee, each	None	9.05	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8410	Prosthetic sheath, above knee, each	None	13.86	n/a	
L8415	Prosthetic sheath upper limb each	None	14.96	n/a	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	None	48.37	n/a	
L8420	Prosthetic sock, multiple ply, below knee, each	None	10.49	n/a	
L8430	Prosthetic sock, multiple ply, above knee, each	None	13.26	n/a	
L8435	Prosthetic sock, multiple ply, upper limb, each	None	13.33	n/a	
L8440	Prosthetic shrinker, below knee, each	None	26.45	n/a	
L8460	Prosthetic shrinker, above knee, each	None	42.16	n/a	
L8465	Prosthetic shrinker, upper limb, each	None	33.78	n/a	
L8470	Prosthetic sock, single ply, fitting, below knee, each	None	5.11	n/a	
L8480	Prosthetic sock, single ply, fitting, above knee, each	None	7.76	n/a	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	None	8.44	n/a	
<b>Prosthetic Implants</b>					
<b><i>Integumentary system</i></b>					
L8500	Artificial larynx, any type	None	437.46	n/a	
L8501	Tracheostomy speaking valve	None	60.79	n/a	
L8505	Artificial larynx replacement battery/accessory, any type	Yes/CFMC	BI	n/a	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes/CFMC	BI	n/a	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes/CFMC	BI	n/a	
L8510	Voice amplifier	Yes/CFMC	BI	n/a	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	None	BI	n/a	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	None	BI	n/a	
L8514	Tracheoesophageal puncture dilator, replacement only, each	None	BI	n/a	
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each	None	BI	n/a	
<b>Head: Skull, facial bones, and temporomandibular joint</b>					
L8610	Ocular implant	Yes/CFMC	BI	n/a	
L8619	Cochlear implant external speech processor and controller, integrated system, replacement	Yes/CFMC	BI	n/a	
<b>Speech augmentation devices</b>					
A4601	Lithium ion battery for non-prosthetic use, replacement	Yes/CFMC	BI	n/a	
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes/CFMC	BI	n/a	
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes/CFMC	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/CFMC	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/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes/CFMC	BI	n/a	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes/CFMC	BI	n/a	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes/CFMC	BI	n/a	
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes/CFMC	BI	n/a	
E2512	Accessory for speech generating device, mounting system	Yes/CFMC	BI	n/a	
E2599	Accessory for speech generating device, not otherwise classified	Yes/CFMC	BI	n/a	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes/CFMC	BI	n/a	

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L6677	182	L6935	186	L8001	190	L8514	193	S8451	65						
L6680	182	L6940	186	L8002	190	L8515	193	S8452	65						
L6682	182	L6945	187	L8010	190	L8610	193	S8490	74						
L6684	182	L6950	187	L8015	190	L8615	53	S8999	98						
L6686	182	L6955	187	L8020	190	L8616	53	S9001-KR	80						
L6687	182	L6960	187	L8030	190	L8617	53	S9433	107						
L6688	182	L6965	187	L8035	191	L8618	53	T2101	110						
L6689	182	L6970	188	L8039	191	L8619	53, 193	T4521	72						
L6690	182	L6975	188	L8040	191	L8621	53	T4522	72						
L6691	182	L7007	188	L8041	191	L8622	53	T4523	72						
L6692	182	L7008	188	L8042	191	L8623	53	T4524	72						
L6693	183	L7009	188	L8043	191	L8624	53	T4525	72						
L6694	183	L7040	188	L8044	191	L8627	53	T4526	73						
L6695	183	L7045	188	L8045	191	L8628	53	T4527	73						
L6696	183	L7170	188	L8046	191	L8629	53	T4528	73						
L6697	183	L7180	188	L8047	191	L9900	194	T4529	73						
L6698	183	L7181	188	L8048	191	S1040	115	T4530	73						
L6703	183	L7185	188	L8049	191	S5035	112	T4531	73						
L6704	184	L7186	188	L8300	191	S5036	112	T4532	73						
L6706	184	L7190	189	L8310	191	S5520	112	T4533	73						

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## QUESTIONNAIRE #1 HOSPITAL BED

Client Name: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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 \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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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**QUESTIONNAIRE #3**  
**LIFT**

Client Name: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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?

- |   |  |
|---|--|
| <input type="checkbox"/> Severe arthritis of the knee | <input type="checkbox"/> Neuromuscular disease |
| <input type="checkbox"/> Severe arthritis of the hip  | <input type="checkbox"/> 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?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Effect improvement | <input type="checkbox"/> Arrest the client's condition | <input type="checkbox"/> 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: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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**

Vendor Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ CO Medicaid ID#: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Client's age: \_\_\_\_\_

1) Relevant Diagnosis (es): \_\_\_\_\_  
 (If COPD is the primary diagnosis, additional respiratory diagnosis is required)

2) Is client on oxygen? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, \_\_\_\_\_ liters per minute  
 \_\_\_\_\_ Continuous \_\_\_\_\_ Nocturnal only \_\_\_\_\_ Exercise only  
 (If client is not on oxygen, client does not qualify for pulse oxymeter)

3) Is the pulse oximeter being ordered for:  
 \_\_\_\_\_ Spot check monitoring \_\_\_\_\_ Continuous monitoring  
 If the pulse oximeter is being ordered for spot check monitoring, please provide the client's last three readings and dates.  
 \_\_\_\_\_

4) Underlying conditions/circumstances that indicated need for continuous pulse oximeter (only one needed to qualify):  
 \_\_\_\_\_ Monitor desaturation with exercise with/without oxygen conserving device  
 \_\_\_\_\_ Titration of liter flow  
 \_\_\_\_\_ High altitude monitoring  
 \_\_\_\_\_ Nocturnal hypoventilation  
 \_\_\_\_\_ Alarm system to monitor high risk respiratory client

5) Describe recommended treatment when client desaturates.  
 \_\_\_\_\_ Titrate to greater than or equal to \_\_\_\_\_ % with exercise  
 \_\_\_\_\_ If O2 sat is less than 90%, titrate liter flow to  
 Other: \_\_\_\_\_

6) Anticipated length of need: \_\_\_\_\_ month/s

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE #7  
APNEA MONITOR**

Client Name: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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/Bi-Level (PAP)**

Vendor Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ CO Medicaid ID#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_

1) Relevant Diagnosis(es): \_\_\_\_\_

2) Date of sleep study \_\_\_\_\_ (Sleep study must be completed within 1 year of physician signature and date at the bottom of this page). Sleep study required to be kept in patient chart at DME vendor if ordering for obstructive, central or complex sleep apnea. Medicaid may request copy of sleep study at any time.

3) Apnea Hypopnea Index (AHI) results \_\_\_\_\_ AHI of 15 or greater client will qualify. If AHI between 5 and 14 client must have documented symptoms of :

daytime sleepiness      mood disorders      history of stroke      hypertension

impaired cognition      insomnia      ischemic heart disease

Clients that have AHI of 4 or less do not qualify for sleep CPAP during sleep.

4) Bi-level being ordered for condition other than Obstructive Sleep Apnea. (Please indicate) Sleep study not required.

5) \_\_\_\_\_ Restrictive Lung Disease

PaCO2 \_\_\_\_\_ on \_\_\_\_\_ liters per minute (lpm) or room air test done on usual FiO2.

Saturation of \_\_\_\_\_ % for 5 continuous minutes on \_\_\_\_\_ lpm

\_\_\_\_\_ Neuromuscular Disease

Maximum Inspiratory Pressure \_\_\_\_\_ or Forced Vital Capacity \_\_\_\_\_ %

\_\_\_\_\_ COPD

PaCO2 \_\_\_\_\_ on \_\_\_\_\_ liters per minute (lpm) or room air test done on usual FiO2.

Saturation of \_\_\_\_\_ % for 5 continuous minutes on \_\_\_\_\_ lpm

OSA ruled out \_\_\_\_\_ yes \_\_\_\_\_ no/CPAP ruled out \_\_\_\_\_ yes \_\_\_\_\_ no

6) Physician order: \_\_\_\_\_ CPAP \_\_\_\_\_ cmH2O

\_\_\_\_\_ Bilevel (IPAP) \_\_\_\_\_ cmH2O/(EPAP) \_\_\_\_\_ cmH2O

\_\_\_\_\_ Bilevel ST (IPAP) \_\_\_\_\_ cmH2O/(EPAP) \_\_\_\_\_ cmH2O \_\_\_\_\_ backup rate

This questionnaire does include an order for interface, accessories and supplies.

Humidification \_\_\_\_\_ yes \_\_\_\_\_ no

Length of need \_\_\_\_\_ months

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Client Name: \_\_\_\_\_

Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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 as a result 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 & ENTERAL NUTRITION FORMULA**

**Please note that all questions must be answered in order for a decision on the Prior Authorization Request to be made.**

DME Vendor Name: \_\_\_\_\_ Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ CO Medicaid ID#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Relevant Diagnosis (es): \_\_\_\_\_

2. Physical reasons and/or diagnosis why client cannot consume a regular diet to meet their nutrition needs: \_\_\_\_\_

3. Underlying conditions/circumstances if any, that prevents client from consuming adequate nutrition: \_\_\_\_\_

4. Client's height: \_\_\_\_\_ Client's current weight: \_\_\_\_\_ Client's BMI: \_\_\_\_\_  
 (For pediatric 2 years or under, please attach growth chart)

5. Last 2 years weight history: Stable  Increase  Decrease  Unknown  Amount change: \_\_\_\_\_

6. Does client have difficulty chewing/swallowing: Yes  No

If yes, describe: \_\_\_\_\_

7. Is therapy intended to serve as a protein supplement? Yes  No

If yes, what is the serum albumin level? \_\_\_\_\_ Date of lab value: \_\_\_\_\_

8. Brand formula (s) requested:

Name: \_\_\_\_\_ Cal/day \_\_\_\_\_

Name: \_\_\_\_\_ Cal/day \_\_\_\_\_

9. Route of Administration: Oral  Tube Feeding

10. Is formula a supplement or sole source for nutrition? Supplement  Sole Source

11. Has client received supplemental feeding in prior two years: Yes  No  Unknown

If yes, weight and BMI when product previous started: Weight: \_\_\_\_\_ BMI \_\_\_\_\_

Has client condition changed? Yes  No

If yes, please explain: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

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: \_\_\_\_\_ Colorado Medicaid 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)

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Surgery (CPT code) _____ | <input type="checkbox"/> Continuing use of durable medical equipment named in #2 above |
| <input type="checkbox"/> Medication reduction     |  |
| <input type="checkbox"/> Hospitalizations         | Other, Describe: _____   |
| <input type="checkbox"/> Physician assessment     | _____  |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Problem correction  | <input type="checkbox"/> Prevention of associated problems                                |
| <input type="checkbox"/> Problem alleviation | <input type="checkbox"/> 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: \_\_\_\_\_ Colorado Medicaid 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 contact the Medical Review Department at the phone numbers listed above. 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  Chemical  Physical  Autolytic  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ 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, Colorado Medicaid will not be responsible for payment, even if an open PAR still exists.

11. Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 \_\_\_\_\_ Colorado Medicaid 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 <b>Colorado Medicaid</b> ACS Medical Review Department	1-800-237-0757
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**QUESTIONNAIRE # 14**  
**MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION**

Medical center information: \_\_\_\_\_ Prescribing physician: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_ Phone number: \_\_\_\_\_  
 \_\_\_\_\_

Client information:  
 Name: \_\_\_\_\_ Colorado Medicaid Client ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Height: \_\_\_\_\_  
 \_\_\_\_\_ Weight: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ 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
<input type="checkbox"/> Intal	_____	_____	_____	_____	_____
<input type="checkbox"/> Albuterol	_____	_____	_____	_____	_____
<input type="checkbox"/> Pulmozyme	_____	_____	_____	_____	_____
<input type="checkbox"/> Mucomist	_____	_____	_____	_____	_____
<input type="checkbox"/> 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.

<b>Manual percussion therapy (in past 6 mos)</b> Times per day _____ For how _____ prescribed/required: _____ long? Primary caregiver: _____ Results/Comments: _____	<b>Flutter therapy (in past 6 mos)</b> Times per day _____ For how _____ prescribed/required: _____ long? Primary caregiver: _____ Results/Comments: _____	<b>Other mechanical therapy (in past 6 mos)</b> Times per day _____ For how _____ prescribed/required: _____ long? Primary caregiver: _____ Results/Comments: _____
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**How would ThAIRapy Vest promote or allow greater independence?** \_\_\_\_\_

**Does client have any of the following conditions?**

Suspected pulmonary tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung contusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint of chest wall pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcutaneous emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head &/or neck injury which is not yet stabilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active hemorrhage with hemodynamic instability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent epidural spinal infusion or spinal anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent skin grafts, or flaps on the thorax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently placed transvenous pacemaker or subcutaneous pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Colorado Medicaid</b> ACS Medical Review Department	1-800-237-0757
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**QUESTIONNAIRE #15  
WHEELCHAIR TILT / RECLINE DEVICE**

Client Name: \_\_\_\_\_

Colorado Medicaid 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 significantly 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