



Provider Bulletin

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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:

2011 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 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, 2011.

If you have any questions about the information in this bulletin, please call 1-800-237-0757 or 1-800-237-0044.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

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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, securing appropriate physician authorizations, correct coding and billing information.

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 (only to be used on MSRP codes) |
| TT | Individualized service provided to more than one patient in same setting |
| UB | Invoice cost |
| UE | Used equipment |

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 the fiscal agent, ACS. PAR forms and all additional information should be mailed to:

ACS
P.O. Box 30
Denver, CO 80201

Yes/ColoradoPAR Program: PARs for these items are reviewed by the ColoradoPAR Program. Submit PAR(s) to the ColoradoPAR Program by fax at 1-866-492-3176. Providers may also submit PARs via mail to:

APS Healthcare
4545 N. Lincoln Blvd., Suite 103
Oklahoma City, OK 73105

Please visit ColoradoPAR.com for the latest information on electronic submission.

For questions regarding PARs submitted to the ColoradoPAR Program, please call the ColoradoPARline at 1-888-454-7686

Yes/ACS/ColoradoPAR: When a code indicates Yes ACS or ColoradoPAR, check comment section column for additional instruction.

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 Purchase Amount column:

Priced Code: Purchase amount is available up to the maximum identified dollar amount. This is not a guarantee of the printed amount if the actual cost of the item is less. No additional handling, shipping, or tax charges may be billed.

MSRP or By Invoice (BI): If there is no maximum purchase price, an indicator of MSRP or By Invoice will be indicated. Please refer to the DME Provider Manual for specific billing instructions.

n/a: Indicates items that can not be purchased. This is typically for code updates between bulletin publications.

***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](http://colorado.gov/hcpf) Home page of the Department's Web site at colorado.gov/hcpf for current pricing.

Maximum allowable rental price column:

Priced Code: Rental benefit is available up to the identified dollar amount maximum. This is not a guarantee of the printed amount if the actual cost of the item is less. Accessories, maintenance, and repairs are inclusive in the cost of the rental item.

n/a: Indicates items that can not 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.

***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/hcpf for current pricing.

Unit Limit Column:

Unit limits are displayed with the maximum unit allowable and the minimum time between requests. Some items may have special provisions for unit limits with more detail in the Comment Column.

****This column is new for 2011 and is in progress, further updates will be made to complete this column. No changes are being made to unit limits, they are only being identified in an easily accessible column. Unit limits may be identified in the comment column until changes are made.****

Comment Column:

The comment section outlines specific or special instructions as well as more detailed information on unit limits where applicable.

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 12/31/10 can be used only for non-prior authorized services provided prior to 1/1/11 or on PARs approved prior to 1/1/11.

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 ACS Provider Services at 1-800-237-0757 or 1-800-237-0044.

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------------------------|--|---------|-------------------------|-----------------------|---|---|
| MISCELLANEOUS CODES | | | | | | |
| A4649 | Surgical supply; miscellaneous | Yes/ACS | BI | n/a | n/a | Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper. Use for disposable supplies such as dressings, etc. |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified | Yes/ACS | MSRP | n/a | n/a | Use for accessories or parts for DME other than wheelchairs. |
| B9998 | (NOC) For enteral supplies | Yes/ACS | BI | Per PAR | n/a | 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 | 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 | n/a | Use for durable reusable equipment other than wheelchairs. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------------------------|-------------------------|-----------------------|---|--|
| E2399 | Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware | Yes/ColoradoPAR or ACS | MSRP | n/a | n/a | Use only when appropriate and specific procedure codes are not available. Submit PAR to ColoradoPAR 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 | 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 | 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 | n/a | Use for masks, disposable gowns, etc. |
| T5999 | Supply, not otherwise specified | None | BI | Manually Priced | n/a | Use for disposable humidifier bottles, Type B oxygen cylinder tanks, and large compressed air cylinders only. Submit on paper and, in remarks, identify the item being billed. Claims for rental will be manually priced. |
| AMBULATION DEVICES – GENERAL USE | | | | | | |
| Canes | | | | | | |
| E0100 | Cane, all materials, adjustable or fixed with tip | None | 17.70 | n/a | | |
| E0105 | Cane, quad or three prong, all materials, adjustable or fixed with tips | None | 37.12 | 8.35 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|-------------------|
| | Crutches | | | | | |
| E0110 | Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair | None | 62.17 | n/a | | 1 item = 1 pair |
| E0111 | Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each | None | 48.45 | n/a | | 1 item = 1 crutch |
| E0112 | Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair | None | 32.98 | 9.36 | | 1 item = 1 pair |
| E0113 | Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each | None | 16.48 | 4.85 | | 1 item = 1 crutch |
| E0114 | Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips | None | 36.13 | 8.08 | | 1 item = 1 pair |
| E0116 | Crutch, underarm, other than wood, adjustable or fixed, with pat, tip, handgrip, with or without shock absorber, each | None | 18.02 | n/a | | 1 item = 1 crutch |
| E0117 | Crutch, underarm, articulating, spring assisted, each | Yes/ACS | 185.30 | n/a | | 1 item = 1 crutch |
| E0118 | Crutch substitute, lower leg platform, with or without wheels, each | None | 58.20 | n/a | | |
| | Walkers | | | | | |
| E0130 | Walker, rigid (pickup), adjustable or fixed height, each | None | 49.33 | n/a | | |
| E0135 | Walker, folding (pickup), adjustable or fixed height, each | None | 62.45 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|---------|-------------------------|-----------------------|---|-----------------|
| 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 | 93.67 | n/a | | |
| E0143 | Walker, folding, wheeled, adjustable or fixed height | None | 97.68 | n/a | | |
| E0144 | Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat | Yes/ACS | 258.76 | n/a | | |
| E0147 | Walker, heavy duty, multiple braking system, variable wheel resistance | Yes/ACS | 224.58 | n/a | | |
| E0148 | Heavy duty walker, without wheels, rigid or folding, any type, each | Yes/ACS | 105.30 | n/a | | |
| E0149 | Walker, heavy duty, wheeled, rigid or folding, any type | Yes/ACS | 184.98 | n/a | | |
| Accessories for ambulation devices | | | | | | |
| A4635 | Underarm pad replacement, crutch, each | None | 4.31 | n/a | | |
| A4636 | Handgrip replacement, cane, crutch or walker, each | None | 3.76 | n/a | | |
| A4637 | Tip replacement, cane, crutch or walker, each | None | 1.87 | n/a | | |
| E0153 | Platform attachment, forearm crutch, each | None | 56.37 | n/a | | |
| E0154 | Platform attachment, walker, each | None | 54.95 | n/a | | |
| E0155 | Wheel attachment, rigid pick-up walker, per pair | None | 25.22 | n/a | | 1 unit = 1 pair |
| E0156 | Seat attachment, walker, each | None | 18.26 | n/a | | |
| E0157 | Crutch attachment, walker, each | None | 65.69 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|---------|-------------------------|-----------------------|---|---|
| E0158 | Leg extensions for walker, per set of four (4) | None | 23.73 | n/a | | 1 unit = 1 set of four (4) |
| E0159 | Brake attachment for wheeled walker, replacement, each | None | 14.51 | n/a | | |
| BATH AND BATHROOM EQUIPMENT - GENERAL USE | | | | | | |
| Bath equipment | | | | | | |
| E0160 | Sitz type bath, portable, fits over commode seat, each | Yes/ACS | 20.23 | n/a | | Limited to EPSDT program, up to age 20. |
| E0163 | Commode chair, mobile or stationary, with fixed arms | None | 75.17 | n/a | | |
| E0165 | Commode chair, mobile or stationary, with detachable arms | Yes/ACS | 197.33 | 17.51 | | |
| E0167 | Pail or pan for use with commode chair, replacement only | None | 9.61 | 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 | 145.11 | n/a | | |
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type | Yes/ACS | 1591.13 | n/a | | |
| E0171 | Commode chair with integrated seat lift mechanism, non-electric, any type | Yes/ACS | 276.66 | 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 | 62.43 | 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 | 19.11 | n/a | | |
| E0242 | Bathtub rail, floor base, each | Yes/ACS | 117.45 | n/a | | |
| E0243 | Toilet rail, each | Yes/ACS | 31.58 | n/a | | |
| E0244 | Toilet seat, raised, each | Yes/ACS | 26.29 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|---|
| E0244-22 | Toilet seat, raised, each | Yes/ACS | 113.91 | n/a | | Use for padded raised toilet seat. |
| E0245 | Tub stool or bench, each | Yes/ACS | 46.99 | n/a | | |
| E0245-22 | Tub stool or bench, each | Yes/ACS | 159.45 | n/a | | Use for padded tub stool or bench. |
| E0246 | Transfer tub rail attachment, each | Yes/ACS | 45.10 | n/a | | |
| E0247 | Transfer bench for tub or toilet with or without commode opening | Yes/ACS | 88.74 | n/a | | |
| E0247-22 | Transfer bench for tub or toilet with or without commode opening | Yes/ACS | 166.10 | 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 | 185.86 | 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. |
| 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. |
| | Whirlpool equipment | | | | | |
| E1300 | Whirlpool, portable (over tub type) | Yes/ACS | 173.83 | n/a | | |
| E1310 | Whirlpool, nonportable (built-in type) | Yes/ACS | 2064.80 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---|
| BED AND BEDROOM EQUIPMENT - GENERAL USE | | | | | | |
| <u>Beds</u> | | | | | | |
| E0194-KR | Bed, powered air flotation (low air loss therapy), per day | Yes/ACS | MSRP | 85.09 | | 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 | 704.76 | 70.48 | | Requires Questionnaire # 1. See Appendix A. |
| E0255 | Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress | Yes/ACS | 704.76 | 70.48 | | Requires Questionnaire #1. See Appendix A. |
| E0256 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress | Yes/ACS | 697.43 | 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 | 986.66 | 105.25 | | Requires Questionnaire #1. See Appendix A. |
| E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | Yes/ACS | 1432.00 | 113.49 | | Requires Questionnaire #1. See Appendix A. |
| E0265 | Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress | Yes/ACS | 986.66 | 105.25 | | 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 | 1705.70 | 135.51 | | Requires Questionnaire #1. See Appendix A. |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress | Yes/ACS | MSRP | 164.44 | | Requires Questionnaire #1. See Appendix A. |
| E0280 | Bed, cradle, any type | Yes/ACS | 31.04 | 3.35 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|--|
| E0290 | Hospital bed, fixed height, without side rails, with mattress | Yes/ACS | 878.44 | 61.94 | | Requires Questionnaire #1. See Appendix A. |
| E0291 | Hospital bed, fixed height, without side rails, without mattress | Yes/ACS | 591.33 | 45.00 | | Requires Questionnaire #1. See Appendix A. |
| E0292 | Hospital bed, variable height, hi-lo, without side rails, with mattress | Yes/ACS | 863.14 | 69.66 | | Requires Questionnaire #1. See Appendix A. |
| E0293 | Hospital bed, variable height, hi-lo, without side rails, without mattress | Yes/ACS | MSRP | 59.27 | | Requires Questionnaire #1. See Appendix A. |
| E0294 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress | Yes/ACS | 1318.32 | 108.28 | | Requires Questionnaire #1. See Appendix A. |
| E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | Yes/ACS | 1175.25 | 105.54 | | Requires Questionnaire #1. See Appendix A. |
| E0296 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress | Yes/ACS | 1708.64 | 136.09 | | Requires Questionnaire #1. See Appendix A. |
| E0297 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress | Yes/ACS | 1683.00 | 116.58 | | 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 | 2416.94 | 224.36 | | Requires Questionnaire #1. See Appendix A. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|------------------------------|--|---------|-------------------------|-----------------------|---|--|
| 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 | 592.92 | | Requires Questionnaire #1. See Appendix A. |
| E0303 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | Yes/ACS | MSRP | 251.93 | | 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 | 638.70 | | 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 | 91.14 | | 1 item = 1 day rental |
| Mattresses & pads | | | | | | |
| A4640 | Replacement pad for use with medically necessary alternating pressure pad owned by patient | Yes/ACS | 51.94 | n/a | | Purchase for client owned equipment only. |
| E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty | Yes/ACS | 193.42 | 24.56 | | Requires Questionnaire #2. See Appendix B. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|--|---------|-------------------------|-----------------------|---|---|
| E0182 | Pump for alternating pressure pad, for replacement only | Yes/ACS | 148.77 | 24.69 | | |
| E0184 | Mattress, dry flotation | Yes/ACS | 148.33 | 12.24 | | 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 | 234.92 | 12.24 | | Requires Questionnaire #2. See Appendix B. |
| E0186 | Mattress, air pressure | Yes/ACS | 170.15 | 12.24 | | Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B. |
| E0187 | Mattress, water pressure | Yes/ACS | 252.32 | 12.24 | | Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B. |
| E0188 | Sheepskin pad, synthetic | Yes/ACS | 15.68 | n/a | | |
| E0189 | Sheepskin pad, lambs wool, any size | Yes/ACS | 29.70 | n/a | | |
| E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | Yes/ACS | 247.50 | n/a | | |
| E0191 | Heel or elbow protector, each | Yes/ACS | 9.41 | n/a | | |
| E0193-KR | Air fluidized bed, per day | Yes/ACS | n/a | 61.08 | | Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental. |
| E0196 | Mattress, Gel pressure | Yes/ACS | 328.89 | 12.24 | | 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 | 208.88 | n/a | | Requires Questionnaire #2. See Appendix B. |
| E0198 | Water pressure pad for mattress, standard mattress length and width | Yes/ACS | 213.06 | n/a | | Geo mattress. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| E0199 | Dry pressure pad for mattress, standard mattress length and width | None | 17.82 | n/a | | Egg crate for bed or wheelchair. |
| E0271 | Mattress, innerspring | Yes/ACS | 183.24 | 13.18 | | Purchase for client owned hospital bed only. |
| E0272 | Mattress, foam rubber | Yes/ACS | 159.98 | 13.20 | | Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B. |
| E0277 | Powered pressure-reducing air mattress | Yes/ACS | 6084.40 | 583.00 | | Requires Questionnaire #2. See Appendix B. Identify brand. |
| E0370 | Air pressure elevator for heel | Yes/ACS | 10.10 | n/a | | Requires Questionnaire #2. See Appendix B. |
| E0371 | Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width | Yes/ACS | 4418.91 | 386.36 | | Acucair, 1" step. Requires Questionnaire #2. See Appendix B. |
| E0372 | Powered air overlay for mattress, standard mattress length and width | Yes/ACS | 5411.98 | Per PAR | | Jay, Roho, Rik. Requires Questionnaire #2. See Appendix B. |
| E0373 | Non-powered advanced pressure reducing mattress | Yes/ACS | 4098.78 | 509.25 | | 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. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------------------------------------|--|---------|-------------------------|-----------------------|---|---|
| Accessories/safety equipment | | | | | | |
| A9281 | Reaching/grabbing device, any type, any length, each | Yes/ACS | 17.44 | n/a | | |
| E0273 | Bed board | Yes/ACS | 93.97 | n/a | | |
| E0274 | Over-bed table | Yes/ACS | 98.01 | 16.44 | | |
| E0275 | Bedpan, standard, metal or plastic | None | 9.39 | n/a | | |
| E0276 | Bedpan, fracture, metal or plastic | None | 4.93 | n/a | | |
| E0305 | Bed side rails, half length, pair | Yes/ACS | 164.90 | 13.85 | | |
| E0310 | Bed side rails, full length, pair | Yes/ACS | 134.10 | 16.02 | | |
| E0315 | Bed accessory: board, table, or support device any type | Yes/ACS | 93.97 | 15.98 | | Bed cane. Do not use for over bed table. |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | Yes/ACS | 1156.06 | n/a | | |
| E0325 | Urinal, male, jug-type, any material, each | None | 4.24 | n/a | | |
| E0326 | Urinal, female, jug-type, any material, each | None | 7.50 | n/a | | |
| E0700 | Safety equipment, device or accessory, any type | Yes/ACS | 74.25 | 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 | 108.90 | n/a | | Hip belt. Not for use as wheelchair accessory. |
| Lifts | | | | | | |
| E0621 | Sling or seat, patient lift, canvas or nylon | Yes/ACS | MSRP | n/a | | Purchase for client owned equipment only. |
| E0625 | Patient lift, bathroom or toilet, not otherwise classified | Yes/ACS | 751.74 | 56.89 | | Lift for bathtub, includes seat. |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | Yes/ACS | 318.01 | n/a | | Requires Questionnaire # 4. See Appendix D. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|--|
| E0628 | Separate seat lift mechanism for use with patient owned furniture, electric | Yes/ACS | 196.02 | n/a | | Requires Questionnaire # 4. See Appendix D. |
| E0629 | Separate seat lift mechanism for use with patient owned furniture, non-electric | Yes/ACS | 318.00 | 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 | 899.27 | 56.89 | | Requires Questionnaire # 3. See Appendix C. Includes sling and chains. |
| E0635 | Patient lift, electric, with seat or sling | Yes/ACS | MSRP | 51.68 | | 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 | 56.89 | | 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 | | Requires Questionnaire # 3. See Appendix C. |
| | Repairs/labor | | | | | |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | Yes/ACS | 15.34 | n/a | | Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|--|---------|-------------------------|-----------------------|---|---|
| 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. |
| 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 | 24.14 | n/a | | <p>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.).</p> <p>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.</p> |
| 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 | 148.36 | 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 \$148.36 every 6 months. Paper claims must include serial number. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|--|
| K0740 | Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | Yes/ACS | 24.14 | 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 | 148.36 | 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 \$148.36 every 6 months. Paper claims must include serial number. |
| <p>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.dmeprd.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.</p> | | | | | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------------------|-------------------------|-----------------------|---|--|
| <p>Note: Deleted procedure codes effective 12/31/10 can only be used for services provided prior to 1/1/11. 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.</p> | | | | | | |
| <p>Chairs</p> | | | | | | |
| E1031 | Rollabout chair, any and all types with castors 5 in or greater | Yes/ACS | 446.29 | 48.57 | | |
| E1037 | Transport chair, pediatric size | Yes/ACS | MSRP | 104.32 | | |
| E1038 | Transport chair, adult size, patient weight capacity up to and including 300 pounds | Yes/ACS | 201.97 | 17.33 | | |
| E1039 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds | Yes/ACS | 355.51 | n/a | | |
| <p>Wheelchairs - motorized/powerd vehicles</p> | | | | | | |
| E1230 | Power operated vehicle, three or four wheel non-highway | Yes/ ColoradoPAR | 1812.38 | 122.50 | | 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/ColoradoPAR | MSRP | 133.54 | | |
| K0010 | Standard - weight frame motorized/power wheelchair | Yes/ColoradoPAR | 4154.36 | 133.54 | | |
| K0011 | Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Yes/ColoradoPAR | 4997.09 | 133.54 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| K0012 | Lightweight portable motorized/power wheelchair | Yes/ColoradoPAR | 4055.45 | 133.54 | | |
| K0014 | Other motorized/power wheelchair base | Yes/ColoradoPAR | MSRP | n/a | | |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 1050.41 | 105.05 | | |
| K0801 | Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 1693.48 | 169.33 | | |
| K0802 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 1916.48 | 191.63 | | |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 1270.72 | 127.07 | | |
| K0807 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 1928.17 | 192.81 | | |
| K0808 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 2983.28 | 298.32 | | |
| K0812 | Power operated vehicle, not otherwise classified | Yes/ColoradoPAR | MSRP | BI | | |
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 2289.34 | 196.01 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| K0814 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 2930.28 | 250.90 | | |
| K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3336.91 | 285.70 | | |
| K0816 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3195.62 | 273.62 | | |
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 2445.16 | 209.36 | | |
| K0821 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3138.96 | 268.77 | | |
| K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3803.63 | 324.81 | | |
| K0823 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3818.44 | 326.93 | | |
| K0824 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 4595.65 | 393.49 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0825 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 4013.84 | 360.20 | | |
| K0826 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 5949.48 | 509.39 | | |
| K0827 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 4551.43 | 455.15 | | |
| K0828 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes/ColoradoPAR | 6555.79 | 561.31 | | |
| K0829 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more | Yes/ColoradoPAR | 5705.12 | 515.43 | | |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3704.23 | 370.42 | | |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3704.23 | 370.42 | | |
| K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3921.50 | 329.68 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0836 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 3992.86 | 341.88 | | |
| K0837 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 4595.65 | 393.49 | | |
| K0838 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 4149.16 | 352.01 | | |
| K0839 | Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 5949.48 | 509.39 | | |
| K0840 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes/ColoradoPAR | 9013.76 | 771.77 | | |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 4098.29 | 350.90 | | |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 4098.29 | 350.90 | | |
| K0843 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 4934.35 | 422.48 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 5156.42 | 429.37 | | |
| K0849 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 4821.53 | 412.82 | | |
| K0850 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 5826.68 | 498.07 | | |
| K0851 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 5448.51 | 478.87 | | |
| K0852 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 6721.30 | 575.49 | | |
| K0853 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 6904.44 | 591.16 | | |
| K0854 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 600 pounds or more | Yes/ColoradoPAR | 9146.90 | 783.16 | | |
| K0855 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more | Yes/ColoradoPAR | 8640.62 | 739.82 | | |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 5382.94 | 460.89 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0857 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 5490.85 | 470.13 | | |
| K0858 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back patient weight 301 to 450 pounds | Yes/ColoradoPAR | 6678.59 | 571.83 | | |
| K0859 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 6204.57 | 545.35 | | |
| K0860 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 9541.20 | 816.93 | | |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 5376.77 | 537.68 | | |
| K0862 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 6678.59 | 571.83 | | |
| K0863 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes/ColoradoPAR | 9541.20 | 816.93 | | |
| K0864 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | Yes/ColoradoPAR | 11926.38 | 972.15 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0869 | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0870 | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0871 | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | Yes/ColoradoPAR | 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/ColoradoPAR | MSRP | BI | | |
| K0878 | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0879 | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0880 | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | Yes/ColoradoPAR | MSRP | BI | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| K0884 | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | 8910.00 | BI | | |
| K0885 | Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds | Yes/ColoradoPAR | MSRP | BI | | |
| K0886 | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | Yes/ColoradoPAR | 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/ColoradoPAR | 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/ColoradoPAR | MSRP | BI | | |
| K0898 | Power wheelchair, not otherwise classified | Yes/ColoradoPAR | MSRP | BI | | |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | Yes/ColoradoPAR | MSRP | BI | | |
| | <p><u>Manual wheelchair codes</u> 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 | 680.08 | 65.79 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| E1060 | Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests | Yes/ACS | 930.29 | 70.95 | | |
| E1070 | Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | Yes/ACS | MSRP | 70.01 | | |
| E1083 | Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests | Yes/ACS | MSRP | 50.74 | | |
| E1084 | Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests | Yes/ACS | 599.04 | 55.44 | | |
| E1085 | Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests | Yes/ACS | 620.47 | 41.45 | | |
| E1086 | Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | Yes/ACS | 599.04 | 51.20 | | |
| E1087 | High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | 1253.42 | 51.68 | | |
| E1088 | High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests | Yes/ACS | 1268.57 | 51.68 | | |
| E1089 | High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest | Yes/ACS | 1268.57 | 51.68 | | |
| E1090 | High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | Yes/ACS | 1223.31 | 51.68 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|----------|
| E1092 | Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests | Yes/ACS | 1462.38 | 54.50 | | |
| E1093 | Wide heavy-duty wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | Yes/ACS | 1391.91 | 54.50 | | |
| E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | 870.38 | 66.81 | | |
| E1110 | Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest | Yes/ACS | 1189.61 | 46.99 | | |
| E1130 | Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests | Yes/ACS | 281.90 | 23.49 | | |
| E1140 | Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | Yes/ACS | 352.37 | 32.89 | | |
| E1150 | Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests | Yes/ACS | 446.35 | 42.28 | | |
| E1160 | Wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | 366.48 | 32.43 | | |
| E1161 | Manual adult size wheelchair, includes tilt-in- space | Yes/ACS | 2027.34 | n/a | | |
| E1170 | Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | 1061.00 | 33.83 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| E1171 | Amputee wheelchair, fixed full-length arms, without footrests or legrest | Yes/ACS | 843.17 | 27.93 | | |
| E1172 | Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest | Yes/ACS | 985.16 | 32.99 | | |
| E1180 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests | Yes/ACS | 955.81 | 39.75 | | |
| E1190 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests | Yes/ACS | 1066.05 | 47.36 | | |
| E1195 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | MSRP | 124.31 | | |
| E1200 | Amputee wheelchair, fixed full-length arms, swing-away detachable footrest | Yes/ACS | 927.37 | 33.83 | | |
| E1220 | Wheelchair, specially sized or constructed (indicate brand name, model number, if any, and justification) | Yes/ACS | 1980.00 | n/a | | |
| E1221 | Wheelchair with fixed arm, footrests | Yes/ACS | 405.24 | 29.60 | | |
| E1222 | Wheelchair with fixed arm, elevating legrests | Yes/ACS | MSRP | 36.36 | | |
| E1223 | Wheelchair with detachable arms, footrests | Yes/ACS | 563.81 | 21.10 | | |
| E1224 | Wheelchair with detachable arms, elevating legrests | Yes/ACS | 655.43 | 47.36 | | |
| E1229 | Wheelchair, pediatric size, not otherwise specified | Yes/ACS | MSRP | 49.45 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| 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 | 2222.88 | n/a | | |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system | Yes/ACS | 2303.25 | n/a | | |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system | Yes/ACS | 2005.15 | n/a | | |
| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system | Yes/ACS | 1737.72 | n/a | | |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system | Yes/ACS | 1703.46 | n/a | | |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system | Yes/ACS | 1718.34 | 158.94 | | |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system | Yes/ACS | 1703.46 | 157.57 | | |
| E1240 | Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest | Yes/ACS | 810.48 | 56.87 | | |
| E1250 | Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest | Yes/ACS | 669.53 | 43.69 | | |
| E1260 | Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | Yes/ACS | 669.53 | 57.33 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|--|
| E1270 | Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests | Yes/ACS | 891.79 | 51.20 | | |
| E1280 | Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests | Yes/ACS | 1462.38 | 56.38 | | |
| E1285 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest | Yes/ACS | 1266.55 | 100.64 | | |
| E1290 | Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | Yes/ACS | 1391.91 | 112.47 | | |
| E1295 | Heavy-duty wheelchair, fixed full-length arms, elevating legrest | Yes/ACS | MSRP | 114.50 | | |
| K0001 | Standard wheelchair | Yes/ACS | 565.52 | 49.45 | | |
| K0002 | Standard Hemi (low seat) wheelchair | Yes/ACS | 612.19 | 49.45 | | |
| K0003 | Lightweight wheelchair | Yes/ACS | 737.89 | 49.45 | | |
| K0004 | High strength, lightweight wheelchair | Yes/ACS | 791.31 | 54.40 | | |
| K0005 | Ultra lightweight wheelchair | Yes/ACS | 1483.70 | 54.40 | | |
| K0006 | Heavy duty wheelchair | Yes/ACS | 945.61 | 57.37 | | Client greater than 200 lbs. |
| K0007 | Extra heavy duty wheelchair | Yes/ACS | 1222.70 | 57.37 | | Client greater than 300 lbs. |
| K0009 | Other manual wheelchair/base | Yes/ACS | MSRP | n/a | | Tilt in Space, strollers |
| | Wheelchair accessories | | | | | |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | Yes/ACS | 15.34 | 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. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty | Yes/ACS | 193.42 | 24.56 | | Requires questionnaire #2. See appendix B. |
| E0182 | Pump for alternating pressure pad, for replacement only | Yes/ACS | 148.77 | 24.69 | | |
| E0188 | Sheepskin pad, synthetic | Yes/ACS | 15.68 | n/a | | |
| E0189 | Sheepskin pad, lambs wool, any size | Yes/ACS | 29.70 | n/a | | |
| E0705 | Transfer device, any type, each | Yes/ACS | MSRP | n/a | | |
| E0710 | Restraints, any type (body, chest, wrist, ankle) | Yes/ACS | 108.90 | n/a | | |
| E0950 | Wheelchair accessory, tray, each | Yes/ACS | MSRP | n/a | | Upper extremity support surface. |
| E0951 | Heel loop/holder, any type, with or without ankle strap, each | Conditional/ACS | 14.11 | 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 | 14.11 | 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 | 480.56 | 41.12 | | 1 item = 1 attachment |
| E0959 | Manual wheelchair accessory, adapter for amputee, each | Yes/ACS | 41.67 | n/a | | |
| E0960 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware | Conditional/ACS | 101.38 | n/a | | PAR required for more than 1 per fiscal year |
| E0961 | Manual wheelchair accessory, wheel lock brake extension (handle), each | Conditional/ACS | 14.10 | n/a | | PAR required for more than 2 per fiscal year |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|--|-----------------|-------------------------|-----------------------|---|--|
| E0966 | Manual wheelchair accessory, headrest extension, each | Yes/ACS | 61.08 | n/a | | |
| E0968 | Commode seat, wheelchair | Yes/ACS | 184.64 | n/a | | |
| E0969 | Narrowing device, wheelchair | Yes/ACS | 137.04 | n/a | | For positioning. |
| E0970 | No. 2 footplates, except for elevating legrest | Yes/ACS | 31.38 | n/a | | |
| E0971 | Manual wheelchair accessory, anti-tipping device, each | Conditional/ACS | 30.07 | n/a | | 1 item =1 device PAR required for more than 2 per year. |
| E0974 | Manual wheelchair accessory, anti-rollback device, each | Conditional/ACS | 28.19 | n/a | | PAR required for more than 2 per fiscal year. |
| E0978 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each | Conditional/ACS | 27.24 | n/a | | PAR required for more than 1 per fiscal year. |
| E0980 | Safety vest, wheelchair | Yes/ACS | 31.17 | n/a | | Shoulder harness |
| E0983 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control | Yes/ColoradoPAR | 2509.77 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control | Yes/ColoradoPAR | 1780.09 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E0985 | Wheelchair accessory, seat lift mechanism | Yes/ColoradoPAR | MSRP | n/a | | Requires Questionnaire #15. See Appendix O. |
| E0986 | Manual wheelchair accessory, push activated power assist, each | Yes/ColoradoPAR | 5056.38 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E0992 | Manual wheelchair accessory, solid seat insert | Yes/ACS | 61.08 | n/a | | |
| E0992-22 | Manual wheelchair accessory, solid seat insert | Yes/ACS | MSRP | n/a | | Use for hook-in solid seat insert. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| E1002 | Wheelchair accessory, power seating system, tilt only | Yes/ColoradoPAR | 4044.48 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | Yes/ColoradoPAR | 3934.39 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | Yes/ColoradoPAR | 4362.43 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | Yes/ColoradoPAR | 4721.98 | n/a | | Requires Questionnaire #15. See Appendix O. |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | Yes/ColoradoPAR | 5783.99 | n/a | | Questionnaire #15 required. See Appendix O. |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | Yes/ColoradoPAR | 7831.74 | n/a | | Questionnaire #15 required. See Appendix O. |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | Yes/ColoradoPAR | 7832.44 | 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/ColoradoPAR | MSRP | n/a | | Requires Questionnaire #15. See Appendix O. |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair | Yes/ColoradoPAR | 1024.78 | n/a | | Requires Questionnaire #15. See Appendix O. One unit = one pair. |
| E1014 | Reclining back, addition to pediatric size wheelchair | Yes/ACS | 259.03 | 25.91 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| E1020 | Residual limb support system for wheelchair | Yes/ACS | 280.50 | n/a | | |
| E1028 | Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory | Yes/ColoradoPAR | 214.70 | n/a | | |
| E1029 | Wheelchair accessory, ventilator tray, fixed | Yes/ACS | MSRP | n/a | | |
| E1030 | Wheelchair accessory, ventilator tray, gimbaled | Yes/ACS | MSRP | n/a | | |
| E1225 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees) | Yes/ACS | 327.61 | n/a | | |
| E1226 | Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each | Yes/ACS | 329.01 | 33.86 | | |
| E1227 | Special height arms for wheelchair | Yes/ACS | 221.81 | n/a | | |
| E1228 | Special back height for wheelchair | Yes/ACS | MSRP | n/a | | |
| E1296 | Special wheelchair seat height from floor | Yes/ACS | 511.09 | n/a | | |
| E1297 | Special wheelchair seat depth, by upholstery | Yes/ACS | 100.58 | n/a | | |
| E1298 | Special wheelchair seat depth and/or width, by construction | Yes/ACS | 220.75 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| E1399 | Miscellaneous durable medical equipment | Yes/ACS | MSRP | Per PAR | | Important , 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 | 387.84 | n/a | | |
| E2202 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches | Yes/ACS | 492.70 | n/a | | |
| E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches | Yes/ACS | 346.50 | n/a | | |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches | Yes/ACS | 495.00 | n/a | | |
| E2207 | Wheelchair accessory, crutch and cane holder, each | Yes/ACS | 30.75 | n/a | | 1 item = 1 crutch and cane holder |
| E2208 | Wheelchair accessory, cylinder tank carrier, each | Yes/ACS | 84.26 | n/a | | 1 item = 1 carrier |
| E2209 | Accessory, arm trough, with or without hand support, each | Yes/ACS | 76.01 | n/a | | 1 item = 1 arm trough |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|---|
| E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-30 inches | Yes/ColoradoPAR | 372.52 | n/a | | |
| E2341 | Power wheelchair accessory, nonstandard seat frame width 24-27 inches | Yes/ColoradoPAR | 558.82 | n/a | | |
| E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches | Yes/ColoradoPAR | 465.68 | n/a | | |
| E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches | Yes/ColoradoPAR | 745.09 | n/a | | |
| E2601 | General use wheelchair seat cushion, width less than 22 inches, any depth | Yes/ACS | 94.05 | 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 | 124.12 | 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 | 306.75 | 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 | 195.85 | 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 | 279.80 | 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 | 436.52 | n/a | | Identify specific brand/name of cushion requested on prior authorization request. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth | Yes/ACS | 326.54 | 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 | 361.84 | 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 | 324.69 | 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 | 439.23 | n/a | | Identify specific brand/name of cushion requested on prior authorization request. |
| E2613 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware | Yes/ACS | 408.56 | 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 | 565.42 | 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 | 507.05 | n/a | | Identify specific brand/name of cushion requested on prior authorization request. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|---|
| E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware | Yes/ACS | 632.62 | 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 | 46.99 | n/a | | Identify specific brand/name of cushion requested on prior authorization request. |
| E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth | Yes/ACS | 224.76 | n/a | | New code effective 1/1/11. |
| E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | Yes/ACS | 286.00 | n/a | | New code effective 1/1/11. |
| E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth | Yes/ACS | 226.61 | n/a | | New code effective 1/1/11. |
| E2625 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | Yes/ACS | 286.87 | n/a | | New code effective 1/1/11. |
| K0038 | Leg strap, each | Conditional/ACS | 22.87 | n/a | | 1 item = 1 leg strap PAR required for more than 1 per fiscal year. |
| K0039 | Leg strap, H style, each | Conditional/ACS | 44.51 | n/a | | 1 item = 1 leg strap PAR required for more than 1 per fiscal year. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|---------|-------------------------|-----------------------|---|--|
| K0056 | Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair | Yes/ACS | 98.86 | n/a | | |
| K0105 | IV hanger, each | Yes/ACS | 93.72 | 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. |
| 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 | | | | | Code deleted 12/31/10. See code E2622. |
| K0735 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | | | | | Code deleted 12/31/10. See code E2623. |
| K0736 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth | | | | | Code deleted 12/31/10. See code E2624. |
| K0737 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth | | | | | Code deleted 12/31/10. See code E2625. |
| Wheelchair replacement parts and attachments | | | | | | |
| 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 | 30.07 | n/a | | 1 item 1 device |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| E0973 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | Yes/ACS | 119.51 | n/a | | 1 item = 1 armrest |
| E0981 | Wheelchair accessory, seat upholstery, replacement only, each | Conditional/ACS | 67.54 | n/a | | For repair only. PAR required for more than one Frenalper fiscal year. |
| E0982 | Wheelchair accessory, back upholstery replacement only, each | Conditional/ACS | 63.16 | 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 | 95.42 | 6.77 | | Articulating |
| E0994 | Armrest, each | Yes/ACS | 13.18 | n/a | | |
| E0995 | Wheelchair accessory, calf rest/pad, each | Conditional/ACS | 14.43 | n/a | | For repair only. PAR required for more than 2 per fiscal year. |
| 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/ColoradoPAR | 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/ColoradoPAR | MSRP | n/a | | 1 item = 1 shock absorber |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 24.14 | 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 | 148.36 | 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 \$148.36 every 6 months. Paper claims must include serial number. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| K0740 | Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | Yes/ACS | 24.14 | 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 | 148.36 | 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 \$148.36 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 | 42.28 | n/a | | Wheel locks |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|---|
| E2210 | Wheelchair accessory, bearings, any type, replacement only, each | Conditional/ACS | 4.75 | 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 | 29.03 | 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 | 4.17 | 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 | 21.57 | 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 | 25.54 | 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 | 6.81 | 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. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|--|
| E2216 | Manual wheelchair accessory, foam filled propulsion tire, any size, each | Conditional/ACS | 28.69 | 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 | 30.80 | n/a | | PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year. |
| E2218 | Manual wheelchair accessory, foam propulsion tire, any size, each | Conditional/ACS | 28.96 | n/a | | PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year. |
| E2219 | Manual wheelchair accessory, foam caster tire, any size, each | Conditional/ACS | 25.70 | n/a | | PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per fiscal year. |
| E2220 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each | Conditional/ACS | 20.24 | 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 | 18.13 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|--|
| E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each | Conditional/ACS | 14.95 | 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. |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, each | Conditional/ACS | 69.56 | 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 | 12.34 | 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 | 26.93 | 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 | 1631.11 | 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 | 973.24 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware | Yes/ACS | 114.53 | 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 | | |
| 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/ColoradoPAR | 1048.48 | 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/ColoradoPAR | 2122.69 | n/a | | |
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | Yes/ColoradoPAR | 1431.43 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | Yes/ColoradoPAR | 227.32 | 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/ColoradoPAR | 1423.76 | n/a | | |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional including all related electronics, mechanical stop switch, and fixed mounting hardware | Yes/ColoradoPAR | 1263.62 | n/a | | |
| E2323 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated | Yes/ColoradoPAR | 61.96 | n/a | | |
| E2324 | Power wheelchair accessory, chin cup for chin control interface | Yes/ColoradoPAR | 39.26 | 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/ColoradoPAR | 1206.69 | n/a | | |
| E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface | Yes/ColoradoPAR | 311.02 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-------------------------|-------------------------|-----------------------|---|---|
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | Yes/ColoradoPAR | 2340.56 | n/a | | |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware | Yes/ColoradoPAR | 4439.71 | 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/ColoradoPAR | 1582.37 | n/a | | |
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | Yes/ColoradoPAR | 3137.20 | n/a | | |
| E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface | Yes/ColoradoPAR | 625.94 | n/a | | |
| E2360 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each | Conditional/ColoradoPAR | 71.86 | n/a | | PAR required for purchase but not for repair. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-------------------------|-------------------------|-----------------------|---|--|
| E2361 | Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) | Conditional/ColoradoPAR | 127.80 | n/a | | PAR required for purchase but not for repair. |
| E2362 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each | Conditional/ColoradoPAR | 86.78 | 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/ColoradoPAR | 156.37 | n/a | | PAR required for purchase but not for repair. |
| E2364 | Power wheelchair accessory, U-1 non-sealed lead acid battery, each | Conditional/ColoradoPAR | 71.21 | 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/ColoradoPAR | 91.13 | 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/ColoradoPAR | 248.72 | 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/ColoradoPAR | 395.07 | n/a | | PAR required for purchase but not for repair. |
| E2368 | Power wheelchair component, motor, replacement only | Conditional/ACS | 655.09 | n/a | | PAR required for more than 2 per 3 fiscal years. |
| E2369 | Power wheelchair component, gear box, replacement only | Conditional/ACS | 403.13 | 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 | 834.55 | 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/ColoradoPAR | 106.94 | n/a | | PAR required for purchase but not for repair. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-------------------------|-------------------------|-----------------------|---|--|
| E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, each | Conditional/ColoradoPAR | 316.80 | 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/ColoradoPAR | 662.71 | 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 | 515.54 | 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 | 607.97 | 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 | 952.73 | 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/ColoradoPAR | 344.74 | n/a | | |
| E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each | Conditional/ColoradoPAR | 54.07 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-------------------------|-------------------------|-----------------------|---|--|
| E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each | Conditional/ColoradoPAR | 14.74 | 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/ColoradoPAR | 107.80 | 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/ColoradoPAR | 57.42 | 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/ColoradoPAR | 35.14 | 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/ColoradoPAR | 106.83 | 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/ColoradoPAR | 47.91 | 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/ColoradoPAR | 35.77 | 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/ColoradoPAR | 19.42 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-------------------------|-------------------------|-----------------------|---|--|
| E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each | Conditional/ColoradoPAR | 30.37 | 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/ColoradoPAR | 14.55 | 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/ColoradoPAR | 38.24 | n/a | | PAR required for purchase but not for repair. PAR required for more than 2 per fiscal year. |
| E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each | Conditional/ColoradoPAR | 54.47 | 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/ColoradoPAR | 38.72 | 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/ColoradoPAR | 40.12 | 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/ColoradoPAR | MSRP | n/a | | PAR required for purchase but not for repair. |
| K0015 | Detachable, non-adjustable height armrest, each | Yes/ACS | 147.64 | n/a | | 1 item = 1 armrest |
| K0017 | Detachable, adjustable height armrest, base, each | Yes/ACS | 41.52 | n/a | | 1 item = 1 armrest |
| K0018 | Detachable, adjustable height armrest, upper portion each | Yes/ACS | 23.20 | n/a | | 1 item = 1 armrest |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| K0019 | Arm pad, each | Conditional/ACS | 13.84 | 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 | 37.75 | n/a | | 1 item = 1 pair |
| K0037 | High mount flip-up footrest, each | Yes/ACS | 45.40 | n/a | | 1 item = 1 leg strap |
| K0040 | Adjustable angle footplate, each | Conditional/ACS | 79.34 | n/a | | 1 item = 1 footplate PAR required for more than 2 per fiscal year. |
| K0041 | Large size footplate, each | Conditional/ACS | 49.92 | n/a | | 1 item = 1 footplate PAR required for more than 2 per fiscal year. |
| K0042 | Standard size footplate, each | Conditional/ACS | 34.62 | n/a | | 1 item = 1 footplate PAR required for more than 2 per fiscal year. |
| K0043 | Footrest, lower extension tube, each | Conditional/ACS | 18.87 | n/a | | For repair only, slider extension tubes PAR required for more than 2 per fiscal year. |
| K0044 | Footrest, lower extension bracket, each | Conditional/ACS | 28.96 | n/a | | For repair only. PAR required for more than 2 per fiscal year. |
| K0045 | Footrest, complete assembly | Conditional/ACS | 130.72 | n/a | | Swing away PAR required for more than 2 per fiscal year. |
| K0046 | Elevating leg rest, lower extension tube, each | Conditional/ACS | 18.34 | n/a | | For repair only. PAR required for more than 2 per fiscal year. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| K0047 | Elevating leg rest, upper hanger bracket, each | Conditional/ACS | 75.17 | n/a | | For repair only. PAR required for more than 2 per fiscal year. |
| K0050 | Ratchet assembly | Yes/ACS | 24.14 | n/a | | For repair only. |
| K0051 | Cam release assembly, footrest or leg rest, each | Yes/ACS | 10.81 | n/a | | For repair only. |
| K0052 | Swing away, detachable footrests, each | Conditional/ACS | 61.63 | n/a | | New or repair. PAR required for more than 2 per fiscal year. |
| K0053 | Elevating footrests, articulating (telescoping), each | Yes/ACS | 106.04 | n/a | | |
| K0065 | Spoke protectors, each | Yes/ACS | 41.91 | n/a | | 1 item = 1 spoke protector |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, each | Conditional/ACS | 94.21 | 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 | 172.68 | 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 | 113.56 | 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 | 68.36 | 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. |
| K0073 | Caster pin lock, each | None | 32.81 | n/a | | 1 item = 1 pin. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------------------------------|--|-------------------------|-------------------------|-----------------------|---|--|
| K0077 | Front caster assembly, complete, with solid tire, each | Conditional/ACS | 61.17 | n/a | | PAR required for purchase but not required for repair. 1 item = 1 tire. PAR required for more than 2 per 3 fiscal years. |
| K0098 | Drive belt for power wheelchair | Yes/ACS | 22.12 | n/a | | For repair only. |
| K0195 | Elevating leg rest, pair (for use with capped rental wheelchair base) | Yes/ACS | 33.26 | 6.76 | | |
| K0462-RR | Temporary replacement for patient owned equipment being repaired, any type | Yes/ACS | n/a | 140.96 | | 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/ColoradoPAR | 20.30 | n/a | | PAR required for purchase but not for repair. |
| <u>Support systems</u> | | | | | | |
| E0956 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each | Yes/ColoradoPAR or ACS | 88.32 | 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/ColoradoPAR or ACS | 143.38 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------------------------|-------------------------|-----------------------|---|--|
| E2291 | Back, planar, for pediatric size wheelchair including fixed attaching hardware | Yes/ColoradoPAR or ACS | 445.50 | 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/ColoradoPAR or ACS | 445.50 | 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. |
| E2293 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware | Yes/ColoradoPAR 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/ColoradoPAR 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------------------------|-------------------------|-----------------------|---|--|
| E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware | Yes/ColoradoPAR or ACS | 569.34 | 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/ColoradoPAR or ACS | 597.47 | 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. |
| COCHLEAR EQUIPMENT & SUPPLIES | | | | | | |
| 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/ColoradoPAR | MSRP | n/a | | |
| L8615 | Headset/headpiece for use with cochlear implant device, replacement | None | 379.58 | n/a | | |
| L8616 | Microphone for use with cochlear implant device, replacement | None | 88.39 | n/a | | |
| L8617 | Transmitting coil for use with cochlear implant device, replacement | None | 77.20 | n/a | | |
| L8618 | Transmitter cable for use with cochlear implant device, replacement | None | 22.06 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| L8619 | Cochlear implant external speech processor, replacement | None | 6884.35 | n/a | | |
| L8621 | Zinc air battery for use with cochlear implant device, replacement, each | None | .53 | n/a | | |
| L8622 | Alkaline battery for use with cochlear implant device, any size, replacement, each | None | .28 | n/a | | |
| L8623 | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each | None | 37.50 | n/a | | |
| L8624 | Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each | None | 93.46 | n/a | | |
| L8627 | Cochlear implant, external speech processor, component, replacement | None | 4728.59 | n/a | | |
| L8628 | Cochlear implant, external controller component, replacement | None | 853.33 | n/a | | |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | None | 123.41 | n/a | | |
| DIABETIC MONITORING EQUIPMENT & SUPPLIES | | | | | | |
| Glucometers – Benefit is limited to a basic model. | | | | | | |
| Providers are requested to submit their Usual and Customary charge to 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. Rebates: If a rebate is available the provider must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer. | | | | | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 9.39 | 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 | 12.09 | n/a | | |
| A4231 | Infusion set for external insulin pump, needle type | Yes/ACS | 7.33 | n/a | | |
| A4232 | Syringe with needle for external insulin pump, sterile, 3cc | Yes/ACS | 3.42 | n/a | | |
| A4233 | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each | None | .56 | n/a | | |
| A4234 | Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each | None | 2.58 | n/a | | |
| A4235 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each | None | 1.66 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each | None | 1.20 | 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 | 3.96 | n/a | | |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips | None | 31.17 | n/a | | 1 item = 50 strips |
| A4255 | Platforms for home blood glucose monitor, 50 per box | None | 3.96 | n/a | | 1 item = 50 per box |
| A4258 | Spring-powered device for lancet, each | None | 17.35 | n/a | | 1 item = 1 device |
| A4259 | Lancets, per box of 100 | None | 9.80 | n/a | | 1 item = box of 100 |
| A4772 | Blood glucose test strips, for dialysis, per 50 | None | .70 | 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 | 26.93 | n/a | | |
| E0607 | Home blood glucose monitor | None | 46.99 | n/a | | |
| E0784 | External ambulatory infusion pump, insulin | Yes/ACS | 5047.68 | n/a | | 1 item = 1 system |
| E2100 | Blood glucose monitor with integrated voice synthesizer | Yes/ACS | 580.38 | n/a | | Medical justification needed for upgrade. |
| E2101 | Blood glucose monitor with integrated lancing/blood sample | Yes/ACS | 181.31 | n/a | | Medical justification needed for upgrade. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---------------------------------------|
| DISPOSABLE SUPPLIES – GENERAL USE | | | | | | |
| <u>Disposable supplies</u> 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 1 wipe = 1 unit of service. | | | | | | |
| <u>Antiseptics/solutions</u> | | | | | | |
| A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml | Yes/ACS | .43 | n/a | | |
| A4217 | Sterile water/saline, 500 ml | Yes/ACS | 2.74 | n/a | | |
| A4218 | Sterile saline or water, metered dose dispenser, 10 ml | Yes/ACS | .23 | 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 | 3.30 | 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. |
| <u>First aid/dressings</u> | | | | | | |
| A4450 | Tape, non-waterproof, per 18 square inches | Yes/ACS | .12 | n/a | | |
| A4452 | Tape, waterproof, per 18 square inches | Yes/ACS | .42 | n/a | | Hypafix |
| A4455 | Adhesive remover or solvent, each | None | 1.36 | n/a | | |
| A4456 | Adhesive remover, wipes, any type, each | None | .20 | n/a | | |
| A4461 | Surgical dressing holder, non-reusable, each | None | 2.34 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| A4463 | Surgical dressing holder, reusable, each | None | 9.43 | n/a | | |
| A4561 | Pessary, rubber, any type | None | 19.48 | n/a | | |
| A4562 | Pessary, non-rubber, any type | None | 29.68 | n/a | | |
| A4565 | Sling, each | None | 17.87 | n/a | | |
| A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment | None | BI | n/a | | New code effective 1/1/11. |
| A4570 | Splint | None | 16.35 | 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. Use for disposable supplies such as dressings, etc. |
| A4927 | Gloves, non-sterile, per 100 | Yes/ACS | 11.87 | n/a | | 1 item = 100 gloves First 2 boxes per calendar month do not require Prior Authorization. |
| A4930 | Gloves, sterile, per pair | Yes/ACS | 1.23 | 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 | 29.77 | n/a | | |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen | Yes/ACS | 2.19 | n/a | | |
| A6021 | Collagen dressing, sterile, pad size 16 sq. in. or less, each | Yes/ACS | 19.90 | 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 | 19.90 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|------------------|
| A6023 | Collagen dressing, sterile, pad size more than 48 sq. in., each | Yes/ACS | 19.90 | n/a | | |
| A6024 | Collagen dressing wound filler, sterile, per 6 inches | Yes/ACS | 5.95 | n/a | | |
| A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each | Yes/ACS | 9.41 | n/a | | 1 item = 1 sheet |
| A6154 | Wound pouch, each | Yes/ACS | 13.55 | 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 | 3.78 | 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 | 16.22 | n/a | | |
| A6198 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing | Yes/ACS | 31.09 | n/a | | |
| A6199 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches | Yes/ACS | 5.21 | n/a | | |
| A6203 | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes/ACS | 3.16 | 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 | 4.73 | n/a | | |
| A6205 | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 13.46 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| A6206 | Contact layer, sterile, 16 sq. in. or less, each dressing | Yes/ACS | .19 | n/a | | |
| A6207 | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes/ACS | 7.25 | n/a | | |
| A6208 | Contact layer, sterile, more than 48 sq. in., each dressing | Yes/ACS | 39.57 | n/a | | |
| A6209 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | 6.23 | 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 | 10.23 | n/a | | |
| A6211 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | 30.53 | n/a | | |
| A6212 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes/ACS | 6.39 | 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 | 12.97 | n/a | | |
| A6214 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 9.89 | n/a | | |
| A6215 | Foam dressing, wound filler, sterile, per gram | Yes/ACS | 1.75 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|----------|
| A6216 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | .05 | 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 | .08 | n/a | | |
| A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | .93 | n/a | | |
| A6219 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes/ACS | .94 | 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 | 2.56 | n/a | | |
| A6221 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 8.22 | 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 | 1.14 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| 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 | 1.47 | n/a | | |
| 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 | 1.27 | n/a | | |
| A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | 2.02 | 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 | 1.98 | n/a | | |
| A6230 | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | 1.80 | n/a | | |
| A6231 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing | Yes/ACS | 4.86 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| 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 | 6.61 | n/a | | |
| A6233 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing | Yes/ACS | 18.45 | n/a | | |
| A6234 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | 5.98 | 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 | 9.68 | n/a | | Duoderm |
| A6236 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | 28.32 | n/a | | |
| A6237 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes/ACS | 4.91 | 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 | 16.22 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 17.85 | n/a | | |
| A6240 | Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce | Yes/ACS | 9.60 | n/a | | |
| A6241 | Hydrocolloid dressing, wound filler, dry form, sterile, per gram | Yes/ACS | 2.48 | n/a | | |
| A6242 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | 5.73 | 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 | 9.22 | n/a | | |
| A6244 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | 37.77 | n/a | | |
| A6245 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes/ACS | 7.17 | 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 | 9.79 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| A6247 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 22.87 | n/a | | |
| A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce | Yes/ACS | 9.73 | n/a | | |
| A6251 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes/ACS | 1.88 | 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 | 3.08 | n/a | | |
| A6253 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes/ACS | 6.01 | 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 | 1.14 | 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 | 2.16 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| A6256 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes/ACS | 7.83 | n/a | | |
| A6257 | Transparent film, sterile, 16 sq. in. or less, each dressing | Yes/ACS | 1.33 | n/a | | |
| A6258 | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes/ACS | 2.50 | n/a | | |
| A6259 | Transparent film, sterile, more than 48 sq. in., each dressing | Yes/ACS | 11.38 | n/a | | |
| A6260 | Wound cleansers, any type, any size | Yes/ACS | 9.48 | n/a | | |
| A6261 | Wound filler, gel/paste, per fluid ounce, not otherwise specified | Yes/ACS | 4.04 | n/a | | |
| A6262 | Wound filler, dry form, per gram, not otherwise specified | Yes/ACS | 1.03 | n/a | | |
| A6266 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard | Yes/ACS | 1.88 | 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 | .67 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|-------------------|
| A6407 | Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard | Yes/ACS | 1.77 | 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 | .69 | n/a | | 1 unit = one yard |
| A6442 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard | Yes/ACS | .18 | 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 | .30 | 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 | .58 | n/a | | 1 unit = one yard |
| A6445 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard | Yes/ACS | .31 | n/a | | 1 unit = one yard |
| A6446 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard | Yes/ACS | .43 | 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 | .69 | n/a | | 1 unit = one yard |
| A6448 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard | Yes/ACS | 1.21 | n/a | | 1 unit = one yard |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|-------------------|
| A6449 | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard | Yes/ACS | 1.82 | 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 | 1.30 | 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 | 7.07 | 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 | 6.15 | n/a | | 1 unit = one yard |
| A6453 | Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard | Yes/ACS | .63 | 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 | .80 | n/a | | 1 unit = one yard |
| A6455 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard | Yes/ACS | 1.45 | n/a | | 1 unit = one yard |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|------------------------------|
| 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 | 1.33 | n/a | | 1 unit = one yard Unaboot |
| A6457 | Tubular dressing with or without elastic, any width, per linear yard | Yes/ACS | .81 | n/a | | |
| L4350 | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment | None | 47.78 | n/a | | |
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated, includes fitting and adjustment | None | 159.69 | n/a | | |
| L4370 | Pneumatic full leg splint, prefabricated, includes fitting and adjustment | None | 121.73 | n/a | | |
| L4380 | Pneumatic knee splint, prefabricated, includes fitting and adjustment | None | 63.15 | n/a | | |
| S8450 | Splint, prefabricated, digit (specify digit by use of modifier) | None | 13.46 | n/a | | |
| S8451 | Splint, prefabricated, wrist or ankle | None | 23.56 | n/a | | |
| S8452 | Splint, prefabricated, elbow | None | 24.91 | n/a | | |
| | <u>Compression burn garment</u> | | | | | |
| A6501 | Compression burn garment, bodysuit (head to foot), custom fabricated | Yes/ACS | Bl | n/a | | |
| A6502 | Compression burn garment, chin strap, custom fabricated | Yes/ACS | Bl | n/a | | |
| A6503 | Compression burn garment, facial hood, custom fabricated | Yes/ACS | Bl | n/a | | |
| A6504 | Compression burn garment, glove to wrist, custom fabricated | Yes/ACS | 87.52 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------------------|
| A6505 | Compression burn garment, glove to elbow, custom fabricated | Yes/ACS | Bl | n/a | | |
| A6506 | Compression burn garment, glove to axilla, custom fabricated | Yes/ACS | 53.86 | n/a | | |
| A6507 | Compression burn garment, foot to knee length, custom fabricated | Yes/ACS | 95.59 | n/a | | |
| A6508 | Compression burn garment, foot to thigh length, custom fabricated | Yes/ACS | Bl | n/a | | |
| A6509 | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated | Yes/ACS | 161.55 | n/a | | |
| A6510 | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated | Yes/ACS | Bl | n/a | | |
| A6511 | Compression burn garment, lower trunk including leg openings (panty), custom fabricated | Yes/ACS | 135.29 | n/a | | |
| A6512 | Compression burn garment, not otherwise classified | Yes/ACS | Bl | n/a | | |
| A6513 | Compression burn mask, face and/or neck, plastic or equal, custom fabricated | Yes/ACS | Bl | n/a | | |
| | <u>Ostomy care</u> | | | | | |
| A4361 | Ostomy face plate, all sizes, each | None | 6.98 | n/a | | 1 item = 1 faceplate |
| A4362 | Skin barrier, solid, 4x4 or equivalent, each | None | 2.93 | n/a | | |
| A4363 | Ostomy clamp, any type, replacement only, each | None | 1.67 | n/a | | . |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|--------------------------------------|
| A4364 | Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce | None | 2.35 | n/a | | 1 item = 1 ounce Silicone, latex. |
| A4366 | Ostomy vent, any type, each | None | 1.26 | n/a | | |
| A4367 | Ostomy belt, each | None | 7.10 | n/a | | 1 item = 1 belt |
| A4368 | Ostomy filter, any type, each | None | .25 | n/a | | 1 item = 1 filter |
| A4369 | Ostomy skin barrier; liquid (spray, brush, etc.), per ounce | None | 1.63 | n/a | | 1 item = 1 ounce |
| A4371 | Ostomy skin barrier; powder, per ounce | None | 3.50 | n/a | | 1 item = 1 ounce |
| A4372 | Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each | None | 4.00 | 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 | 5.92 | n/a | | 1 item = 1 skin barrier |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each | None | 17.86 | n/a | | 1 item = 1 pouch |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each | None | 45.75 | n/a | | 1 item = 1 pouch |
| A4377 | Ostomy pouch drainable, for use on faceplate, plastic, each | None | 4.05 | n/a | | 1 item = 1 pouch |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each | None | 29.57 | n/a | | 1 item = 1 pouch |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each | None | 14.44 | n/a | | 1 item = 1 pouch |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each | None | 35.90 | n/a | | 1 item = 1 pouch |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each | None | 4.35 | n/a | | 1 item = 1 pouch |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|-------------------------------------|
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each | None | 23.67 | n/a | | 1 item = 1 pouch |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each | None | 27.11 | n/a | | 1 item = 1 pouch |
| A4384 | Ostomy faceplate equivalent, silicone ring, each | None | 9.25 | n/a | | 1 item = 1 faceplate, silicone ring |
| A4385 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each | None | 4.28 | n/a | | 1 item = 1 skin barrier |
| A4387 | Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each | None | 3.50 | n/a | | 1 item = 1 pouch |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each | None | 4.12 | n/a | | 1 item = 1 pouch |
| A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each | None | 3.11 | n/a | | 1 item = 1 pouch |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each | None | 6.43 | n/a | | 1 item = 1 pouch |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each | None | 7.35 | n/a | | 1 item = 1 pouch |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each | None | 7.71 | n/a | | 1 item = 1 pouch |
| A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each | None | 8.04 | n/a | | 1 item = 1 pouch |
| A4394 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce | None | 2.31 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|------------------------------------|
| 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 | 38.92 | n/a | | 1 item = 1 belt |
| A4397 | Irrigation supply, sleeve, each | None | 2.35 | n/a | | 1 item = 1 sleeve |
| A4398 | Ostomy irrigation supply; bag, each | None | 12.78 | n/a | | 1 item = 1 bag |
| A4399 | Ostomy irrigation supply; cone/catheter, with or without brush | None | 3.30 | n/a | | 1 item = cone/catheter and brush |
| A4400 | Ostomy irrigation set, each | None | 21.34 | 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 | 1.59 | n/a | | 1 item = 1 ring |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce | None | 3.22 | n/a | | 1 item = 1 ounce |
| A4406 | Ostomy skin barrier, pectin based, paste, per ounce | None | 5.44 | 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 | 8.30 | 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 | 9.34 | n/a | | 1 item = 1 skin barrier |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each | None | 5.89 | n/a | | 1 item = 1 skin barrier |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|-------------------------|
| A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4 inches, each | None | 8.55 | n/a | | 1 item = 1 skin barrier |
| A4411 | Ostomy skin barrier, solid 4X4 or equivalent, extended wear, with built-in convexity, each | None | 3.60 | n/a | | |
| A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each | None | 1.91 | n/a | | |
| A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each | None | 5.20 | 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 | 4.66 | 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 | 5.65 | n/a | | 1 item = 1 skin barrier |
| A4416 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each | None | 2.59 | n/a | | 1 unit = 1 pouch |
| A4417 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter(1 piece), each | None | 3.51 | n/a | | 1 unit = 1 pouch |
| A4418 | Ostomy pouch , closed, without barrier attached, with filter (1 piece), each | None | 1.70 | n/a | | 1 unit = 1 pouch |
| A4419 | Ostomy pouch, closed, for use on barrier with non-locking flange, with filter (2 piece), each | None | 1.63 | n/a | | 1 unit = 1 pouch |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|---|
| A4420 | Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each | None | 1.53 | n/a | | 1 unit = 1 pouch |
| A4421 | Miscellaneous ostomy supply not otherwise classified | None | 23.49 | 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 | .13 | n/a | | 1 item = 1 packet |
| A4423 | Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each | None | 1.93 | n/a | | 1 unit = 1 pouch |
| A4424 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each | None | 4.47 | n/a | | 1 unit = 1 pouch |
| A4425 | Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each | None | 3.39 | n/a | | 1 unit = 1 pouch |
| A4426 | Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each | None | 2.39 | n/a | | 1 unit = 1 pouch |
| A4427 | Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each | None | 2.39 | 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 | 6.14 | n/a | | 1 unit = 1 pouch |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|--|
| A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each | None | 7.77 | 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 | 8.04 | n/a | | 1 unit = 1 pouch |
| A4431 | Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each | None | 5.86 | 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 | 3.40 | n/a | | 1 unit = 1 pouch |
| A4433 | Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each | None | 3.15 | 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 | 3.53 | n/a | | 1 unit = 1 pouch |
| A5051 | Pouch, closed; with barrier attached (1 piece), each | None | 1.95 | n/a | | 1 item = 1 pouch |
| A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each | None | 1.41 | n/a | | 1 item = 1 pouch |
| A5053 | Ostomy pouch, closed; for use on faceplate, each | None | 1.63 | n/a | | 1 item = 1 pouch |
| A5054 | Ostomy pouch, closed; for use on barrier with flange, (2 piece) each | None | 1.04 | n/a | | 1 item = 1 pouch (2 piece system) each |
| A5055 | Stoma cap, each | None | 1.15 | n/a | | 1 item = 1 cap |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|--|
| A5061 | Ostomy pouch, drainable; with barrier attached (1 piece), each | None | 3.47 | n/a | | 1 item = 1 pouch |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each | None | 2.10 | n/a | | 1 item = 1 pouch |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each | None | 2.26 | n/a | | 1 item = 1 pouch (2 piece system) each |
| A5071 | Ostomy pouch; urinary; with barrier attached (1 piece), each | None | 2.97 | n/a | | 1 item = 1 pouch |
| A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each | None | 2.96 | n/a | | 1 item = 1 pouch |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each | None | 2.86 | n/a | | 1 item = 1 pouch |
| A5081 | Continent device, plug for continent stoma, each | None | 2.73 | n/a | | 1 item = 1 device |
| A5082 | Continent device, catheter for continent stoma, each | None | 6.57 | n/a | | 1 item = 1 catheter |
| A5083 | Continent device, stoma absorptive cover for continent stoma | None | .60 | n/a | | 1 item = 1 cover |
| A5093 | Ostomy accessory, convex insert, each | None | 1.84 | n/a | | 1 item = 1 insert |
| A5102 | Bedside drainage bottle, with or without tubing rigid or expandable, each | None | 7.45 | n/a | | 1 item = 1 bottle |
| A5105 | Urinary suspensory with leg bag, with or without tube, each | None | 34.01 | n/a | | 1 item = 1 suspensory |
| A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each | None | 28.22 | n/a | | 1 item = 1 bag |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|---------------------------|
| A5113 | Leg strap; latex, replacement only, per set | None | .73 | n/a | | 1 item = 1 pair |
| A5114 | Leg strap; foam or fabric, replacement only, per set | None | 6.54 | 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 | 7.03 | n/a | | 1 item = 1 skin barrier |
| A5122 | Skin barrier, solid, 8x8 or equivalent, each | None | 10.62 | n/a | | 1 item = 1 skin barrier |
| A5126 | Adhesive or non-adhesive disc or foam pad | None | 1.25 | n/a | | 1 item = 1 pad |
| A5131 | Appliance cleaner, incontinence or ostomy appliance, per ounce | None | .76 | n/a | | 1 item = 1 ounce |
| A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size | None | 4.69 | n/a | | |
| | <p><u>Incontinence Products or Briefs</u> 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.</p> | | | | | |
| T4521 | Adult sized disposable incontinence product, brief/diaper, small, each | Conditional/ACS | .62 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4522 | Adult sized disposable incontinence product, brief/diaper, medium, each | Conditional/ACS | .72 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4523 | Adult sized disposable incontinence product, brief/diaper, large, each | Conditional/ACS | .86 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4524 | Adult sized disposable incontinence product, brief/diaper, extra large, each | Conditional/ACS | .88 | n/a | 240 M | Diaper. COMBINATION LIMIT |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------------------------|
| T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each | Conditional/ACS | .62 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each | Conditional/ACS | .81 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each | Conditional/ACS | .98 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each | Conditional/ACS | .97 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each | Conditional/ACS | .43 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4530 | Pediatric size disposable incontinence product brief/diaper, large size, each | Conditional/ACS | .43 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4531 | Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each | Conditional/ACS | .60 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each | Conditional/ACS | .60 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4533 | Youth sized disposable incontinence product, brief/diaper, each | Conditional/ACS | .55 | n/a | 240 M | Diaper. COMBINATION LIMIT |
| T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each | Conditional/ACS | .98 | n/a | 240 M | Pull-up. COMBINATION LIMIT |
| T4535 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each | Conditional/ACS | .41 | n/a | 240 M | Liner. COMBINATION LIMIT |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|-----------------|-------------------------|-----------------------|---|--|
| T4543 | Disposable incontinence product, brief/diaper, bariatric, each | Conditional/ACS | 1.38 | n/a | 240 M | Brief. COMBINATION LIMIT |
| A4554 | Underpads, disposable, each | Conditional/ACS | .39 | n/a | 150 M | Chux. 1 item = 1 pad. Limit 150 per calendar month. Above 150 requires a PAR. |
| <u>Syringes, needles & infusion supplies</u> | | | | | | |
| A4206 | Syringe with needle, sterile, 1 cc, each | None | .15 | n/a | | Use for diabetic syringes. 1 item = 1 syringe. |
| 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 | 3.30 | n/a | | 1 item = 1 stylet. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|--|
| A4213 | Syringe, sterile, 20 cc or greater, each | Yes/ACS | 1.78 | 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 | 64.35 | n/a | | |
| A4221 | Supplies for maintenance of drug infusion catheter, per week (list drug separately) | None | 21.77 | n/a | | |
| A4222 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) | None | 31.57 | n/a | | |
| A4232 | Syringe with needle for external insulin pump, sterile, 3cc | Yes/ACS | 3.42 | n/a | | |
| S8490 | Insulin syringes (100 syringes, any size) | None | 19.79 | n/a | | |
| | Urinary care | | | | | |
| A4310 | Insertion tray without drainage bag & without catheter (accessories only), each | None | 6.12 | n/a | | Includes: underpad/drape, povidone iodine, 10cc syringe, specimen container, sterile gloves, lubricant, and graduated collection basin. Do not bill included items separately. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|--|
| 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 | 11.61 | n/a | | 1 item = 1 set |
| A4312 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set | None | 14.72 | 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 | 19.81 | n/a | | 1 item = 1 set |
| A4315 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set | None | 19.81 | n/a | | 1 item = 1 set |
| A4320 | Irrigation tray with bulb or piston syringe, each | None | 3.91 | n/a | | 1 item = 1 set |
| A4322 | Irrigation syringe, bulb or piston, each | None | 2.03 | n/a | | 1 item = 1 syringe |
| A4326 | Male external catheter with integral collection chamber, any type, each | None | 6.57 | n/a | | Inflatable, faceplate, etc. 1 item = 1 catheter |
| A4327 | Female external urinary collection device, metal cup, each | None | 6.57 | n/a | | 1 item = 1 cup |
| A4328 | Female external urinary collection device, pouch, each | None | 7.90 | n/a | | 1 item = 1 pouch |
| A4330 | Perianal fecal collection pouch with adhesive, each | None | 5.72 | 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 | 1.81 | n/a | | 1 item = 1 extension drainage tubing |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|---|
| A4332 | Lubricant, individual sterile packet, each | None | .11 | n/a | | 1 item = 1 packet |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each | None | 2.08 | n/a | | 1 item = 1 device |
| A4334 | Urinary catheter anchoring device, leg strap, each | None | 4.34 | n/a | | 1 item = 1 device |
| A4335 | Miscellaneous incontinence supply not otherwise classified | Yes/ACS | 23.49 | n/a | | |
| A4336 | Incontinence supply, urethral insert, any type, each | None | 1.13 | n/a | | 1 item = 1 insert |
| A4338 | Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each | None | 9.62 | n/a | | 1 item = 1 catheter |
| A4340 | Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each | None | 14.55 | n/a | | 1 item = 1 catheter |
| A4344 | Indwelling catheter, Foley type, two-way, all silicone, each | None | 8.07 | n/a | | 1 item = 1 catheter |
| A4349 | Male external catheter, with or without adhesive, disposable, each | None | 1.91 | n/a | | |
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | None | 1.23 | 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 | 1.89 | 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 |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|-----------------------|
| A4353 | Intermittent urinary catheter, with insertion supplies | Yes/ACS | 6.60 | n/a | | |
| A4354 | Insertion tray with drainage bag, without catheter, each | None | 3.79 | n/a | | 1 item = 1 tray & bag |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each | None | 35.78 | 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 | 8.06 | n/a | | 1 item = 1 set |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each | None | 4.85 | n/a | | 1 item = 1 bag |
| A4360 | Disposable external urethral clamp or compression device, with pad and/or pouch, each | None | .32 | n/a | | |
| | Miscellaneous | | | | | |
| A4265 | Paraffin, per pound | Yes/ACS | 3.20 | n/a | | 1 item = 1 pound |
| A6410 | Eye Pad, sterile, each | None | .38 | 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 | .35 | n/a | | 1 item = 1 eye patch |
| E0235 | Paraffin bath unit, portable each | Yes/ACS | 122.04 | 11.75 | | 1 item = 1 unit |
| | ELASTIC SUPPORTS & STOCKINGS – GENERAL USE | | | | | |
| A4465 | Nonelastic binder for extremity | None | 10.84 | n/a | | |
| A4466 | Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each | None | Bl | n/a | | |
| A4490 | Surgical stocking, above knee length, each | None | 6.12 | n/a | | 1 item = 1 stocking |
| A4495 | Surgical stocking, thigh length, each | None | 8.00 | n/a | | 1 item = 1 stocking |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|---------------------|
| A4500 | Surgical stocking, below knee length, each | None | 5.76 | n/a | | 1 item = 1 stocking |
| A4510 | Surgical stocking, full length, each | None | 13.07 | n/a | | 1 item = 1 stocking |
| A6530 | Gradient compression stocking, below knee, 18-30 mmhg, each | None | 17.05 | n/a | | |
| A6531 | Gradient compression stocking, below knee, 30-40 mmhg, each | None | 30.69 | n/a | | |
| A6532 | Gradient compression stocking, below knee, 40-50 mmhg, each | None | 43.24 | n/a | | |
| A6533 | Gradient compression stocking, thigh length, 18-30 mmhg, each | None | 17.94 | n/a | | |
| A6534 | Gradient compression stocking, thigh length, 30-40 mmhg, each | None | 42.59 | n/a | | |
| A6535 | Gradient compression stocking, thigh length, 40-50 mmhg, each | None | 27.26 | n/a | | |
| A6536 | Gradient compression stocking, full length/chap style, 18-30 mmhg, each | None | 24.32 | n/a | | |
| A6537 | Gradient compression stocking, full length/chap style, 30-40 mmhg, each | None | 68.37 | n/a | | |
| A6538 | Gradient compression stocking, full length/chap style, 40-50 mmhg, each | None | 77.58 | n/a | | |
| A6539 | Gradient compression stocking, waist length, 18-30 mmhg, each | None | 17.99 | n/a | | |
| A6540 | Gradient compression stocking, waist length, 30-40 mmhg, each | None | 56.06 | n/a | | |
| A6541 | Gradient compression stocking, waist length 40-50 mmhg, each | None | 75.92 | n/a | | |
| A6544 | Gradient compression stocking, garter belt | None | 23.39 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---|
| A6545 | Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each | None | 81.91 | n/a | | |
| A6549 | Gradient compression stocking/sleeve, not otherwise specified | None | BI | n/a | | |
| HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE | | | | | | |
| A9273 | Hot water bottle, ice cap or collar, heat and/or cold wrap, any type | Yes/ACS | MSRP | n/a | | New code effective 1/11/11. |
| E0200 | Heat lamp, without stand (table model), includes bulb or infrared element, each | Yes/ACS | 76.23 | 4.70 | | |
| E0215 | Electric heat pad, moist | Yes/ACS | 57.37 | n/a | | Benefit under very limited circumstances. |
| E0217 | Water circulating heat pad with pump | Yes/ACS | 477.37 | 53.15 | | |
| E0218 | Water circulating cold pad with pump | Yes/ACS | 333.77 | 43.77 | | |
| E0221 | Infrared heating pad system | Yes/ACS | 2150.55 | n/a | | |
| E0230 | Ice cap or collar | | | | | Code deleted 12/31/10. See code A9273. |
| E0236 | Pump for water circulating pad, each | Yes/ACS | 407.50 | 35.72 | | |
| E0249 | Pad for water circulating heat unit, for replacement only | Yes/ACS | 16.92 | n/a | | Purchase for client owned equipment only. |
| MONITORING EQUIPMENT & SUPPLIES – GENERAL USE | | | | | | |
| A4556 | Electrodes (e.g., apnea monitor), per pair | None | 7.50 | 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 | 20.11 | n/a | | 1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| A4558 | Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz | None | 4.70 | n/a | | 1 item = 1 tube of gel |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | Yes/ACS | 37.60 | n/a | | Requires Questionnaire #5. See Appendix E. |
| A4663 | Blood pressure cuff only | Yes/ACS | 19.73 | n/a | | 1 item = 1 cuff only |
| A4670 | Automatic blood pressure monitor | Yes/ACS | 66.50 | n/a | | Digital. Requires Questionnaire #5. See Appendix E. |
| E0607 | Home blood glucose monitor, each | None | 46.99 | n/a | | |
| E0619-RR | Apnea monitor, with recording feature | Yes/ACS | n/a | 159.75 | | 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 | 709.79 | 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 | 352.37 | | 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 | 46.99 | | 1 unit = 1 day Limited to overnight or 24 hour test period. |
| E0610 | Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each | Yes/ACS | 228.71 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-----------------------------------|---|---------|-------------------------|-----------------------|---|---|
| E0615 | Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each | Yes/ACS | 460.40 | n/a | | |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | Yes/ACS | MSRP | 1527.29 | | |
| K0607 | Replacement battery for automated external defibrillator, garment type only, each | Yes/ACS | 186.75 | n/a | | |
| K0608 | Replacement garment for use with automated external defibrillator, each | Yes/ACS | 116.54 | n/a | | |
| K0609 | Replacement electrodes for use with automated external defibrillator, garment type only, each | Yes/ACS | 775.08 | 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. |
| PHOTOTHERAPY – GENERAL USE | | | | | | |
| E0202-KR | Phototherapy (bilirubin) light with photometer, per day | None | n/a | 49.90 | | 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 | 49.90 | | 1 item = 1 day rental |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|---------|-------------------------|-----------------------|---|-------------------------|
| E0692-KR | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel | Yes/ACS | n/a | 49.90 | | 1 item = 1 day rental |
| E0693-KR | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel | Yes/ACS | n/a | 49.90 | | 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 | 49.90 | | 1 item = 1 day rental |
| OXYGEN & RESPIRATORY CARE- GENERAL USE | | | | | | |
| Respiratory care equipment requires a physician's prescription. The supplier must maintain a copy of the prescription on file at all times. | | | | | | |
| Humidifiers | | | | | | |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation | Yes/ACS | 3.06 | n/a | | |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each | Yes/ACS | 16.18 | 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 | 65.79 | | 1 item = 1 month rental |
| E0550 | Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade) | None | 255.14 | 7.50 | | |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | None | 48.64 | 27.16 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.) | None | 50.69 | 6.47 | | |
| E0561 | Humidifier, non-heated, used with positive airway pressure device | Yes/ACS | 86.94 | n/a | | Purchase for client owned equipment only. |
| E0562 | Humidifier, heated, used with positive airway pressure device | Yes/ACS | 225.53 | n/a | | Purchase for client owned equipment only. |
| E1405 | Oxygen & water vapor enriching system with heated delivery | Yes/ACS | 210.48 | 190.88 | | |
| E1406 | Oxygen & water vapor enriching system without heated delivery | Yes/ACS | 190.77 | 173.01 | | |
| | IPPB machines | | | | | |
| | Oxygen services for nursing facility clients no longer have distinct local codes. Reimbursement is determined by Place Of Service (POS). Reimbursement for a service provided in a nursing facility may vary from the same service provided in a home. Providers must use the correct POS and modifiers when billing. See comments section for detailed information. Providers may be instructed to bill a different procedure code for Medicare/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. | | | | | |
| | Oxygen contents: Colorado Medicaid-Only Client, POS- Home | | | | | |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit | None | 3.30 | n/a | | 1 unit = 50 cubic ft |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit | None | 7.70 | n/a | | 1 unit = 10 lbs |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | None | 8.15 | 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 | .77 | 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 |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|--|
| S8121 | Oxygen contents, liquid, 1 unit equals 1 pound | None | .77 | n/a | | 1 unit = 1 lb |
| Oxygen contents: Dually Eligible Medicare/Colorado Medicaid Client, POS- Home | | | | | | |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit | None | 3.30 | n/a | | 1 unit = 50 cubic ft |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit | None | 7.70 | n/a | | 1 unit = 10 lbs |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | None | 8.15 | 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 | .77 | 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 | .77 | n/a | | 1 unit = 1 lb |
| Oxygen contents: Colorado Medicaid-Only Client, POS- Nursing Facility | | | | | | |
| E0443 | Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used). | None | 6.73 | 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 | .77 | n/a | | 1 unit = 1 lb |
| Oxygen contents: Dually Eligible Medicare/Colorado Medicaid Client, POS- Nursing Facility | | | | | | |
| E0443 | Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used). | None | 6.73 | n/a | | Bill 1 unit per tank only, regardless of cubic feet 1 unit = up to 23 cubic ft |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|-------------------------------------|
| 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 | .77 | n/a | | 1 unit = 1 lb |
| Oxygen systems: Colorado Medicaid-Only Client, POS- Home | | | | | | |
| E0425-RR | Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing | None | n/a | 37.60 | | 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 | 26.29 | | 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 | 77.05 | | 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 | 42.28 | | Providers must include RR modifier. |
| K0738-RR | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | None | n/a | 36.65 | | Providers must include RR modifier. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|---|
| Oxygen systems: Dually eligible Colorado Medicaid Client, POS- Home | | | | | | |
| E0424-RR | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | None | n/a | 36.17 | | 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 | 77.05 | | 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 | 53.56 | | 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 | 36.65 | | Providers must include RR modifier. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|---|
| Oxygen systems: Colorado Medicaid-Only Client, POS-Nursing Facility | | | | | | |
| E0425-RR | Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing | None | n/a | 32.89 | | Providers must include RR modifier. |
| E0430-RR | Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing | None | n/a | 26.29 | | 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 | 77.05 | | 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 | 53.56 | | 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 | 23.49 | | Providers must include RR modifier. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|--|
| 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 all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file. |
| Oxygen systems: Dually eligible Medicare/Colorado Medicaid Client, POS-Nursing Facility | | | | | | |
| E0424-RR | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | None | n/a | 32.89 | | Providers must include RR modifier. |
| E0430-RR | Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing | None | n/a | 26.29 | | 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 | 38.33 | | Providers must include RR modifier. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------------|---|------|-------------------------|-----------------------|---|--|
| 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 | 77.05 | | 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 | 53.56 | | 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 | 23.49 | | Providers must include RR modifier. |
| E0439-TT-RR | Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing | 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 all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|-----------------|-------------------------|-----------------------|---|---|
| Ventilators, percussors, & respirators | | | | | | |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device | Yes/ACS | 47.40 | n/a | | |
| A7020 | Interface for cough stimulating device, includes all components, replacement only | Yes/ACS | Bl | n/a | | New code effective 1/1/11. |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each | Yes/ColoradoPAR | 281.90 | 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 | 27.65 | n/a | | Purchase for client owned equipment only. |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each | Yes/ACS | 132.38 | n/a | | Purchase for client owned equipment only. |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each | Yes/ACS | 35.16 | n/a | | Purchase for client owned equipment only. |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair | Yes/ACS | 14.36 | n/a/ | | Purchase for client owned equipment only. |
| A7030 | Full face mask used with positive airway pressure device, each | Yes/ACS | 140.07 | n/a | | Purchase for client owned equipment only. |
| A7031 | Face mask interface, replacement for full face mask, each | Yes/ACS | 57.82 | n/a | | Purchase for client owned equipment only. |
| A7032 | Cushion for use on nasal mask interface, replacement only, each | Yes/ACS | 23.49 | n/a | | Purchase for client owned equipment only. |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair | Yes/ACS | 23.49 | n/a | | Purchase for client owned equipment only. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | Yes/ACS | 70.48 | n/a | | Purchase for client owned equipment only. |
| A7035 | Headgear used with positive airway pressure device | Yes/ACS | 30.01 | n/a | | Purchase for client owned equipment only. |
| A7036 | Chinstrap used with positive airway pressure device | Yes/ACS | 12.87 | n/a | | Purchase for client owned equipment only. |
| A7037 | Tubing used with positive airway pressure device | None | 30.07 | n/a | | Purchase for client owned equipment only. |
| A7038 | Filter, disposable, used with positive airway pressure device | Yes/ACS | 4.46 | n/a | | Purchase for client owned equipment only. |
| A7039 | Filter, non disposable, used with positive airway pressure device | Yes/ACS | 10.80 | n/a | | Purchase for client owned equipment only. |
| A7044 | Oral interface used with positive airway pressure device, each | Yes/ACS | 100.20 | 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 | 16.14 | n/a | | Purchase for client owned equipment only. |
| A9280 | Alert or alarm device, not otherwise classified | Yes/ACS | BI | 37.60 | | 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 | 612.68 | | 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 | 590.88 | 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. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| E0460 | Negative pressure ventilator, portable or stationary | Yes/ACS | n/a | 446.35 | | |
| 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 | 780.14 | | 1 item = 1 month rental |
| E0463 | Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube) | Yes/ACS | n/a | 1384.78 | | |
| 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 | 1384.78 | | |
| 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 | 1148.62 | 208.48 | | 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 noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Yes/ACS | 2116.24 | 446.35 | | Requires sleep study with PAR. Requires Questionnaire #8. See Appendix H. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|--|
| E0472 | 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 | BI | 465.38 | | 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 | 386.06 | 32.89 | | |
| E0482 | Cough stimulating device, alternating positive and negative airway pressure | Yes/ACS | 3852.07 | 305.05 | | |
| E0483 | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each. | Yes/ColoradoPAR | 8903.42 | 798.73 | | 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 | | |
| 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 | 86.94 | n/a | | Purchase for client owned equipment only. |
| E0562 | Humidifier, heated, used with positive airway pressure device | Yes/ACS | 225.53 | n/a | | Purchase for client owned equipment only. |
| E0601 | Continuous positive airway pressure (CPAP) device, nasal | Yes/ACS | 746.27 | 79.59 | | Requires sleep study with PAR. Rental includes <u>mask & headgear</u> . Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---|
| E0606 | Postural drainage board | Yes/ACS | n/a | 21.07 | | |
| S8185 | Flutter device | Yes/ACS | 53.46 | n/a | | |
| S8186 | Swivel adapter | Yes/ACS | 3.59 | n/a | | |
| Oxygen concentrators: Colorado Medicaid-Only Client and Medicare/Colorado Medicaid Dually Eligible Client, POS-Home | | | | | | |
| E1390-RR | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | None | n/a | 164.44 | | |
| 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 | 157.83 | | |
| E1392-RR | Portable oxygen concentrator, rental | None | n/a | BI | | |
| Oxygen concentrators: Colorado Medicaid-Only Client and Medicare/Colorado Medicaid Dually Eligible Client, POS-Nursing Facility | | | | | | |
| E1390-TT | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | None | n/a | .23 | | 1 item = 1 hour usage \$167.67(or 729 units) per month maximum for concentrator/equipment. |
| E1391-TT | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each | None | n/a | .23 | | 1 item = 1 hour usage 167.67 (or 729 units) per month maximum 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. |
| NEBULIZERS, VAPORIZERS, SUCTION | | | | | | |
| A7000 | Canister, disposable, used with suction pump | None | .49 | n/a | | 1 unit = 1 canister |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|-----------------------------|
| A7001 | Canister, non-disposable, used with suction pump | None | 21.05 | n/a | | 1 unit = 1 canister |
| A7002 | Tubing, used with suction pump | None | 2.81 | n/a | | 1 unit = 1 tubing |
| A7003 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable | None | 1.95 | n/a | | |
| A7004 | Small volume non-filtered pneumatic nebulizer, disposable | None | 1.49 | n/a | | 1 unit = 1 nebulizer |
| A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable | None | 18.60 | n/a | | |
| A7006 | Administration set, with small volume filtered pneumatic nebulizer | None | 4.70 | n/a | | |
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor | None | 4.18 | n/a | | 1 unit = 1 nebulizer |
| A7008 | Large volume nebulizer, disposable, pre-filled, used with aerosol compressor | None | 8.99 | n/a | | 1 unit = 1 nebulizer |
| A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer | None | 39.19 | n/a | | 1 unit = 1 reservoir bottle |
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet | None | 3.30 | n/a | | 1 unit = 100 feet |
| A7011 | Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet | None | 11.28 | n/a | | 1 unit = 10 feet |
| A7012 | Water collection device, used with large volume nebulizer | None | 1.63 | n/a | | 1 unit = 1 device |
| A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator | None | .66 | n/a | | 1 unit = 1 filter |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|---------------------------------|
| A7014 | Filter, non-disposable, used with aerosol compressor or ultrasonic generator | None | 3.74 | n/a | | 1 unit = 1 filter |
| A7015 | Aerosol mask, used with DME nebulizer | None | .94 | n/a | | 1 unit = 1 mask |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer | None | 6.53 | n/a | | 1 unit = dome and mouthpiece |
| A7017 | Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen | None | 128.88 | 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 | 395.78 | n/a | | |
| E0570 | Nebulizer with compressor | None | 103.38 | n/a | | Devilbiss, Pulmo-Aid |
| E0571 | Aerosol compressor, battery powered, for use with small volume nebulizer | None | 248.33 | n/a | | |
| E0572 | Aerosol compressor, adjustable pressure, light duty for intermittent use | None | 395.90 | n/a | | |
| E0574 | Ultrasonic electronic aerosol generator with small volume nebulizer | None | 392.44 | n/a | | |
| E0575 | Nebulizer, ultrasonic, large volume | None | 540.31 | n/a | | Mistogen |
| E0580 | Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each | None | 4.70 | n/a | | |
| E0585 | Nebulizer with compressor & heater | None | 187.93 | n/a | | |
| E0600 | Respiratory suction pump, home model, portable or stationary, electric | None | 278.99 | 24.42 | | Rental includes suction tubing. |
| E1372 | Immersion external heater for nebulizer | None | 156.76 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---|
| K0730 | Controlled dose inhalation drug delivery system | None | Bl | n/a | | |
| <p><u>Respiratory care accessories, supplies & related services</u> Note: All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for client-owned equipment. Medication for use with respiratory equipment must be provided by a pharmacy and may require prior authorization and billing on pharmacy claim format with NDC number.</p> | | | | | | |
| A4481 | Tracheostomy filter, any type, any size, each | None | 4.72 | n/a | | 1 item = 1 filter |
| A4605 | Tracheal suction catheter, closed system, each | None | 11.63 | n/a | | |
| A4606 | Oxygen probe for use with oximeter device, replacement | Yes/ACS | 38.71 | n/a | | 1 unit = 1 probe Non-disposable |
| A4608 | Transtracheal oxygen catheter, each | None | 47.26 | n/a | | 1 item = 1 catheter |
| A4611 | Battery, heavy duty, replacement for patient owned ventilator, each | None | Bl | n/a | | |
| A4612 | Battery cables, replacement for patient owned ventilator, each | None | Bl | n/a | | |
| A4613 | Battery charger, replacement for patient owned ventilator, each | None | 115.55 | n/a | | |
| A4614 | Peak expiratory flow rate meter, hand held | None | 10.33 | n/a | | |
| A4615 | Cannula, nasal, each | None | .67 | 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 | 8.38 | n/a | | |
| A4619 | Face tent, each | None | 1.14 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|--|
| A4620 | Variable concentration mask, each | None | .57 | n/a | | |
| A4623 | Tracheostomy, inner cannula (replacement only), each | None | 4.58 | n/a | | |
| A4624 | Tracheal suction catheter, any type other than closed system, each | None | 1.19 | n/a | | 1 item = 1 catheter |
| A4625 | Tracheostomy care kit for new tracheostomy | None | 5.07 | n/a | | |
| A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each | None | 33.64 | n/a | | Includes aerochamber. |
| A4628 | Oropharyngeal suction catheter, each | None | 1.30 | n/a | | 1 item = 1 catheter |
| A4629 | Tracheostomy care kit for established tracheostomy | None | 3.25 | 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 | 100.99 | n/a | | |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each | None | 48.00 | n/a | | |
| A7503 | Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each | None | 10.90 | n/a | | |
| A7504 | Filter for use with tracheostoma heat and moisture exchange system, each | None | .64 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|------------------------------|
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each | None | 4.49 | n/a | | |
| A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each | None | .32 | n/a | | |
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each | None | 2.39 | 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 | 2.75 | n/a | | |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each | None | 1.36 | n/a | | |
| A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each | None | Bl | n/a | | 1 unit = 1 tube |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each | None | Bl | n/a | | 1 unit = 1 tube |
| A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each | None | 43.42 | n/a | | 1 unit = 1 tube |
| A7523 | Tracheostomy shower protector, each | None | 14.14 | n/a | | 1 unit = 1 protector |
| A7524 | Tracheostoma stent/stud/button, each | None | 74.42 | n/a | | 1 unit = 1 stent/stud/button |
| A7525 | Tracheostomy mask, each | None | 1.95 | n/a | | |
| A7526 | Tracheostomy tube collar/holder, each | None | 3.24 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|--|---------|-------------------------|-----------------------|---|---|
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each | None | 3.45 | n/a | | |
| E0455 | Oxygen tent excluding croup or pediatric tents, each | None | 7.50 | n/a | | |
| E0755 | Electronic salivary reflex stimulator, intra oral/non-invasive, each | Yes/ACS | BI | n/a | | |
| 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 | 24.14 | n/a | | <p>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.).</p> <p>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.</p> |
| 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 | 148.36 | n/a | | <p>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 \$148.36 every 6 months. Paper claims must include serial number.</p> |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| K0740 | Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | Yes/ACS | 24.14 | 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 | 148.36 | 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 \$148.36 every 6 months. Paper claims must include serial number. |
| E1353 | Regulator, each | None | 26.71 | 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 | 22.77 | n/a | | Purchase for client owned equipment only. |
| E1355 | Stand/rack, each | None | 20.11 | n/a | | Purchase for client owned equipment only. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|--|
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each | None | 485.10 | n/a | | Purchase for client owned equipment only. |
| E1357 | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each | None | 376.20 | n/a | | Purchase for client owned equipment only. |
| E1358 | Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each | None | 589.05 | n/a | | Purchase for client owned equipment only. |
| L8501 | Tracheostomy, speaking valve, each | None | 60.18 | n/a | | |
| S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask | None | 31.94 | n/a | | |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask | None | 17.61 | 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 | 4.06 | n/a | | |
| S8301 | Infection control supplies, not otherwise specified | Yes/ACS | BI | n/a | | Use for cleaning solutions for respiratory equipment. |
| S8999 | Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event) | None | 104.52 | n/a | | |
| TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT & SUPPLIES – GENERAL USE | | | | | | |
| Note: TENS or NMES require 2-month trial rental before purchase. Requires Questionnaire #9. See Appendix I. | | | | | | |
| A4245 | Alcohol wipes, each | None | .03 | n/a | | 1 wipe = 1 unit |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes) | None | 7.51 | 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 | 5.89 | n/a | | Limited to maximum of 4 per year. |
| E0720 | Transcutaneous Electrical Nerve Stimulation (TENS) device, two lead, localized stimulation | Yes/ACS | MSRP | 32.89 | | |
| E0720-KH | TENS, two lead, localized stimulation, each | Yes/ACS | MSRP | 32.89 | | Use for 1 st 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 | 32.89 | | Use for 2 nd 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 | 32.89 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|--|
| E0730-KH | Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation | Yes/ACS | MSRP | 32.89 | | Use for 1 st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental |
| E0730-KI | Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation | Yes/ACS | MSRP | 32.89 | | Use for 2 nd 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 | 173.91 | n/a | | |
| E0744 | Neuromuscular stimulator for scoliosis, each | Yes/ACS | 855.16 | 86.33 | | |
| E0745 | Neuromuscular stimulator electronic shock unit, each | Yes/ACS | 394.66 | 87.09 | | |
| E0746 | Electromyography (EMG), biofeedback device | Yes/ACS | MSRP | n/a | | |
| E0747-RR | Osteogenesis stimulator, electrical noninvasive, other than spinal applications | Yes/ACS | 3765.45 | 374.18 | | |
| E0748 | Osteogenic stimulator, noninvasive, spinal applications | Yes/ACS | 3741.06 | 374.10 | | |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes/ACS | 3108.75 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|---------|-------------------------|-----------------------|---|---|
| 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 | 32.89 | | Use for 1 st 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 | 32.89 | | Use for 2 nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental |
| 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 st 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 nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental |
| TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE | | | | | | |
| E0830 | Ambulatory traction device, all types, each | Yes/ACS | MSRP | Per PAR | | |
| E0840 | Traction frame, attached to headboard, cervical traction | Yes/ACS | 58.90 | 15.38 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| E0849 | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible | Yes/ACS | 365.55 | 36.56 | | |
| E0850 | Traction stand, free standing, cervical traction | Yes/ACS | 85.86 | 11.56 | | |
| E0855 | Cervical traction equipment not requiring additional stand or frame | Yes/ACS | 483.30 | n/a | | |
| E0856 | Cervical traction device, cervical collar with inflatable air bladder | Yes/ACS | 148.10 | n/a | | |
| E0860 | Traction equipment, over door, cervical | Yes/ACS | 34.53 | n/a | | |
| E0870 | Traction frame, attached to footboard, extremity traction | Yes/ACS | 88.86 | 10.73 | | |
| E0880 | Traction stand, free standing, extremity traction | Yes/ACS | 95.89 | 18.58 | | |
| E0890 | Traction frame, attached to footboard, pelvic traction | Yes/ACS | 91.72 | 15.98 | | |
| E0900 | Traction stand, free standing, pelvic traction | Yes/ACS | 97.61 | 15.98 | | |
| E0910 | Trapeze bars (also known as "patient helper"), attached to bed, with grab bar | Yes/ACS | 112.13 | 16.10 | | |
| E0911 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar | Yes/ACS | 488.57 | 35.36 | | |
| E0912 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar | Yes/ACS | 990.00 | 81.20 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|---------|-------------------------|-----------------------|---|--|
| E0920 | Fracture frame, attached to bed, includes weights | Yes/ACS | 416.51 | 32.89 | | |
| E0930 | Fracture frame, free standing, includes weights | Yes/ACS | 464.28 | 32.89 | | |
| E0935-KR | Continuous passive motion exercise device for use on knee only | Yes/ACS | MSRP | 20.42 | | Rental per day. First 14 days post-op. |
| E0936 | Continuous passive motion exercise device for use other than knee | Yes/ACS | 48.13 | 27.23 | | |
| E0940 | Trapeze bar, free standing, complete with grab bar | Yes/ACS | 197.33 | 23.49 | | |
| E0941 | Traction device, gravity assisted, any type | Yes/ACS | 208.41 | 32.89 | | |
| E0942 | Cervical head harness or halter, each | Yes/ACS | 17.78 | n/a | | |
| E0944 | Pelvic belt, harness or boat, each | Yes/ACS | 42.28 | n/a | | |
| E0945 | Extremity belt or harness, each | Yes/ACS | 39.72 | n/a | | |
| E0946 | Fracture frame, dual, with cross bars, attached to bed | Yes/ACS | 632.54 | 32.89 | | Balken, 4-poster |
| E0947 | Fracture frame, attachments for complex pelvic traction | Yes/ACS | 583.13 | 32.89 | | |
| E0948 | Fracture frame, attachments for complex cervical traction | Yes/ACS | 564.03 | 32.89 | | |
| 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. |
| LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE | | | | | | |
| A4600 | Sleeve for intermittent limb compression device, replacement only, each | Yes/ACS | 111.20 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|----------|
| E0650 | Pneumatic compressor, non-segmental home model | Yes/ACS | 648.38 | 46.99 | | |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | Yes/ACS | 865.81 | 47.12 | | |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | Yes/ACS | 1978.96 | 46.99 | | |
| E0655 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm | Yes/ACS | 103.77 | n/a | | |
| E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk | Yes/ACS | 555.50 | n/a | | |
| E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest | Yes/ACS | 521.87 | n/a | | |
| E0660 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg | Yes/ACS | 81.75 | n/a | | |
| E0665 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm | Yes/ACS | 117.61 | n/a | | |
| E0666 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg | Yes/ACS | 127.05 | n/a | | |
| E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | Yes/ACS | 264.79 | 29.29 | | |
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Yes/ACS | 361.14 | 34.95 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|----------|
| E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | Yes/ACS | 176.26 | n/a | | |
| E0671 | Segmental gradient pressure pneumatic appliance, full leg | Yes/ACS | 399.38 | n/a | | |
| E0672 | Segmental gradient pressure pneumatic appliance, full arm | Yes/ACS | 310.32 | n/a | | |
| E0673 | Segmental gradient pressure pneumatic appliance, half leg | Yes/ACS | 257.86 | n/a | | |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral) | Yes/ACS | 3997.42 | 364.32 | | |
| 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 | 66.83 | n/a | | |
| S8422 | Gradient pressure aid (sleeve), custom made, medium weight | Yes/ACS | 82.07 | n/a | | |
| S8423 | Gradient pressure aid (sleeve), custom made, heavy weight | Yes/ACS | 111.08 | n/a | | |
| S8424 | Gradient pressure aid (sleeve), ready made | Yes/ACS | 40.63 | n/a | | |
| S8425 | Gradient pressure aid (glove), custom made, medium weight | Yes/ACS | 136.57 | n/a | | |
| S8426 | Gradient pressure aid (glove), custom made, heavy weight | Yes/ACS | 208.89 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|---------|-------------------------|-----------------------|---|--|
| S8427 | Gradient pressure aid (glove), ready made | Yes/ACS | 117.81 | n/a | | |
| S8428 | Gradient pressure aid (gauntlet), ready made | Yes/ACS | 29.62 | n/a | | |
| S8429 | Gradient pressure exterior wrap | Yes/ACS | 24.24 | n/a | | |
| S8430 | Padding for compression bandage, roll | Yes/ACS | 22.28 | n/a | | |
| S8431 | Compression bandage, roll | Yes/ACS | 8.08 | n/a | | |
| WOUND THERAPY EQUIPMENT | | | | | | |
| E2402-KR | Negative pressure wound therapy electrical pump, stationary or portable | Yes/ACS | n/a | 111.90 | | Price includes equipment & all supplies. 1 unit = one day rental Requires Questionnaire #12. See Appendix L. |
| REHABILITATION EQUIPMENT – SPECIALIZED USE | | | | | | |
| A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories | Yes/ACS | 108.84 | n/a | | |
| A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories | Yes/ACS | 108.84 | n/a | | |
| A8002 | Helmet, protective, soft, custom fabricated, includes all components and accessories | Yes/ACS | 347.62 | n/a | | |
| A8003 | Helmet, protective, hard, custom fabricated, includes all components and accessories | Yes/ACS | 495.00 | n/a | | |
| A8004 | Soft interface for helmet, replacement only | Yes/ACS | 124.58 | n/a | | |
| E0637 | Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels | Yes/ACS | MSRP | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|---------|-------------------------|-----------------------|---|----------------------|
| 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 | 312.35 | 31.22 | | |
| E1701 | Replacement cushions for jaw motion rehabilitation system, package of 6 | Yes/ACS | 10.20 | n/a | | |
| E1702 | Replacement measuring scales for jaw motion rehabilitation system, package of 200 | Yes/ACS | 21.70 | 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. |
| <p>ORAL & ENTERAL NUTRITION, FORMULAS, EQUIPMENT & SUPPLIES – SPECIALIZED USE</p> <p>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).</p> <p>Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, complete Questionnaire #10, Appendix J. When submitting claims, be sure to calculate & enter the number of items correctly.</p> | | | | | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|---|
| | Enteral formulas | | | | | |
| B4100 | Food thickener, administered orally, per ounce | Yes/ACS | Bl | 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 | .64 | 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 | Bl | n/a | | 1 unit = 1 can |
| B4104 | Additive for enteral formula (e.g. fiber) | Yes/ACS | Bl | n/a | | 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 | 1.21 | 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 | .55 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 1.60 | 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 | 1.53 | 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 | 2.73 | 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 | 1.53 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|----------|
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories= 1 unit | Yes/ACS | 1.15 | n/a | | |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories=1 unit | Yes/ACS | 1.15 | 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 | 1.60 | 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 | 2.73 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|---------|-------------------------|-----------------------|---|-------------------|
| 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 | | |
| | <p>Enteral equipment & supplies 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</p> | | | | | |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment | None | 10.87 | n/a | | 1 unit = 1 device |
| B4034 | Enteral feeding supply kit: Syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Yes/ACS | 4.70 | n/a | | |
| B4035 | Enteral feeding supply kit: Pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Yes/ACS | 8.61 | n/a | | |
| B4036 | Enteral feeding supply kit: Gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | Yes/ACS | 6.12 | n/a | | |
| B4081 | Nasogastric tubing with stylet, each | Yes/ACS | 15.73 | n/a | | |
| B4082 | Nasogastric tubing without stylet, each | Yes/ACS | 12.21 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|---|---------|-------------------------|-----------------------|---|---|
| B4083 | Stomach tube, Levine type, each | Yes/ACS | 1.78 | n/a | | |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | Yes/ACS | Bl | n/a | | |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | Yes/ACS | Bl | n/a | | |
| B9000-RR | Enteral nutrition infusion pump, without alarm, each | Yes/ACS | 1088.58 | 70.48 | | Rental 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 | 1088.58 | 70.48 | | Rental 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| E0776 | IV pole | Yes/ACS | 93.97 | 14.11 | | 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 | 538.76 | n/a | | |
| 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. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 |
| Breast Feeding equipment & supplies | | | | | | |
| E0602 | Breast Pump, manual, any type | None | 18.79 | 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 | 40.40 | 2.13 | | Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 54 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 54 days. When renting: 1 unit = 1 day. Submit under mom's ID. |
| A4281 | Tubing for breast pump, replacement | None | 2.58 | n/a | | Purchase for client owned equipment only. |
| A4282 | Adapter for breast pump, replacement | Yes/ACS | .50 | n/a | | Purchase for client owned equipment only. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|---------|-------------------------|-----------------------|---|---|
| A4283 | Cap for breast pump bottle, replacement | Yes/ACS | .65 | n/a | | Purchase for client owned equipment only. |
| A4284 | Breast shield and splash protector for use with breast pump, replacement | Yes/ACS | 8.74 | n/a | | Purchase for client owned equipment only. |
| A4286 | Locking ring for breast pump, replacement | Yes/ACS | .20 | n/a | | Purchase for client owned equipment only. |
| T2101 | Human breast milk processing, storage and distribution only | Yes/ACS | 2.03 | n/a | | |
| <p>HOME IV THERAPY – SPECIALIZED USE Home IV therapy, when utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration is a benefit of 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.</p> | | | | | | |
| <p><u>Enteral formulas</u> Parenteral equipment & supplies</p> | | | | | | |
| A4305 | Disposable Drug Delivery System, flow rate of 50 ml or greater per hour | Yes/ACS | 6.48 | n/a | | 1 item = 1 system Elastomeric |
| A4306 | Disposable drug delivery system, flow rate of less than 50 ml per hour | Yes/ACS | 17.81 | 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 | 5.73 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------|--|---------|-------------------------|-----------------------|---|---|
| B4224 | Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day | Yes/ACS | 18.79 | 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 |
| B9004-RR | Parenteral nutrition infusion pump, portable | Yes/ACS | BI | 234.92 | | 1 unit = 1 month rental |
| B9006-RR | Parenteral nutrition infusion pump, stationary | Yes/ACS | BI | 136.24 | | 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 | 4.53 | | 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 | 4.53 | | 1 item = 1 pump Less than 8 hours. Prior authorization must substantiate the necessity for the use of an ambulatory pump. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|---------|-------------------------|-----------------------|---|--|
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient | Yes/ACS | 323.40 | Per PAR | | 1 unit = 1 month rental |
| E0791 | Parenteral infusion pump, stationary, single or multi channel | Yes/ACS | 2793.88 | 136.24 | | 1 unit = 1 month rental |
| K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g. epoprostenol or treprostinol) | Yes/ACS | BI | 254.68 | | 1 item = 1 system 1 item = 1 month rental |
| K0552 | Supplies for external drug infusion pump, syringe type cartridge, sterile, each | Yes/ACS | 2.54 | n/a | | 1 unit = 1 cartridge |
| K0601 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each | None | 1.06 | n/a | | For client owned equipment only. |
| K0602 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each | None | 6.12 | n/a | | For client owned equipment only. |
| K0603 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each | None | .55 | n/a | | For client owned equipment only. |
| K0604 | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each | None | 5.85 | n/a | | For client owned equipment only. |
| K0605 | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each | None | 14.04 | n/a | | For client owned equipment only. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|---------|-------------------------|-----------------------|---|---|
| S5035 | Home infusion therapy, routine service of infusion device (e.g. pump maintenance) | Yes/ACS | 14.56 | 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 | 14.56 | 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 | 3181.68 | n/a | | Use for insertion supplies only. |
| S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | Yes/ACS | 102.06 | n/a | | Use for insertion supplies only. |
| <p>PROSTHETICS & ORTHOTICS 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).</p> | | | | | | |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each | None | 5.14 | n/a | | 1 unit = 1 attachment |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| Diabetic Shoes, Fitting, and Modifications | | | | | | |
| A5500 | For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | None | 59.20 | 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 | 177.60 | 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 | 26.66 | 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 | 26.66 | 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 | 26.66 | 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 | 26.66 | n/a | | |
| A5507 | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe | None | 27.19 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | None | 30.29 | 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 | 31.43 | 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 | 17.18 | 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 | 25.64 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| | <u>Orthotic Devices – Spinal</u> <u>Cervical</u> | | | | | |
| L0112 | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated | Yes/ColoradoPAR | 1173.25 | n/a | | |
| L0113 | Cranial cervical orthosis, toricollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment | Yes/ColoradoPAR | 239.06 | n/a | | |
| L0120 | Cervical, flexible, nonadjustable (foam collar) | None | 15.60 | n/a | | |
| L0130 | Cervical, flexible, thermoplastic collar, molded to patient | Yes/ColoradoPAR | 71.19 | n/a | | |
| L0140 | Cervical, semi-rigid, adjustable (plastic collar) | Yes/ColoradoPAR | 42.50 | n/a | | |
| L0150 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | Yes/ColoradoPAR | 66.84 | n/a | | |
| L0160 | Cervical, semi-rigid, wire frame occipital/mandibular support | Yes/ColoradoPAR | 78.11 | n/a | | |
| L0170 | Cervical, collar, molded to patient model | Yes/ColoradoPAR | 353.44 | n/a | | |
| L0172 | Cervical, collar, semi-rigid thermoplastic foam, two piece | Yes/ColoradoPAR | 77.55 | n/a | | |
| L0174 | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension | Yes/ColoradoPAR | 188.88 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| S1040 | Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | Yes/ColoradoPAR | 2475.00 | n/a | | |
| | <u>Multiple post collar</u> | | | | | |
| L0180 | Cervical, multiple post collar occipital/mandibular supports, adjustable | Yes/ColoradoPAR | 217.83 | n/a | | |
| L0190 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types) | Yes/ColoradoPAR | 302.37 | n/a | | |
| L0200 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension | Yes/ColoradoPAR | 332.44 | n/a | | |
| | <u>Thoracic</u> | | | | | |
| L0220 | Thoracic rib belt, custom fabricated | Yes/ColoradoPAR | 70.69 | n/a | | |
| | <u>Thoracic-Lumbar-Sacral Orthosis (TLSO)</u> | | | | | |
| | <u>Flexible</u> | | | | | |
| L0450 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | None | 134.74 | n/a | | |
| L0452 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | None | 274.00 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L0454 | TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | None | 290.73 | n/a | | |
| L0456 | TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment | None | 833.73 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 747.60 | 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 | 841.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 1046.66 | 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 | 1246.01 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| 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 | 302.66 | n/a | | |
| L0468 | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | None | 355.38 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L0470 | TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | None | 494.31 | 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 | 313.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 1371.86 | 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 | 1533.99 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 1655.61 | n/a | | |
| L0486 | TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | None | 1677.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L0488 | TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment | None | 841.49 | 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 | 237.10 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 443.41 | 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 | 279.43 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|--|
| <u>Lumbar-Sacral Orthosis (LSO)</u> | | | | | | |
| 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 | 31.87 | n/a | | Support is not for obstetrical or obesity diagnosis. |
| L0626 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | None | 45.09 | 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 | 237.80 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|--|
| L0628 | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | None | 48.52 | 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 | 169.97 | n/a | | Support is not for obstetrical or obesity diagnosis. |
| L0630 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | None | 93.67 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 593.86 | 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 | 970.20 | n/a | | |
| L0633 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment | None | 165.89 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------------|-------------------------|-----------------------|---|----------|
| 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 | 6+++++None | 333.23 | n/a | | |
| 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 | 511.13 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 889.45 | 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 | 598.81 | n/a | | |
| L0638 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | None | 761.50 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 598.81 | 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 | 604.12 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-----------------------------------|--|------|-------------------------|-----------------------|---|----------|
| <u>Sacroiliac Flexible</u> | | | | | | |
| 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 | 60.91 | 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 | 137.96 | n/a | | |
| <u>Semi-rigid</u> | | | | | | |
| 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 | 46.39 | 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 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <u>Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO)</u> | | | | | | |
| <u>Anterior-posterior-lateral control</u> | | | | | | |
| L0700 | CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type) | None | 1074.64 | n/a | | |
| L0710 | CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type) | None | 1402.97 | n/a | | |
| <u>Halo procedure</u> | | | | | | |
| L0810 | Halo procedure, cervical halo incorporated into jacket vest | None | 1259.05 | n/a | | |
| L0820 | Halo procedure, cervical halo incorporated into plaster body jacket | None | 1155.59 | n/a | | |
| L0830 | Halo procedure, cervical halo incorporated into Milwaukee type orthosis | None | 1796.92 | n/a | | |
| L0861 | Addition to halo procedure, replacement liner/interface material | None | 180.68 | n/a | | |
| <u>Additions to Spinal Orthosis</u> | | | | | | |
| L0970 | TLSO, corset front | None | 115.76 | n/a | | |
| L0972 | LSO, corset front | None | 63.51 | n/a | | |
| L0974 | TLSO, full corset | None | 76.25 | n/a | | |
| L0976 | LSO, full corset | None | 140.87 | n/a | | |
| L0978 | Axillary crutch extension | None | 62.50 | n/a | | |
| L0980 | Peroneal straps, pair | None | 10.08 | n/a | | |
| L0982 | Stocking supporter grips, set of four (4) | None | 10.49 | n/a | | |
| L0984 | Protective body sock, each | None | 39.16 | n/a | | |
| L0999 | Addition to spinal orthosis, NOS | None | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <u>Orthotic Devices - Scoliosis Procedures</u> | | | | | | |
| <u>Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee)</u> | | | | | | |
| L1000 | CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model | None | 1460.55 | n/a | | |
| L1001 | Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment | None | 792.00 | n/a | | |
| L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | None | 2683.01 | n/a | | |
| L1010 | Addition to CTLSO or scoliosis orthosis, axilla sling | None | 28.52 | n/a | | |
| L1020 | Addition to CTLSO or scoliosis orthosis, kyphosis pad | None | 55.85 | n/a | | |
| L1025 | Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating | None | 81.24 | n/a | | |
| L1030 | Addition to CTLSO or scoliosis orthosis, lumbar bolster pad | None | 37.38 | n/a | | |
| L1040 | Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad | None | 42.35 | n/a | | |
| L1050 | Addition to CTLSO or scoliosis orthosis, sternal pad | None | 48.96 | n/a | | |
| L1060 | Additions to CTLSO or scoliosis orthosis, thoracic pad | None | 56.23 | n/a | | |
| L1070 | Addition to CTLSO or scoliosis orthosis, trapezius sling | None | 40.64 | n/a | | |
| L1080 | Addition to CTLSO or scoliosis orthosis, outrigger | None | 50.20 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| L1085 | Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions | None | 53.27 | n/a | | |
| L1090 | Addition to CTLSO or scoliosis orthosis, lumbar sling | None | 51.58 | n/a | | |
| L1100 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather | None | 59.59 | n/a | | |
| L1110 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | None | 75.81 | n/a | | |
| L1120 | Addition to CTLSO or scoliosis orthosis, cover for upright, each | None | 15.36 | n/a | | |
| <i>Thoracic-lumbar-sacral orthosis (TLSO) (Low Profile)</i> | | | | | | |
| L1200 | TLSO, inclusive of furnishing initial orthosis only | None | 1104.53 | n/a | | |
| L1210 | Addition to TLSO, (low profile), lateral thoracic extension | None | 186.46 | n/a | | |
| L1220 | Addition to TLSO, (low profile), anterior thoracic extension | None | 135.79 | n/a | | |
| L1230 | Addition to TLSO, (low profile), Milwaukee type superstructure | None | 574.35 | n/a | | |
| L1240 | Addition to TLSO, (low profile), lumbar derotation pad | None | 45.65 | n/a | | |
| L1250 | Addition to TLSO, (low profile), anterior ASIS pad | None | 27.66 | n/a | | |
| L1260 | Addition to TLSO, (low profile), anterior thoracic derotation pad | None | 44.47 | n/a | | |
| L1270 | Addition to TLSO, (low profile), abdominal pad | None | 37.90 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|-----------------|-------------------------|-----------------------|---|----------|
| L1280 | Addition to TLSO, (low profile), rib gusset (elastic), each | None | 50.70 | n/a | | |
| L1290 | Addition to TLSO, (low profile), lateral trochanteric pad | None | 46.20 | n/a | | |
| <u>Other scoliosis procedures</u> | | | | | | |
| L1300 | Other scoliosis procedure, body jacket molded to patient model | None | 1220.32 | n/a | | |
| L1310 | Other scoliosis procedure, postoperative body jacket | None | 1615.06 | n/a | | |
| L1499 | Spinal orthosis, not otherwise specified | None | BI | n/a | | |
| <u>Thoracic-hip-knee-ankle orthosis (THKAO)</u> | | | | | | |
| L1500 | THKAO, mobility frame (Newington, Parapodium types) | Yes/ColoradoPAR | 1223.43 | n/a | | |
| L1510 | THKAO, standing frame, with or without tray and accessories | Yes/ColoradoPAR | 913.82 | n/a | | |
| L1520 | THKAO, swivel walker | Yes/ColoradoPAR | 1244.04 | n/a | | |
| <u>Orthotic Devices - Lower Limb</u> | | | | | | |
| <u>Hip orthosis (HO) - Flexible</u> | | | | | | |
| L1600 | HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment | None | 77.49 | n/a | | |
| L1610 | HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment | None | 24.08 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L1620 | HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment | None | 78.76 | n/a | | |
| L1630 | HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated | None | 131.37 | n/a | | |
| L1640 | HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | None | 332.80 | n/a | | |
| L1650 | HO, abduction control of hip joints, static, adjustable (lifted type), prefabricated, includes fitting and adjustment | None | 153.36 | n/a | | |
| L1652 | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type | None | 298.83 | n/a | | |
| L1660 | HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment | None | 100.61 | 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 | 716.25 | n/a | | |
| L1685 | HO abduction control of hip joint, postoperative hip abduction type, custom fabricated | None | 516.84 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------------------------------|---|------|-------------------------|-----------------------|---|----------|
| L1686 | HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment | None | 604.37 | n/a | | |
| L1690 | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | None | 1229.05 | n/a | | |
| <u>Legg perthes</u> | | | | | | |
| L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated | None | 1183.98 | n/a | | |
| L1710 | Legg Perthes orthosis, (Newington type), custom fabricated | None | 967.61 | n/a | | |
| L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated | None | 843.64 | n/a | | |
| L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated | None | 666.44 | n/a | | |
| L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated | None | 1227.50 | n/a | | |
| <u>Knee Orthosis (KO)</u> | | | | | | |
| E1810 | Dynamic adjustable knee extension/flexion device, includes soft interface material | None | 1018.22 | 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 | 1289.64 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| E1812 | Dynamic knee, extension/flexion device with active resistance control | None | 826.83 | n/a | | |
| L1810 | KO, elastic with joints, prefabricated, includes fitting and adjustment | None | 59.32 | n/a | | |
| L1820 | Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment | None | 83.35 | n/a | | |
| L1830 | KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment | None | 54.31 | n/a | | |
| L1831 | Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment | None | 246.72 | n/a | | |
| L1832 | Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment | None | 324.91 | n/a | | |
| L1834 | KO, without knee joint, rigid, custom fabricated | None | 635.74 | n/a | | |
| L1836 | KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment | None | 111.87 | n/a | | |
| L1840 | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | None | 491.40 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 518.44 | 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 | 959.24 | 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 | 496.26 | n/a | | |
| L1846 | Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated | None | 870.19 | n/a | | |
| L1847 | KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment | None | 463.04 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------|-------------------------|-----------------------|---|----------|
| L1850 | KO, Swedish type, prefabricated, includes fitting and adjustment | None | 218.05 | n/a | | |
| L1860 | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) | None | 630.79 | n/a | | |
| <u>Ankle-Foot Orthosis (AFO)</u> | | | | | | |
| 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 | 1032.60 | 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 | 1309.98 | n/a | | |
| L1900 | AFO, spring wire, dorsiflexion assist calf band, custom fabricated | None | 228.09 | n/a | | |
| L1902 | AFO, ankle gauntlet, prefabricated, includes fitting and adjustment | None | 46.93 | n/a | | |
| L1904 | AFO, molded ankle gauntlet, custom fabricated | None | 325.81 | n/a | | |
| L1906 | AFO, multi-ligamentous ankle support, prefabricated, includes fitting and adjustment | None | 94.26 | n/a | | |
| L1907 | AFO, supramalleolar with straps, with or without interface/pads, custom fabricated | None | 471.68 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L1910 | AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment | None | 196.68 | n/a | | |
| L1920 | AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated | None | 258.47 | n/a | | |
| L1930 | AFO, plastic or other material, prefabricated, includes fitting and adjustment | None | 138.00 | n/a | | |
| L1932 | AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | None | 748.01 | n/a | | |
| L1940 | AFO, plastic or other material, custom fabricated | None | 264.29 | n/a | | |
| L1945 | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated | None | 534.48 | n/a | | |
| L1950 | AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated | None | 473.72 | n/a | | |
| L1951 | AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment | None | 704.00 | n/a | | |
| L1960 | AFO, posterior solid ankle, plastic, custom fabricated | None | 296.22 | n/a | | |
| L1970 | AFO, plastic, with ankle joint, custom fabricated | None | 439.46 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| L1971 | AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment | None | 392.91 | n/a | | |
| L1980 | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated | None | 241.03 | n/a | | |
| L1990 | AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated | None | 238.20 | n/a | | |
| <u>Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination</u> | | | | | | |
| L2000 | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated | None | 703.79 | 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 | 3441.88 | 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 | 610.57 | n/a | | |
| L2020 | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated | None | 623.99 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| L2030 | KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated | None | 595.50 | 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 | 1744.65 | n/a | | |
| L2035 | Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment | None | 145.21 | n/a | | |
| L2036 | Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | None | 1197.21 | 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 | 979.12 | n/a | | |
| L2038 | Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated | None | 790.24 | n/a | | |
| <i>Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)</i> | | | | | | |
| L2040 | HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | None | 135.62 | n/a | | |
| L2050 | HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | None | 373.42 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---------------------------------|---|------|-------------------------|-----------------------|---|----------|
| L2060 | HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated | None | 427.54 | n/a | | |
| L2070 | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | None | 74.27 | n/a | | |
| L2080 | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | None | 211.42 | n/a | | |
| L2090 | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated | None | 324.75 | n/a | | |
| <u>Fracture orthosis</u> | | | | | | |
| L2106 | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | None | 317.58 | n/a | | |
| L2108 | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated | None | 891.28 | n/a | | |
| L2112 | AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | None | 274.27 | n/a | | |
| L2114 | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | None | 344.02 | n/a | | |
| L2116 | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | None | 418.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| L2126 | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | None | 743.77 | n/a | | |
| L2128 | KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated | None | 1106.38 | n/a | | |
| L2132 | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | None | 808.68 | n/a | | |
| L2134 | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment | None | 610.57 | n/a | | |
| L2136 | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment | None | 722.28 | n/a | | |
| <i>Additions to fracture orthosis</i> | | | | | | |
| L2180 | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints | None | 89.64 | n/a | | |
| L2182 | Additions to lower extremity fracture orthosis, drop lock knee joint | None | 25.62 | n/a | | |
| L2184 | Addition to lower extremity fracture orthosis, limited motion knee joint | None | 71.69 | n/a | | |
| L2186 | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type | None | 91.73 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------|-------------------------|-----------------------|---|----------|
| L2188 | Addition to lower extremity fracture orthosis, quadrilateral brim | None | 184.44 | n/a | | |
| L2190 | Addition to lower extremity fracture orthosis, waist belt | None | 52.56 | n/a | | |
| L2192 | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | None | 222.82 | n/a | | |
| <i>Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee</i> | | | | | | |
| L2200 | Addition to lower extremity, limited ankle motion, each joint | None | 33.88 | n/a | | |
| L2210 | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | None | 52.68 | n/a | | |
| L2220 | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | None | 62.36 | n/a | | |
| L2230 | Addition to lower extremity, split flat caliper stirrups and plate attachment | None | 49.21 | n/a | | |
| L2232 | Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only | None | 80.54 | n/a | | |
| L2240 | Addition to lower extremity, round caliper and plate attachment | None | 49.17 | n/a | | |
| L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attached | None | 247.28 | n/a | | |
| L2260 | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) | None | 134.76 | n/a | | |
| L2265 | Addition lower extremity, long tongue stirrup | None | 69.22 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L2270 | Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad | None | 34.68 | n/a | | |
| L2275 | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | None | 87.57 | n/a | | |
| L2280 | Addition to lower extremity, molded inner boot | None | 241.98 | n/a | | |
| L2300 | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | None | 158.27 | n/a | | |
| L2310 | Addition to lower extremity, abduction bar, straight | None | 103.46 | n/a | | |
| L2320 | Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only | None | 154.35 | n/a | | |
| L2330 | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only | None | 245.87 | n/a | | |
| L2335 | Addition to lower extremity, anterior swing band | None | 140.11 | n/a | | |
| L2340 | Addition to lower extremity, pretibial shell, molded to patient model | None | 262.73 | n/a | | |
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses) | None | 611.80 | n/a | | |
| L2360 | Addition to lower extremity, extended steel shank | None | 33.80 | n/a | | |
| L2370 | Addition to lower extremity, Patten bottom | None | 150.35 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| L2375 | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | None | 62.12 | n/a | | |
| L2380 | Addition to lower extremity, torsion control, straight knee joint, each joint | None | 124.77 | n/a | | |
| L2385 | Addition to lower extremity, straight knee joint, heavy duty, each joint | None | 104.97 | n/a | | |
| L2387 | Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint | None | 128.31 | n/a | | |
| L2390 | Addition to lower extremity, offset knee joint, each joint | None | 85.78 | n/a | | |
| L2395 | Addition to lower extremity, offset knee joint, heavy duty, each joint | None | 109.29 | n/a | | |
| L2397 | Addition to lower extremity orthosis, suspension sleeve | None | 75.70 | n/a | | |
| <i>Additions to straight knee or offset knee joints</i> | | | | | | |
| L2405 | Addition to knee joint, drop lock, each | None | 39.90 | n/a | | |
| L2415 | Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint | None | 99.85 | n/a | | |
| L2425 | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint | None | 117.82 | n/a | | |
| L2430 | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | None | 120.18 | n/a | | |
| L2492 | Addition to knee joint, lift loop for drop lock ring | None | 66.24 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <i>Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing</i> | | | | | | |
| L2500 | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring | None | 214.11 | n/a | | |
| L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model | None | 403.64 | n/a | | |
| L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | None | 289.84 | n/a | | |
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | None | 728.24 | n/a | | |
| L2526 | Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | None | 495.87 | n/a | | |
| L2530 | Addition to lower extremity, thigh/weight bearing, lacer, non-molded | None | 150.60 | n/a | | |
| L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | None | 259.70 | n/a | | |
| L2550 | Addition to lower extremity, thigh/weight bearing, high roll cuff | None | 297.60 | n/a | | |
| <i>Additions: Pelvic and thoracic control</i> | | | | | | |
| L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each | None | 279.99 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L2580 | Addition to lower extremity, pelvic control, pelvic sling | None | 406.16 | n/a | | |
| L2600 | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each | None | 131.08 | n/a | | |
| L2610 | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each | None | 188.50 | n/a | | |
| L2620 | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each | None | 182.37 | n/a | | |
| L2622 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each | None | 180.28 | n/a | | |
| L2624 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each | None | 194.65 | n/a | | |
| L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | None | 1772.14 | n/a | | |
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | None | 1193.78 | n/a | | |
| L2630 | Addition to lower extremity, pelvic control, band and belt, unilateral | None | 194.08 | n/a | | |
| L2640 | Addition to lower extremity, pelvic control, band and belt, bilateral | None | 197.54 | n/a | | |
| L2650 | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each | None | 70.43 | n/a | | |
| L2660 | Addition to lower extremity, thoracic control, thoracic band | None | 188.89 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------------------------------|--|------|-------------------------|-----------------------|---|-----------------------------------|
| L2670 | Addition to lower extremity, thoracic control, paraspinal uprights | None | 172.88 | n/a | | |
| L2680 | Addition to lower extremity, thoracic control, lateral support uprights | None | 158.60 | n/a | | |
| <i>Additions: General</i> | | | | | | |
| E1830 | Dynamic adjustable toe extension/flexion device, includes soft interface material | None | 1032.60 | n/a | | |
| E1831 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | None | | n/a | | New code effective 1/1/11. |
| K0672 | Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each | None | 55.09 | n/a | | |
| L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar | None | 32.79 | 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 | 83.02 | n/a | | |
| L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | None | 47.62 | n/a | | |
| L2768 | Orthotic side bar disconnect device, per bar | None | 109.22 | n/a | | |
| L2780 | Addition to lower extremity orthosis, non-corrosive finish, per bar | None | 39.78 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L2785 | Addition to lower extremity orthosis, drop lock retainer, each | None | 18.63 | n/a | | |
| L2795 | Addition to lower extremity orthosis, knee control, full kneecap | None | 49.94 | n/a | | |
| L2800 | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only | None | 68.77 | n/a | | |
| L2810 | Addition to lower extremity orthosis, knee control, condylar pad | None | 45.92 | n/a | | |
| L2820 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | None | 61.88 | n/a | | |
| L2830 | Addition to lower extremity orthosis soft interface for molded plastic, above knee section | None | 73.65 | n/a | | |
| L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | None | 17.38 | n/a | | |
| L2850 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each | None | 46.73 | 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 | | |
| L2999 | Lower extremity orthoses, NOS | None | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| | <u>Orthopedic shoes</u> <u>Inserts</u> | | | | | |
| L3000 | Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each | Yes/ColoradoPAR | 220.41 | n/a | | |
| L3001 | Foot insert, removable, molded to patient model, Spenco, each | Yes/ColoradoPAR | 110.88 | n/a | | |
| L3002 | Foot insert, removable, molded to patient model, Plastazote or equal, each | Yes/ColoradoPAR | 113.33 | n/a | | |
| L3003 | Foot insert, removable, molded to patient model, silicone gel, each | Yes/ColoradoPAR | 146.06 | n/a | | |
| L3010 | Foot insert, removable, molded to patient model, longitudinal arch support, each | Yes/ColoradoPAR | 122.26 | n/a | | |
| L3020 | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | Yes/ColoradoPAR | 139.20 | n/a | | |
| L3030 | Foot insert, removable, formed to patient foot, each | Yes/ColoradoPAR | 53.55 | n/a | | |
| L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | Yes/ColoradoPAR | 168.30 | n/a | | |
| L3040 | Foot, arch support, removable, pre-molded, longitudinal, each | Yes/ColoradoPAR | 33.01 | n/a | | |
| L3050 | Foot, arch support, removable, pre-molded, metatarsal, each | Yes/ColoradoPAR | 33.01 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|-----------------|-------------------------|-----------------------|---|----------|
| L3060 | Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each | Yes/ColoradoPAR | 51.78 | n/a | | |
| <i>Arch support, non-removable, attached to shoe</i> | | | | | | |
| L3070 | Foot, arch support, non-removable, attached to shoe, longitudinal, each | Yes/ColoradoPAR | 22.30 | n/a | | |
| L3080 | Foot, arch support, non-removable attached to shoe, metatarsal, each | Yes/ColoradoPAR | 22.30 | n/a | | |
| L3090 | Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each | Yes/ColoradoPAR | 34.12 | n/a | | |
| L3100 | Hallus-valgus night dynamic splint | Yes/ColoradoPAR | 30.35 | n/a | | |
| <i>Abduction and rotation bars</i> | | | | | | |
| L3140 | Foot, abduction rotation bar, including shoes | Yes/ColoradoPAR | 62.47 | n/a | | |
| L3150 | Foot, abduction rotation bar, without shoes | Yes/ColoradoPAR | 57.11 | n/a | | |
| L3160 | Foot, adjustable shoe-styled positioning device | Yes/ColoradoPAR | 128.70 | n/a | | |
| L3170 | Foot, plastic, silicone or equal, heel stabilizer, each | Yes/ColoradoPAR | 41.83 | n/a | | |
| <i>Orthopedic footwear</i> | | | | | | |
| L3201 | Orthopedic shoe, oxford with supinator or pronator, Infant | None | 49.91 | n/a | | |
| L3202 | Orthopedic shoe, oxford with supinator or pronator, Child | None | 42.58 | n/a | | |
| L3203 | Orthopedic shoe, oxford with supinator or pronator, Junior | None | 29.88 | n/a | | |
| L3204 | Orthopedic shoe, high top with supinator or pronator, Infant | None | 49.91 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| L3206 | Orthopedic shoe, high top with supinator or pronator, Child | None | 117.96 | n/a | | |
| L3207 | Orthopedic shoe, high top with supinator or pronator, Junior | None | 112.76 | n/a | | |
| L3208 | Surgical boot, each, infant | None | 69.18 | n/a | | |
| L3209 | Surgical boot, each, child | None | 66.13 | n/a | | |
| L3211 | Surgical boot, each, junior | None | 69.18 | n/a | | |
| L3212 | Benesch boot, pair, infant | None | 68.24 | n/a | | |
| L3213 | Benesch boot, pair, child | None | 102.67 | n/a | | |
| L3214 | Benesch boot, pair, junior | None | 98.15 | n/a | | |
| L3215 | Orthopedic footwear, ladies shoe, oxford, each | Yes/ColoradoPAR | 112.76 | n/a | | |
| L3216 | Orthopedic footwear, ladies shoe, depth inlay, each | Yes/ColoradoPAR | 112.76 | n/a | | |
| L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each | Yes/ColoradoPAR | 117.96 | n/a | | |
| L3219 | Orthopedic footwear, men's shoe, oxford, each | Yes/ColoradoPAR | 90.78 | n/a | | |
| L3221 | Orthopedic footwear, men's shoe, depth inlay, each | Yes/ColoradoPAR | 94.97 | n/a | | |
| L3222 | Orthopedic footwear, men's shoe, hightop, depth inlay, each | Yes/ColoradoPAR | 135.62 | n/a | | |
| L3224 | Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis) | Yes/ColoradoPAR | 37.59 | n/a | | |
| L3225 | Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis) | Yes/ColoradoPAR | 63.26 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| L3230 | Orthopedic footwear, custom shoe, depth inlay, each | Yes/ColoradoPAR | 234.92 | n/a | | |
| L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | Yes/ColoradoPAR | 356.90 | n/a | | |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each | Yes/ColoradoPAR | 214.95 | n/a | | |
| L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each | Yes/ColoradoPAR | 234.92 | n/a | | |
| L3253 | Foot, molded shoe Plastozote (or similar), custom fitted, each | Yes/ColoradoPAR | 63.79 | n/a | | |
| L3254 | Nonstandard size or width | Yes/ColoradoPAR | 18.20 | n/a | | |
| L3255 | Nonstandard size or length | Yes/ColoradoPAR | 18.20 | n/a | | |
| L3257 | Orthopedic footwear, additional charge for split size | Yes/ColoradoPAR | 105.27 | n/a | | |
| L3260 | Surgical boot/shoe, each | Yes/ColoradoPAR | 150.35 | n/a | | |
| L3265 | Plastazote sandal, each | Yes/ColoradoPAR | 103.14 | n/a | | |
| | <i>Shoe modification - lifts</i> | | | | | |
| L3300 | Lift, elevation, heel, tapered to metatarsals, per inch | Yes/ColoradoPAR | 36.60 | n/a | | |
| L3310 | Lift, elevation, heel and sole, neoprene, per inch | Yes/ColoradoPAR | 57.11 | n/a | | |
| L3320 | Lift, elevation, heel and sole, cork, per inch | Yes/ColoradoPAR | 60.07 | n/a | | |
| L3330 | Lift, elevation, metal extension (skate) | Yes/ColoradoPAR | 474.41 | n/a | | |
| L3332 | Lift, elevation, inside shoe, tapered, up to one-half inch | Yes/ColoradoPAR | 51.78 | n/a | | |
| L3334 | Lift, elevation, heel, per inch | Yes/ColoradoPAR | 31.99 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|-----------------|-------------------------|-----------------------|---|----------|
| <u>Shoe modification - wedges</u> | | | | | | |
| L3340 | Heel wedge, SACH | Yes/ColoradoPAR | 71.43 | n/a | | |
| L3350 | Heel wedge | Yes/ColoradoPAR | 16.08 | n/a | | |
| L3360 | Sole wedge, outside sole | Yes/ColoradoPAR | 24.99 | n/a | | |
| L3370 | Sole wedge, between sole | Yes/ColoradoPAR | 34.81 | n/a | | |
| L3380 | Clubfoot wedge | Yes/ColoradoPAR | 34.81 | n/a | | |
| L3390 | Outflare wedge | Yes/ColoradoPAR | 41.58 | n/a | | |
| L3400 | Metatarsal bar wedge, rocker | Yes/ColoradoPAR | 28.56 | n/a | | |
| L3410 | Metatarsal bar wedge, between sole | Yes/ColoradoPAR | 77.83 | n/a | | |
| L3420 | Full sole and heel wedge, between sole | Yes/ColoradoPAR | 45.85 | n/a | | |
| <u>Shoe modifications - heels</u> | | | | | | |
| L3430 | Heel, counter, plastic reinforced | Yes/ColoradoPAR | 134.35 | n/a | | |
| L3440 | Heel, counter, leather reinforced | Yes/ColoradoPAR | 63.96 | n/a | | |
| L3450 | Heel, SACH cushion type | Yes/ColoradoPAR | 88.47 | n/a | | |
| L3455 | Heel, new leather, standard | Yes/ColoradoPAR | 34.12 | n/a | | |
| L3460 | Heel, new rubber, standard | Yes/ColoradoPAR | 24.34 | n/a | | |
| L3465 | Heel, Thomas with wedge | Yes/ColoradoPAR | 49.05 | n/a | | |
| L3470 | Heel, Thomas extended to ball | Yes/ColoradoPAR | 52.25 | n/a | | |
| L3480 | Heel, pad and depression for spur | Yes/ColoradoPAR | 52.25 | n/a | | |
| L3485 | Heel, pad, removable for spur | Yes/ColoradoPAR | 24.34 | n/a | | |
| <u>Miscellaneous shoe additions</u> | | | | | | |
| L3500 | Orthopedic shoe addition, insole, leather | Yes/ColoradoPAR | 24.50 | n/a | | |
| L3510 | Orthopedic shoe addition, insole, rubber | Yes/ColoradoPAR | 24.50 | n/a | | |
| L3520 | Orthopedic shoe addition, insole, felt covered with leather | Yes/ColoradoPAR | 26.65 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---------------------------------------|--|-----------------|-------------------------|-----------------------|---|----------|
| L3530 | Orthopedic shoe addition, sole, half | Yes/ColoradoPAR | 26.65 | n/a | | |
| L3540 | Orthopedic shoe addition, sole, full | Yes/ColoradoPAR | 42.67 | n/a | | |
| L3550 | Orthopedic shoe addition, toe tap, standard | Yes/ColoradoPAR | 7.47 | n/a | | |
| L3560 | Orthopedic shoe addition, toe tap, horseshoe | Yes/ColoradoPAR | 19.16 | n/a | | |
| L3570 | Orthopedic shoe addition, special extension to instep (leather with eyelets) | Yes/ColoradoPAR | 71.43 | n/a | | |
| L3580 | Orthopedic shoe addition, convert instep to Velcro closure | Yes/ColoradoPAR | 54.36 | n/a | | |
| L3590 | Orthopedic shoe addition, convert firm shoe counter to soft counter | Yes/ColoradoPAR | 44.79 | n/a | | |
| L3595 | Orthopedic shoe addition, March bar | Yes/ColoradoPAR | 35.16 | n/a | | |
| <i>Transfer or replacement</i> | | | | | | |
| L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing | Yes/ColoradoPAR | 63.96 | n/a | | |
| L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new | Yes/ColoradoPAR | 84.22 | n/a | | |
| L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing | Yes/ColoradoPAR | 63.96 | n/a | | |
| L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new | Yes/ColoradoPAR | 84.22 | n/a | | |
| L3640 | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes | Yes/ColoradoPAR | 30.34 | n/a | | |
| L3649 | Orthopedic shoe, modification, additional or transfer, NOS | Yes/ColoradoPAR | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|-------------------------------|
| | <u>Orthotic Devices – Upper Limb</u> <u>Shoulder Orthosis (SO)</u> | | | | | |
| L3650 | SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment | None | 16.88 | n/a | | |
| L3660 | SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment | | | | | Code deleted 12/31/10. |
| L3670 | SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment | | | | | Code deleted 12/31/10. |
| L3671 | Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 687.41 | 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 | | | | | Code deleted 12/31/10. |
| 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 | | | | | Code deleted 12/31/10. |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-----------------------------------|--|------|-------------------------|-----------------------|---|-----------------------------------|
| L3674 | SO, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 737.84 | n/a | | New code effective 1/1/11. |
| L3675 | SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment | | | | | Code deleted 12/31/10. |
| L3677 | SO, shoulder joint design, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment | None | BI | n/a | | |
| <i>Elbow Orthosis (EO)</i> | | | | | | |
| E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | None | 1001.28 | 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 | 1240.38 | n/a | | |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material | None | 3397.09 | n/a | | |
| E1818 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories | None | 1337.36 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------|-------------------------|-----------------------|---|----------|
| L3702 | Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 220.29 | n/a | | |
| L3710 | EO, elastic with metal joints, prefabricated, includes fitting and adjustment | None | 71.11 | n/a | | |
| L3720 | EO, double upright with forearm/arm cuffs, free motion custom fabricated | None | 496.24 | n/a | | |
| L3730 | EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated | None | 471.42 | n/a | | |
| L3740 | EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | None | 614.77 | n/a | | |
| L3760 | EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type | None | 381.52 | n/a | | |
| L3762 | EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment | None | 82.02 | n/a | | |
| <u>Elbow-Wrist-Hand Orthosis</u> | | | | | | |
| L3763 | Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 512.45 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| 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 | 585.78 | n/a | | |
| <u>Elbow-Wrist-Hand-Finger Orthosis</u> | | | | | | |
| L3765 | Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 978.23 | 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 | 1035.87 | n/a | | |
| <u>Wrist-Hand-Finger Orthosis (WHFO)</u> | | | | | | |
| 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 | 249.08 | n/a | | |
| L3807 | WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type | None | 190.74 | n/a | | |
| L3808 | WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment | None | 154.76 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <u>Additions - general</u> | | | | | | |
| L3891 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | None | Bl | n/a | | |
| <u>Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension</u> | | | | | | |
| E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | None | 1032.60 | 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 | 1018.40 | n/a | | |
| E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | None | 1032.60 | n/a | | |
| L3900 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated | None | 744.33 | n/a | | |
| L3901 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated | None | 870.79 | n/a | | |
| <u>External power</u> | | | | | | |
| L3904 | WHFO, external powered, electric, custom fabricated | None | 1472.19 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| | <i>Other WHFOs – Custom fitted</i> | | | | | |
| 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 | 756.57 | n/a | | |
| L3906 | Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 241.74 | n/a | | |
| L3908 | WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment | None | 31.32 | n/a | | |
| L3912 | HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment | None | 73.26 | n/a | | |
| L3913 | Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 206.62 | 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 | 41.95 | n/a | | |
| L3917 | Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment | None | 80.57 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L3919 | Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | None | 206.62 | 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 | 245.03 | n/a | | |
| L3923 | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment | None | 65.99 | 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 | 27.64 | 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 | 26.68 | 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 | 43.78 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| 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 | 108.15 | n/a | | |
| L3933 | Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment | None | 162.80 | n/a | | |
| L3935 | Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment | None | 168.57 | n/a | | |
| L3956 | Addition of joint to upper extremity orthosis, any material; per joint | None | 79.08 | n/a | | |
| Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO) | | | | | | |
| L3960 | SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment | None | 422.77 | 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 | 1281.76 | n/a | | |
| L3962 | SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment | None | 387.04 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L3964 | SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment | None | 597.23 | n/a | | |
| L3965 | SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment | None | 716.73 | n/a | | |
| L3966 | SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment | None | 539.95 | 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 | 1513.33 | n/a | | |
| 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 | 559.36 | 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 | 477.82 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L3970 | SEO, addition to mobile arm support, elevating proximal arm | None | 215.14 | 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 | 1436.47 | n/a | | |
| L3972 | SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control | None | 125.51 | 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 | 1513.33 | n/a | | |
| L3974 | SEO, addition to mobile arm support, supinator | None | 105.14 | 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 | 1281.76 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 1281.76 | 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 | 1436.47 | 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 | 1513.33 | n/a | | |
| <i>Fracture orthosis</i> | | | | | | |
| L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | None | 177.83 | n/a | | |
| L3982 | Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment | None | 219.87 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L3984 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment | None | 244.83 | n/a | | |
| L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each | None | 18.82 | n/a | | |
| L3999 | Upper limb orthosis, NOS | None | BI | n/a | | |
| | <i>Specific repair</i> | | | | | |
| E1820 | Replacement soft interface material, dynamic adjustable extension/flexion device | None | 78.60 | n/a | | |
| E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device | None | 101.20 | n/a | | |
| L4000 | Replace girdle for spinal orthosis (CTLSO or SO) | None | 681.26 | n/a | | |
| L4002 | Replacement strap, any orthosis, includes all components, any length, any type | None | 24.63 | n/a | | |
| L4010 | Replace trilateral socket brim | None | 342.17 | n/a | | |
| L4020 | Replace quadrilateral socket brim, molded to patient model | None | 377.00 | n/a | | |
| L4030 | Replace quadrilateral socket brim, custom fitted | None | 253.05 | n/a | | |
| L4040 | Replace molded thigh lacer, for custom fabricated orthosis only | None | 253.05 | n/a | | |
| L4045 | Replace non-molded thigh lacer, for custom fabricated orthosis only | None | 257.07 | n/a | | |
| L4050 | Replace molded calf lacer, for custom fabricated orthosis only | None | 225.39 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L4055 | Replace non-molded calf lacer, for custom fabricated orthosis only | None | 156.07 | n/a | | |
| L4060 | Replace high roll cuff | None | 253.05 | n/a | | |
| L4070 | Replace proximal and distal upright for KAFO | None | 213.93 | n/a | | |
| L4080 | Replace metal bands KAFO, proximal thigh | None | 64.55 | n/a | | |
| L4090 | Replace metal bands KAFO-AFO, calf or distal thigh | None | 61.46 | n/a | | |
| L4100 | Replace leather cuff KAFO, proximal thigh | None | 58.78 | n/a | | |
| L4110 | Replace leather cuff KAFO-AFO, calf or distal thigh | None | 53.09 | n/a | | |
| L4130 | Replace pretibial shell | None | 245.87 | n/a | | |
| | <i>Repairs</i> | | | | | |
| L4205 | Repair of orthotic device, labor component, per 15 minutes | None | 18.31 | n/a | | |
| L4210 | Repair of orthotic device, repair or replace minor parts | None | 22.07 | n/a | | |
| L4350 | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment | None | 47.78 | n/a | | |
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated, includes fitting and adjustment | None | 159.69 | n/a | | |
| L4370 | Pneumatic full leg splint, prefabricated, includes fitting and adjustment | None | 121.73 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|-----------------------------------|
| L4380 | Pneumatic knee splint, prefabricated, includes fitting and adjustment | None | 63.15 | n/a | | |
| L4386 | Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment | None | 132.90 | n/a | | |
| L4392 | Replacement soft interface material, static AFO | None | 19.36 | n/a | | |
| L4394 | Replace soft interface material, foot drop splint | None | 14.15 | 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 | 104.73 | n/a | | |
| L4398 | Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment | None | 63.61 | n/a | | |
| L4631 | Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | None | 944.00 | n/a | | New code effective 1/1/11. |
| | <u>Prosthetic Procedures L5000-L9999</u> | | | | | |
| | <u>Lower limb</u> | | | | | |
| | <u>Partial foot</u> | | | | | |
| L5000 | Partial foot, shoe insert with longitudinal arch, toe filler | None | 316.41 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|------------------------------------|---|------|-------------------------|-----------------------|---|----------|
| L5010 | Partial foot, molded socket, ankle height, with toe filler | None | 836.45 | n/a | | |
| L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler | None | 1467.59 | n/a | | |
| <u>Ankle</u> | | | | | | |
| L5050 | Ankle, Symes, molded socket, SACH foot | None | 1559.19 | n/a | | |
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | None | 1953.81 | n/a | | |
| <u>Below knee</u> | | | | | | |
| L5100 | Below knee, molded socket, shin, SACH foot | None | 1455.56 | n/a | | |
| L5105 | Below knee, plastic socket, joints and thigh lacer, SACH foot | None | 2386.70 | n/a | | |
| <u>Knee disarticulation</u> | | | | | | |
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | None | 2411.82 | n/a | | |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | None | 2574.83 | n/a | | |
| <u>Above knee</u> | | | | | | |
| L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | None | 2183.73 | n/a | | |
| L5210 | Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each | None | 1729.99 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-----------------------------------|--|------|-------------------------|-----------------------|---|----------|
| L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | None | 1878.95 | n/a | | |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | None | 3176.62 | n/a | | |
| <u>Hip disarticulation</u> | | | | | | |
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | None | 3667.29 | n/a | | |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot | None | 3705.44 | n/a | | |
| <u>Hemipelvectomy</u> | | | | | | |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | None | 3888.30 | n/a | | |
| L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system | None | 1655.15 | n/a | | |
| L5311 | Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system | None | 2905.39 | n/a | | |
| L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | None | 2655.42 | n/a | | |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | None | 4238.93 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | None | 4725.63 | n/a | | |
| <i>Immediate post surgical or early fitting procedures</i> | | | | | | |
| L5400 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | None | 994.16 | 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 | 252.01 | n/a | | |
| L5420 | Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation | None | 1193.69 | 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 | 293.28 | n/a | | |
| L5450 | Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee | None | 396.77 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--------------------------------------|--|------|-------------------------|-----------------------|---|----------|
| L5460 | Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee | None | 464.72 | n/a | | |
| <i>Initial prosthesis</i> | | | | | | |
| L5500 | Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed | None | 1104.41 | n/a | | |
| L5505 | Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed | None | 1406.52 | n/a | | |
| <i>Preparatory prosthesis</i> | | | | | | |
| L5510 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | None | 1163.33 | n/a | | |
| L5520 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | None | 1081.13 | n/a | | |
| L5530 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | None | 1496.05 | n/a | | |
| L5535 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket | None | 549.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L5540 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | None | 1272.18 | 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 | 1669.52 | 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 | 1943.40 | 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 | 2133.00 | 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 | 2023.30 | 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 | 1922.75 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| L5595 | Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | None | 2384.34 | n/a | | |
| L5600 | Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | None | 2671.05 | n/a | | |
| <i>Additions: Lower extremity</i> | | | | | | |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | None | 1398.73 | n/a | | |
| L5611 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control | None | 1345.39 | n/a | | |
| L5613 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control | None | 2105.81 | n/a | | |
| L5614 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control | None | 1417.30 | n/a | | |
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | None | 1107.97 | n/a | | |
| L5617 | Addition to lower extremity, quick change self-aligning unit, above or below knee, each | None | 468.47 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| <i>Additions: Test sockets</i> | | | | | | |
| L5618 | Addition to lower extremity, test socket, Symes | None | 176.12 | n/a | | |
| L5620 | Addition to lower extremity, test socket, below knee | None | 174.11 | n/a | | |
| L5622 | Addition to lower extremity, test socket, knee disarticulation | None | 227.03 | n/a | | |
| L5624 | Addition to lower extremity, test socket, above knee | None | 228.40 | n/a | | |
| L5626 | Addition to lower extremity, test socket, hip disarticulation | None | 245.88 | n/a | | |
| L5628 | Addition to lower extremity, test socket, hemipelvectomy | None | 265.09 | n/a | | |
| L5629 | Addition to lower extremity, below knee, acrylic socket | None | 199.04 | n/a | | |
| <i>Additions: Socket variations</i> | | | | | | |
| L5630 | Addition to lower extremity, Symes type, expandable wall socket | None | 246.21 | n/a | | |
| L5631 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | None | 275.17 | n/a | | |
| L5632 | Addition to lower extremity, Symes type, "PTB" brim design socket | None | 170.96 | n/a | | |
| L5634 | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | None | 345.13 | n/a | | |
| L5636 | Addition to lower extremity, Symes type, medial opening socket | None | 212.76 | n/a | | |
| L5637 | Addition to lower extremity, below knee, total contact | None | 180.91 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L5638 | Addition to lower extremity, below knee, leather socket | None | 483.21 | n/a | | |
| L5639 | Addition to lower extremity, below knee, wood socket | None | 1210.61 | n/a | | |
| L5640 | Addition to lower extremity, knee disarticulation, leather socket | None | 575.39 | n/a | | |
| L5642 | Addition to lower extremity, above knee, leather socket | None | 556.31 | n/a | | |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | None | 883.98 | n/a | | |
| L5644 | Addition to lower extremity, above knee, wood socket | None | 637.76 | n/a | | |
| L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame | None | 666.26 | n/a | | |
| L5646 | Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket | None | 298.93 | n/a | | |
| L5647 | Addition to lower extremity, below knee, suction socket | None | 608.26 | n/a | | |
| L5648 | Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket | None | 361.66 | n/a | | |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | None | 1207.00 | n/a | | |
| L5650 | Addition to lower extremity, total contact, above knee or knee disarticulation socket | None | 407.65 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------|-------------------------|-----------------------|---|----------|
| L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | None | 1002.80 | n/a | | |
| L5652 | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket | None | 364.06 | n/a | | |
| L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket | None | 640.97 | n/a | | |
| <i>Additions: Socket insert and suspension</i> | | | | | | |
| L5654 | Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal) | None | 208.82 | n/a | | |
| L5655 | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | None | 166.10 | n/a | | |
| L5656 | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | None | 316.19 | n/a | | |
| L5658 | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | None | 261.01 | n/a | | |
| L5661 | Addition to lower extremity, socket insert, multidurometer, Symes | None | 502.65 | n/a | | |
| L5665 | Addition to lower extremity, socket insert, multidurometer, below knee | None | 255.07 | n/a | | |
| L5666 | Addition to lower extremity, below knee, cuff suspension | None | 43.86 | n/a | | |
| L5668 | Addition to lower extremity, below knee, molded distal cushion | None | 63.23 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L5670 | Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar) | None | 205.99 | n/a | | |
| L5671 | Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | None | 547.81 | n/a | | |
| L5672 | Addition to lower extremity, below knee, removable medial brim suspension | None | 243.05 | 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 | 625.83 | n/a | | |
| L5676 | Addition to lower extremity, below knee, knee joints single axis, pair | None | 280.68 | n/a | | |
| L5677 | Addition to lower extremity, below knee, knee joints, polycentric, pair | None | 308.78 | n/a | | |
| L5678 | Addition to lower extremity, below knee joint covers, pair | None | 32.37 | 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 | 521.51 | n/a | | |
| L5680 | Addition to lower extremity, below knee, thigh lacer, non-molded | None | 232.74 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| 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 | 1107.02 | n/a | | |
| L5682 | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded | None | 516.56 | 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 | 1107.02 | n/a | | |
| L5684 | Addition to lower extremity, below knee, fork strap | None | 33.17 | n/a | | |
| L5685 | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | None | 54.61 | n/a | | |
| L5686 | Addition to lower extremity, below knee, back check (extension control) | None | 33.17 | n/a | | |
| L5688 | Addition to lower extremity, below knee, waist belt, webbing | None | 50.46 | n/a | | |
| L5690 | Addition to lower extremity, below knee, waist belt, padded and lined | None | 51.10 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|----------------------------|---|------|-------------------------|-----------------------|---|----------|
| L5692 | Addition to lower extremity, above knee, pelvic control belt, light | None | 86.11 | n/a | | |
| L5694 | Addition to lower extremity, above knee, pelvic control belt, padded and lined | None | 126.66 | n/a | | |
| L5695 | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each | None | 124.16 | n/a | | |
| L5696 | Addition to lower extremity, above knee or knee disarticulation, pelvic joint | None | 113.75 | n/a | | |
| L5697 | Addition to lower extremity, above knee or knee disarticulation, pelvic band | None | 72.25 | n/a | | |
| L5698 | Addition to lower extremity, above knee or knee disarticulation, Silesian bandage | None | 65.32 | n/a | | |
| L5699 | All lower extremity prostheses, shoulder harness | None | 95.56 | n/a | | |
| <i>Replacements</i> | | | | | | |
| L5700 | Replacement, socket, below knee, molded to patient model | None | 1777.15 | n/a | | |
| L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | None | 2371.96 | n/a | | |
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | None | 4311.81 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|--|------|-------------------------|-----------------------|---|----------|
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | None | 1868.86 | n/a | | |
| L5704 | Custom shaped protective cover, below knee | None | 370.85 | n/a | | |
| L5705 | Custom shaped protective cover, above knee | None | 629.68 | n/a | | |
| L5706 | Custom shaped protective cover, knee disarticulation | None | 819.45 | n/a | | |
| L5707 | Custom shaped protective cover, hip disarticulation | None | 1130.59 | n/a | | |
| <i>Additions: Exoskeletal knee-shin system</i> | | | | | | |
| L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock | None | 350.55 | n/a | | |
| L5711 | Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material | None | 297.28 | n/a | | |
| L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | None | 298.89 | n/a | | |
| L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | None | 419.24 | n/a | | |
| L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | None | 786.97 | n/a | | |
| L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | None | 928.11 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | None | 829.65 | n/a | | |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | None | 1034.09 | n/a | | |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | None | 970.41 | n/a | | |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | None | 2365.89 | n/a | | |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | None | 767.68 | n/a | | |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | None | 3360.61 | n/a | | |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | None | 3542.84 | n/a | | |
| | <u>Component modification</u> | | | | | |
| L5785 | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | None | 325.38 | n/a | | |
| L5790 | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | None | 593.91 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | None | 549.49 | n/a | | |
| <i>Additions: Endoskeletal knee-shin system</i> | | | | | | |
| L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock | None | 368.81 | n/a | | |
| L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | None | 591.61 | n/a | | |
| L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | None | 435.51 | n/a | | |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | None | 2365.07 | n/a | | |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | None | 936.62 | n/a | | |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control | None | 768.35 | n/a | | |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | None | 1459.86 | n/a | | |
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | None | 1688.95 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | None | 1988.74 | n/a | | |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | None | 1988.76 | n/a | | |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | None | 1218.47 | n/a | | |
| L5840 | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | None | 2444.06 | n/a | | |
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | None | 1141.42 | n/a | | |
| L5848 | Addition to endoskeletal, knee-shin system, fluid stance extension, dampening feature, with or without adjustability | None | 903.15 | n/a | | |
| L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | None | 106.83 | n/a | | |
| L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | None | 338.18 | 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 | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | None | 7140.26 | 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 | Bl | n/a | | |
| L5910 | Addition, endoskeletal system, below knee, alignable system | None | 302.42 | n/a | | |
| L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | None | 440.03 | n/a | | |
| L5925 | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock | None | 370.05 | n/a | | |
| L5930 | Addition, endoskeletal system, high activity knee control frame | None | 2818.22 | n/a | | |
| L5940 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | None | 380.76 | n/a | | |
| L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | None | 460.23 | n/a | | |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | None | 399.53 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|------------------------------------|
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | None | | n/a | | New code effective 1/11/11. |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | None | 468.98 | n/a | | |
| L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | None | 662.74 | n/a | | |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | None | 1111.53 | n/a | | |
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | None | 3052.13 | n/a | | |
| L5970 | All lower extremity prostheses, foot, external keel, SACH foot | None | 142.19 | n/a | | |
| L5971 | All lower extremity prosthesis, solid ankle cushion hell (SACH) foot, replacement only | None | 187.55 | n/a | | |
| L5972 | All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal) | None | 219.31 | n/a | | |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | None | BI | n/a | | |
| L5974 | All lower extremity prostheses, foot, single axis ankle/foot | None | 147.98 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| L5975 | All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot | None | 373.95 | n/a | | |
| L5976 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | None | 378.70 | n/a | | |
| L5978 | All lower extremity prostheses, foot, multi-axial ankle/foot | None | 182.78 | n/a | | |
| L5979 | All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system | None | 1729.79 | n/a | | |
| L5980 | All lower extremity prostheses, flex-foot system | None | 3096.07 | n/a | | |
| L5981 | All lower extremity prostheses, flex-walk system or equal | None | 2023.20 | n/a | | |
| L5982 | All exoskeletal lower extremity prostheses, axial rotation unit | None | 614.84 | n/a | | |
| L5984 | All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability | None | 377.77 | n/a | | |
| L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | None | 236.42 | n/a | | |
| L5986 | All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal) | None | 529.15 | n/a | | |
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | None | 4581.15 | n/a | | |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | None | 1272.16 | n/a | | |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | None | 1523.76 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|---|---|------|-------------------------|-----------------------|---|----------|
| L5999 | Lower extremity prosthesis not otherwise specified | None | BI | n/a | | |
| <u>Upper Limb</u> 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 | | | | | | |
| <u>Partial hand</u> | | | | | | |
| L6000 | Partial hand, Robin-aids, thumb remaining (or equal) | None | 845.66 | n/a | | |
| L6010 | Partial hand, Robin-aids, little and/or ring finger remaining (or equal) | None | 931.94 | n/a | | |
| L6020 | Partial hand, Robin-aids, no finger remaining (or equal) | None | 884.89 | 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 | 6721.22 | n/a | | |
| <u>Wrist disarticulation</u> | | | | | | |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | None | 1280.28 | n/a | | |
| L6055 | Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad | None | 1772.52 | n/a | | |
| <u>Below elbow</u> | | | | | | |
| L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad | None | 1267.22 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| L6110 | Below elbow, molded socket, (Muenster or Northwestern suspension types) | None | 1307.84 | n/a | | |
| L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff | None | 1440.71 | n/a | | |
| L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | None | 1635.98 | n/a | | |
| <u>Elbow disarticulation</u> | | | | | | |
| L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm | None | 1772.49 | n/a | | |
| L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | None | 2151.37 | n/a | | |
| <u>Above elbow</u> | | | | | | |
| E1840 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material | None | 3679.94 | n/a | | |
| L6250 | Above elbow molded double wall socket, internal locking elbow, forearm | None | 1700.29 | n/a | | |
| <u>Shoulder disarticulation</u> | | | | | | |
| L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | None | 2352.21 | n/a | | |
| L6310 | Shoulder disarticulation, passive restoration (complete prosthesis) | None | 1846.09 | n/a | | |
| L6320 | Shoulder disarticulation, passive restoration (shoulder cap only) | None | 1114.82 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <i>Interscapular thoracic</i> | | | | | | |
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | None | 3118.42 | n/a | | |
| L6360 | Interscapular thoracic, passive restoration (complete prosthesis) | None | 1949.15 | n/a | | |
| L6370 | Interscapular thoracic, passive restoration (shoulder cap only) | None | 1333.98 | n/a | | |
| <i>Immediate and early post surgical procedures</i> | | | | | | |
| 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 | 768.35 | 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 | 1024.44 | 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 | 1331.81 | n/a | | |
| L6386 | Immediate post surgical or early fitting, each additional cast change and realignment | None | 281.73 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|---|------|-------------------------|-----------------------|---|----------|
| L6388 | Immediate post surgical or early fitting, application of rigid dressing only | None | 384.18 | n/a | | |
| <u>Endoskeletal: Below elbow</u> | | | | | | |
| L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | None | 1937.62 | n/a | | |
| <u>Endoskeletal: Elbow disarticulation</u> | | | | | | |
| L6450 | Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping | None | 2170.23 | n/a | | |
| <u>Endoskeletal: Above elbow</u> | | | | | | |
| L6500 | Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping | None | 2511.73 | n/a | | |
| <u>Endoskeletal: Shoulder disarticulation</u> | | | | | | |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | None | 2895.80 | n/a | | |
| <u>Endoskeletal: Interscapular thoracic</u> | | | | | | |
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | None | 3131.22 | 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 | 1203.75 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 1203.75 | 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 | 1137.79 | 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 | 1137.79 | 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 | 1624.62 | n/a | | |
| L6590 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed | None | 1529.04 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| | <u>Additions: Upper limb</u> The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order. | | | | | |
| L6600 | Upper extremity additions, polycentric hinge, pair | None | 92.20 | n/a | | |
| L6605 | Upper extremity additions, single pivot hinge, pair | None | 95.27 | n/a | | |
| L6610 | Upper extremity additions, flexible metal hinge, pair | None | 125.98 | n/a | | |
| L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | None | 248.56 | n/a | | |
| L6615 | Upper extremity addition, disconnect locking wrist unit | None | 122.27 | n/a | | |
| L6616 | Upper extremity addition, additional disconnect insert for locking wrist unit, each | None | 40.62 | n/a | | |
| L6620 | Upper extremity addition, flexion-friction wrist unit, with or without friction | None | 213.08 | n/a | | |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device | None | 1921.13 | n/a | | |
| L6623 | Upper extremity addition, spring assisted rotational wrist unit with latch release | None | 336.38 | n/a | | |
| L6624 | Upper extremity addition, flexion/extension and rotation wrist unit | None | 2273.58 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L6625 | Upper extremity addition, rotation wrist unit with cable lock | None | 242.40 | n/a | | |
| L6628 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | None | 400.03 | n/a | | |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | None | 122.16 | n/a | | |
| L6630 | Upper extremity addition, stainless steel, any wrist | None | 129.31 | n/a | | |
| L6632 | Upper extremity addition, latex suspension sleeve, each | None | 54.25 | n/a | | |
| L6635 | Upper extremity addition, life assist for elbow | None | 139.94 | n/a | | |
| L6637 | Upper extremity addition, nudge control elbow lock | None | 169.04 | n/a | | |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | None | 2100.38 | n/a | | |
| L6640 | Upper extremity additions, shoulder abduction joint, pair | None | 207.72 | n/a | | |
| L6641 | Upper extremity addition, excursion amplifier, pulley type | None | 128.06 | n/a | | |
| L6642 | Upper extremity addition, excursion amplifier, lever type | None | 112.68 | n/a | | |
| L6645 | Upper extremity addition, shoulder flexion-abduction joint, each | None | 174.64 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L6646 | Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | None | 2649.05 | n/a | | |
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | None | 436.16 | n/a | | |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | None | 2732.12 | n/a | | |
| L6650 | Upper extremity addition, shoulder universal joint, each | None | 210.95 | n/a | | |
| L6655 | Upper extremity addition, standard control cable, extra | None | 47.03 | n/a | | |
| L6660 | Upper extremity addition, heavy duty control cable | None | 58.89 | n/a | | |
| L6665 | Upper extremity addition, Teflon, or equal, cable lining | None | 28.85 | n/a | | |
| L6670 | Upper extremity addition, hook to hand, cable adapter | None | 30.03 | n/a | | |
| L6672 | Upper extremity addition, harness, chest or shoulder, saddle type | None | 157.45 | n/a | | |
| L6675 | Upper extremity addition, harness, (e.g. figure of eight type), single cable design | None | 75.20 | n/a | | |
| L6676 | Upper extremity addition, harness, (e.g. figure of eight type), dual cable design | None | 88.65 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| L6677 | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow | None | 249.14 | n/a | | |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow | None | 153.91 | n/a | | |
| L6682 | Upper extremity addition, test socket, elbow disarticulation or above elbow | None | 167.75 | n/a | | |
| L6684 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | None | 215.14 | n/a | | |
| L6686 | Upper extremity addition, suction socket | None | 369.75 | n/a | | |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | None | 481.66 | n/a | | |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | None | 250.99 | n/a | | |
| L6689 | Upper extremity addition, frame type socket, shoulder disarticulation | None | 327.84 | n/a | | |
| L6690 | Upper extremity addition, frame type socket, interscapular-thoracic | None | 327.84 | n/a | | |
| L6691 | Upper extremity addition, removable insert, each | None | 216.18 | n/a | | |
| L6692 | Upper extremity addition, silicone gel insert or equal, each | None | 438.19 | n/a | | |
| L6693 | Upper extremity addition, locking elbow, forearm counter balance | None | 2289.97 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|------|-------------------------|-----------------------|---|----------|
| 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 | 625.83 | 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 | 521.51 | 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 | 1107.02 | 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 | 1107.02 | n/a | | |
| L6698 | Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert | None | 547.81 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| | Terminal Devices | | | | | |
| L6703 | Terminal device, passive hand/mitt, any material, any size | None | 219.58 | n/a | | |
| L6704 | Terminal device, sport/recreation/work attachment, any material, any size | Yes/ColoradoPAR | 427.43 | n/a | | |
| L6706 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | None | 274.74 | n/a | | |
| L6707 | Terminal device, hook, mechanical, voluntary closing, any material, any sized, lined or unlined | None | 848.50 | n/a | | |
| L6708 | Terminal device, hand, mechanical, voluntary opening, any material, any size | None | 591.27 | n/a | | |
| L6709 | Terminal device, hand, mechanical, voluntary closing, any material, any size | None | 916.86 | n/a | | |
| L6711 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric | None | 437.70 | n/a | | |
| L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric | None | 805.86 | n/a | | |
| L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric | None | 1017.06 | n/a | | |
| L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric | None | 861.45 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| L6721 | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined | None | 1531.13 | n/a | | |
| L6722 | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined | None | 1319.94 | n/a | | |
| L6805 | Addition to terminal device, modifier wrist unit | None | 243.82 | n/a | | |
| L6810 | Addition to terminal device, precision pinch device | None | 167.17 | n/a | | |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | Yes/ColoradoPAR | 3433.71 | n/a | | |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | Yes/ColoradoPAR | 2604.68 | n/a | | |
| | <i>Replacement Sockets</i> | | | | | |
| L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | None | 1415.65 | n/a | | |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | None | 1844.04 | n/a | | |
| L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | None | 2630.95 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--------------------------------------|--|-----------------|-------------------------|-----------------------|---|----------|
| <u>Gloves for above hands</u> | | | | | | |
| L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment | Yes/ColoradoPAR | 113.79 | n/a | | |
| L6895 | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated | Yes/ColoradoPAR | 431.00 | n/a | | |
| <u>Hand restoration</u> | | | | | | |
| L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | Yes/ColoradoPAR | 1040.90 | n/a | | |
| L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | Yes/ColoradoPAR | 1021.43 | n/a | | |
| L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | Yes/ColoradoPAR | 1036.80 | n/a | | |
| L6915 | Hand restoration (shading and measurements included), replacement glove for above | Yes/ColoradoPAR | 383.66 | n/a | | |
| <u>External Power</u> | | | | | | |
| <u>Base devices</u> | | | | | | |
| 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 | 4149.90 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 4471.97 | 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 | 4587.12 | 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 | 5160.51 | 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 | 5572.38 | n/a | | |
| 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 | 6475.49 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 5919.96 | 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 | 9066.62 | 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 | 7420.92 | 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 | Unit Limits Y=Year M=Month W=Week D=Day | 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 | 8451.43 | 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 | 9391.05 | n/a | | |
| L7007 | Electric hand, switch or myoelectric, controlled, adult | None | 2042.97 | n/a | | |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | None | 3437.95 | n/a | | |
| L7009 | Electric hook, switch or myoelectric controlled, adult | None | 2139.21 | n/a | | |
| L7040 | Prehensile actuator, switch controlled | None | 1720.16 | n/a | | |
| L7045 | Electronic hook, switch or myoelectric controlled, pediatric | None | 880.39 | n/a | | |
| | <u>Elbow</u> | | | | | |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled | None | 3688.80 | n/a | | |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | None | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|------|-------------------------|-----------------------|---|----------|
| 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 | 3822.60 | n/a | | |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | None | 6991.18 | n/a | | |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | None | 4778.25 | n/a | | |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | None | 7686.55 | n/a | | |
| L7260 | Electronic wrist rotator, Otto Bock or equal | None | 1462.14 | n/a | | |
| L7261 | Electronic wrist rotator, for Utah arm | None | 2723.60 | n/a | | |
| L7266 | Servo control, Steeper or equal | None | 607.66 | n/a | | |
| L7272 | Analogue control, UNB or equal | None | 1337.91 | n/a | | |
| L7274 | Proportional control 6-12 volt, Liberty, Utah or equal | None | 3923.15 | n/a | | |
| | <i>Battery components</i> | | | | | |
| L7360 | Six volt battery, each | None | 102.45 | n/a | | |
| L7362 | Battery charger, six volt, each | None | 270.53 | n/a | | |
| L7364 | Twelve volt battery, each | None | 59.41 | n/a | | |
| L7366 | Battery charger, twelve volt, each | None | 102.45 | n/a | | |
| L7367 | Lithium ion battery, replacement | None | 327.00 | n/a | | |
| L7368 | Lithium ion battery charger | None | 423.90 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|------|-------------------------|-----------------------|---|----------|
| <i>Addition to upper extremity prosthesis</i> | | | | | | |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal) | None | 257.44 | n/a | | |
| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal) | None | 288.18 | n/a | | |
| L7402 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal) | None | 311.23 | n/a | | |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | None | 309.31 | n/a | | |
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | None | 466.84 | n/a | | |
| L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material | None | 610.53 | n/a | | |
| L7499 | Upper extremity prosthesis, NOS | None | Bl | n/a | | |
| <i>Repairs</i> | | | | | | |
| L7500 | Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx) | None | 54.86 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--------------------------|---|-----------------|-------------------------|-----------------------|---|----------|
| L7510 | Repair of prosthetic device, repair or replace minor parts | None | 31.11 | n/a | | |
| L7520 | Repair prosthetic device, labor component, per 15 minutes | None | 15.34 | n/a | | |
| <u>Prostheses</u> | | | | | | |
| L8000 | Breast prosthesis, mastectomy bra | None | 23.53 | n/a | | |
| L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral | None | 105.35 | n/a | | |
| L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral | None | 138.58 | n/a | | |
| L8010 | Breast prosthesis, mastectomy sleeve | None | 50.65 | n/a | | |
| L8015 | External breast prosthesis garment, with mastectomy form, post-mastectomy | None | 48.35 | n/a | | |
| L8020 | Breast prosthesis, mastectomy form | None | 114.22 | n/a | | |
| L8030 | Breast prosthesis, silicone or equal, without integral adhesive | Yes/ColoradoPAR | 222.96 | n/a | | |
| L8031 | Breast prosthesis, silicone or equal, with integral adhesive | Yes/ColoradoPAR | 240.83 | n/a | | |
| L8032 | Nipple prosthesis, reusable, any type, each | Yes/ColoradoPAR | 26.95 | n/a | | |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | None | 3077.09 | n/a | | |
| L8039 | Breast prosthesis, NOS | Yes/ColoradoPAR | BI | n/a | | |
| L8040 | Nasal prosthesis, provided by a non-physician | Yes/ColoradoPAR | 1940.01 | n/a | | |
| L8041 | Midfacial prosthesis, provided by a non-physician | Yes/ColoradoPAR | 2338.47 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--------------------------------|--|-----------------|-------------------------|-----------------------|---|----------|
| L8042 | Orbital prosthesis, provided by a non-physician | Yes/ColoradoPAR | 2627.50 | n/a | | |
| L8043 | Upper facial prosthesis, provided by a non-physician | Yes/ColoradoPAR | 2942.79 | n/a | | |
| L8044 | Hemi-facial prosthesis, provided by a non-physician | Yes/ColoradoPAR | 3258.08 | n/a | | |
| L8045 | Auricular prosthesis, provided by a non-physician | Yes/ColoradoPAR | 2040.03 | n/a | | |
| L8046 | Partial facial prosthesis, provided by a non-physician | Yes/ColoradoPAR | 2102.00 | n/a | | |
| L8047 | Nasal septal prosthesis, provided by a non-physician | Yes/ColoradoPAR | 1077.26 | n/a | | |
| L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician | Yes/ColoradoPAR | BI | n/a | | |
| L8049 | Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician | Yes/ColoradoPAR | 18.14 | n/a | | |
| L8499 | Unlisted procedure for miscellaneous prosthetic services | Yes/ColoradoPAR | BI | n/a | | |
| <u>Trusses</u> | | | | | | |
| L8300 | Truss, single with standard pad | None | 62.68 | n/a | | |
| L8310 | Truss, double with standard pads | None | 103.64 | n/a | | |
| L8320 | Truss, addition to standard pads, water pad | None | 26.13 | n/a | | |
| L8330 | Truss, addition to standard pads, scrotal pad | None | 29.71 | n/a | | |
| <u>Prosthetic socks</u> | | | | | | |
| L7600 | Prosthetic donning sleeve, any material, each | None | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|------------------------------------|---|-----------------|-------------------------|-----------------------|---|----------|
| L8400 | Prosthetic sheath, below knee, each | None | 8.96 | n/a | | |
| L8410 | Prosthetic sheath, above knee, each | None | 13.72 | n/a | | |
| L8415 | Prosthetic sheath upper limb each | None | 14.81 | n/a | | |
| L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each | None | 47.89 | n/a | | |
| L8420 | Prosthetic sock, multiple ply, below knee, each | None | 10.39 | n/a | | |
| L8430 | Prosthetic sock, multiple ply, above knee, each | None | 13.13 | n/a | | |
| L8435 | Prosthetic sock, multiple ply, upper limb, each | None | 13.20 | n/a | | |
| L8440 | Prosthetic shrinker, below knee, each | None | 26.19 | n/a | | |
| L8460 | Prosthetic shrinker, above knee, each | None | 41.74 | n/a | | |
| L8465 | Prosthetic shrinker, upper limb, each | None | 33.44 | n/a | | |
| L8470 | Prosthetic sock, single ply, fitting, below knee, each | None | 5.06 | n/a | | |
| L8480 | Prosthetic sock, single ply, fitting, above knee, each | None | 7.68 | n/a | | |
| L8485 | Prosthetic sock, single ply, fitting, upper limb, each | None | 8.36 | n/a | | |
| <u>Prosthetic Implants</u> | | | | | | |
| <u>Integumentary system</u> | | | | | | |
| L8500 | Artificial larynx, any type | None | 433.09 | n/a | | |
| L8501 | Tracheostomy speaking valve | None | 60.18 | n/a | | |
| L8505 | Artificial larynx replacement battery/accessory, any type | Yes/ColoradoPAR | 13.73 | n/a | | |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type, each | Yes/ColoradoPAR | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|--|--|-----------------|-------------------------|-----------------------|---|----------|
| L8509 | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type | Yes/ColoradoPAR | 91.71 | n/a | | |
| L8510 | Voice amplifier | Yes/ColoradoPAR | 212.24 | n/a | | |
| L8511 | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each | None | 61.08 | n/a | | |
| 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 | 4.37 | n/a | | |
| L8514 | Tracheoesophageal puncture dilator, replacement only, each | None | 79.21 | n/a | | |
| L8515 | Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each | None | 53.02 | n/a | | |
| <i>Head: Skull, facial bones, and temporomandibular joint</i> | | | | | | |
| L8610 | Ocular implant | Yes/ColoradoPAR | 644.63 | n/a | | |
| L8619 | Cochlear implant external speech processor and controller, integrated system, replacement | None | 6884.35 | n/a | | |
| <i>Speech Augmentation Devices</i> | | | | | | |
| A4601 | Lithium ion battery for non-prosthetic use, replacement | Yes/ColoradoPAR | .60 | n/a | | |
| E1902 | Communication board, non-electronic augmentative or alternative communication device | Yes/ColoradoPAR | BI | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|--|-----------------|-------------------------|-----------------------|---|----------|
| E2500 | Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time | Yes/ColoradoPAR | 376.01 | 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/ColoradoPAR | 1149.81 | 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/ColoradoPAR | 1516.75 | n/a | | |
| E2506 | Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time | Yes/ColoradoPAR | 2224.00 | n/a | | |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | Yes/ColoradoPAR | 3439.04 | n/a | | |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | Yes/ColoradoPAR | 6507.92 | n/a | | |
| E2511 | Speech generating software program, for personal computer or personal digital assistant | Yes/ColoradoPAR | 274.50 | n/a | | |

| Code | Description | PAR | Maximum Purchase Amount | Maximum Rental Amount | Unit Limits Y=Year M=Month W=Week D=Day | Comments |
|-------|---|-----------------|-------------------------|-----------------------|---|----------|
| E2512 | Accessory for speech generating device, mounting system | Yes/ColoradoPAR | 451.44 | n/a | | |
| E2599 | Accessory for speech generating device, not otherwise classified | Yes/ColoradoPAR | BI | n/a | | |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code | Yes/ColoradoPAR | BI | n/a | | |

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|--|--|----------------------------------|
| Prior Authorization Request PO Box 30 Denver CO 80201-0030 | Fiscal Agent for Colorado Medicaid ACS Medical Review Department | 1-800-237-0757 1-800-237-0044 |
|--|--|----------------------------------|

**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: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

| | | |
|--|--|----------------------------------|
| Prior Authorization Request PO Box 30 Denver CO 80201-0030 | Fiscal Agent for Colorado Medicaid ACS Medical Review Department | 1-800-237-0757 1-800-237-0044 |
|--|--|----------------------------------|

**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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Prior Authorization Request
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Denver CO 80201-0030

Fiscal Agent for
Colorado Medicaid
ACS
Medical Review Department

1-800-237-0757
1-800-237-0044

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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| | | |
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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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| | | |
|--|--|----------------------------------|
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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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PO Box 30
Denver CO 80201-0030

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Colorado Medicaid
ACS
Medical Review Department

1-800-237-0757
1-800-237-0044

**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: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

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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: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

| | | |
|--|--|----------------------------------|
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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: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

| | | |
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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. Is client receiving WIC? Yes No. Has client been referred to WIC? Yes No

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

4. Underlying conditions/circumstances if any, that prevents client from consuming adequate nutrition: _____

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

6. Last 2 years weight history: Stable Increase Decrease Unknown Amount change: _____

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

If yes, describe: _____

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

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

9. Brand formula (s) requested:

Name: _____ Cal/day _____

Name: _____ Cal/day _____

10. Route of administration Oral Tube Feeding

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

12. 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: _____

Prior Authorization Request
4545 N. Lincoln Blvd., Suite 103
Oklahoma City, OK 73105

ColoradoPAR Program
Medical Review Department

Phone: 1-888-454-7686
Fax: 1-866-492-3176

**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? _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

| | | |
|--|--|----------------------------------|
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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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Prior Authorization Request
4545 N. Lincoln Blvd., Suite 103
Oklahoma City, OK 73105

ColoradoPAR Program
Medical Review Department

Phone: 1-888-454-7686
Fax: 1-866-492-3176

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 # _____

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4545 N. Lincoln Blvd., Suite 103
Oklahoma City, OK 73105

ColoradoPAR Program
Medical Review Department

Phone: 1-888-454-7686
Fax: 1-866-492-3176

QUESTIONNAIRE # 14
MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION

Date: _____

Medical center information:
Address: _____

Prescribing physician:
Name: _____
Phone number: _____

Client information:
Name: _____
Address: _____

Colorado Medicaid Client ID #: _____
Date: _____
Height: _____
Weight: _____
Age: _____

Has client received ThAIRapy Vest treatment in the past? Yes No
If yes, how recently was treatment given (in months)? Current 1-6 months ago More than 6 months ago
For how long? _____ If treatments were discontinued, why? _____

Most recent pulmonary function tests results
Date: _____ Check if additional information is included.
FVC (L): _____ / _____ % FEV1 (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.

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

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

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Oklahoma City, OK 73105

ColoradoPAR Program
Medical Review Department

Phone: 1-888-454-7686
Fax: 1-866-492-3176

**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

| |
|---|
| <p>Department of Health Care Policy & Financing Medicaid Program Division, Oxygen Benefits Management 1570 Grant Street Denver, Colorado 80201-1818</p> |
|---|

QUESTIONNAIRE #16
OXYGEN CONTENTS IN EXCESS OF 6 LITERS PER MINUTE
OVERNIGHT PORTABLE OXYGEN FOR CLIENTS NEEDING OXYGEN BASED SOLELY ON SLEEP STUDY

Client Name: _____

Colorado Medicaid Client ID #: _____

OXYGEN CONTENTS IN EXCESS OF 6 LPM

This client was prescribed oxygen and is expected to use more than 6 liters per minute (LPM) regularly. The information requested below is required in order to determine appropriate reimbursement for the oxygen contents. 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 to the

Department of Health Care Policy & Financing
Medicaid Program Division, Oxygen Benefits Management
1570 Grant Street
Denver, Colorado 80201-1818
Thank you for your cooperation.

Relevant Diagnosis(es): _____

How many estimated monthly deliveries and pounds or cubic feet of oxygen are necessary to supply oxygen contents to the client.

What is the distance from the supplier to the client's residence in miles. _____

What month did the client start using in excess of 6 LPM of oxygen contents on a regular basis? _____

OVERNIGHT PORTABLE OXYGEN FOR CLIENTS NEEDING OXYGEN BASED SOLELY ON SLEEP STUDY

Identify the circumstances necessitating coverage for portable oxygen for a client for whom oxygen is necessary only at night.

Is the portable oxygen necessary for the client to receive medical treatment outside of their residence?

Yes ___ No ___

For either purpose, attach a copy of the Certificate of Medical Necessity for Oxygen.

Provider Signature: _____ Date: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

| COLORADO MEDICAID CERTIFICATE OF MEDICAL NECESSITY FOR OXYGEN BENEFITS* | | |
|--|---|---|
| SECTION A Certification Type/Date: INITIAL ___/___/___ REVISED ___/___/___ RECERTIFICATION ___/___/___ | | |
| PATIENT NAME, ADDRESS, TELEPHONE and MEDICAID ID Medicaid # _____ | | SUPPLIER NAME, ADDRESS, TELEPHONE AND PROVIDER ID# Medicaid Provider ID # _____ |
| PLACE OF SERVICE _____ | HCPCS CODE _____ | PT DOB ___/___/___ Sex ___ (M/F) |
| NAME and ADDRESS of FACILITY if residing in a nursing facility _____ _____ _____ | _____ _____ _____ | QUALIFIED PRACTITIONER NAME, ADDRESS, TELEPHONE and applicable NPI NUMBER or UPIN (____) ____ - _____ UPIN or NPI # _____ |
| SECTION B Information in this section does not have to be completed by the Qualified Practitioner. | | |
| EST. LENGTH OF NEED (# OF MONTHS): _____ 1-99 (99=LIFETIME) | | DIAGNOSIS CODES (ICD-9): _____ |
| ANSWERS | ANSWER QUESTIONS 1-8. (Circle Y for Yes, N for No, or D for Does Not Apply, unless otherwise noted.) | |
| a) _____ mm Hg b) _____ % c) ___/___/___ | 1. Enter the result of most recent test taken on or before the certification date listed in Section A. Enter (a) arterial blood gas PO2 and/or (b) oxygen saturation test; (c) date of test. | |
| | 2. | |
| 1 2 3 | 3. Circle the one number for the condition of the test in Question 1: (1) At Rest; (2) During Exercise; (3) During Sleep | |
| Y N D | 4. If you are ordering portable oxygen, is the patient mobile within the residence or their mobile community? If you are not ordering portable oxygen, circle D. | |
| _____ LPM | 5. Enter the highest oxygen flow rate ordered for this patient in liters per minute. If less than 1 LPM, enter a "X". | |
| a) _____ mm Hg b) _____ % c) ___/___/___ | 6. If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM. This may be an (a) arterial blood gas PO2 and/or (b) oxygen saturation test with patient in a chronic stable state. Enter date of test (c). | |
| ANSWER QUESTIONS 7-9 ONLY IF PO2 = 56-59 OR OXYGEN SATURATION = 89 IN QUESTION 1 | | |
| Y N | 7. Does the patient have dependent edema due to congestive heart failure? | |
| Y N | 8. Does the patient have cor pulmonale or pulmonary hypertension documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement? | |
| Y N | 9. Does the patient have a hematocrit greater than 56%? | |
| SECTION C Narrative Description of Equipment and Cost | | |
| Narrative description of all items, accessories and options ordered | | |
| SECTION D Qualified Licensed Practitioner Attestation and Signature/Date | | |
| I certify that I am the qualified licensed practitioner who is responsible for the care of the patient identified in Section A of this form. I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section B is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. | | |
| QUALIFIED LICENSED PRACTITIONER _____ | | DATE ___/___/___ |
| Signature and Date Stamps Are Not Acceptable. | | |
| Colorado Department of Health Care Policy and Financing Form Revision Date 8/2011 | | *RETAIN IN CLIENT'S FILE |