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Durable Medical Equipment (DME) and Supplies

Program Overview

The Colorado Medical Assistance Program covers Supplies and Durable Medical Equipment (DME) as described in this manual. Durable Medical Equipment is defined as equipment that can withstand repeated use and that generally would be of no value to the member in the absence of a disability, illness, or injury. This manual gives a summary of the covered DME benefits and is periodically modified as new billing information is implemented. Therefore, the information in this manual is subject to change.

The definitive list of covered diagnosis and procedure codes is located in the Supply Healthcare Common Procedure Coding System (HCPCS) Codes provided in this manual, which the Colorado Medical Assistance Program updates and makes available to all enrolled DME providers annually. Providers should consult the current Supply HCPCS Codes included in this manual for updated benefit coverage, limitations, and prior authorization request (PAR) requirements. Providers may refer to the Code of Colorado Regulations, Program Rules (10 CCR 2505-10 Section 8.590), for specific regulations and guidance on providing the DME benefit.

The Department of Health Care Policy and Financing (the Department) periodically modifies billing information. Therefore, the information in this manual is subject to change, and the manual is updated as new billing information is implemented.

Eligible Providers

Providers must be enrolled as a Colorado Medical Assistance Program provider in order to:

- Treat a Colorado Medical Assistance Program member
- Submit claims for payment to the Colorado Medical Assistance Program

Note: For members with primary insurance refer to the PAR submission instructions below.

Prescribing Providers

Supplies and DME must be prescribed by a physician, physician assistant or nurse practitioner. The prescription must be within the scope of the prescribing provider's license.

Supply/Equipment Providers

Supply providers may be either enrolled pharmacies or durable medical equipment supply companies.

Pharmacies: In state or border pharmacies will be automatically enrolled as a DME supplier upon approval of pharmacy application.

Mail order pharmacies do not qualify to provide DME/Supplies. Pharmacies with less than 5% of total revenue received from DME are not required to obtain Medicare accreditation.

All DME providers must provide proof of Medicare accreditation with the exception of pharmacy and orthotics and prosthetics providers.

Out of state DME providers may only provide services for crossover Medicare/Medicaid members or have a specialized product that cannot be obtained through an in-state DME provider.

The rendering provider must retain the member's prescription for services and related documentation for at least six (6) years, and make it available for audit by the Department of Health Care Policy and Financing (the Department) and its agents or representatives.

Covered Benefits

Supplies and DME must be medically necessary and prescribed by an authorized prescriptive authority for use by an eligible members. The following are categories of covered benefits and are further outlined in this section. Additional equipment and supply items are listed in the Supply HCPCS section of this manual.

Durable Medical Equipment (DME)

DME refers to equipment that can withstand repeated use and allows member accessibility in the home and community. DME is covered in the following categories

Inexpensive or Routinely Purchased: These items are purchased for a recipient.

Capped Rental/Purchased Equipment: These items are rented or purchased as follows:

a. The item is **rented** if the physician, physician assistant, or nurse practitioner documents that the anticipated need is six (6) months or less.

b. The item may be **rented** or **purchased** if the physician, physician assistant, or nurse practitioner documents that the anticipated need exceeds six (6) months.

Once rental is initiated on an item, a subsequent request for prior approval of purchase of that item must be accompanied by additional supporting documentation validating the need for purchase. Rental reimbursements may not exceed the purchase price of the item. Once the purchase price of the item is reached, the rental will be considered purchased and no additional reimbursement will be made. Some items are rental only.

> **Example:** If the monthly rental for an item is $30 and the new purchase price is $200, the Colorado Medical Assistance Program will pay six (6) full months of rental, plus no more than $20 in the seventh month of rental. At that time, the item becomes the property of the recipient, and no more rental payments are made.

Equipment Requiring Frequent and/or Substantial Servicing: Most equipment will convert to purchase when purchase price is met. Exceptions to this policy include:

a. Oxygen Equipment

b. Specialized high-complexity hospital beds

c. Ventilators

Supplies

Related Medical Supplies

Supplies accompanying DME that has been prescribed and is currently being used by the member are covered.

Rebates

If a rebate is available the provider must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.

Disposable Supplies

Disposable supplies, including gloves, are a benefit the Colorado Medical Assistance Program for use by the member 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.

Enteral Nutrition Products

Enteral nutrition (EN) refers to medical formula/solutions when ordered by a physician, physician assistant, or nurse practitioner and provided according to standards of practice. The allowance for all items includes delivery to a member's residence. Equipment, supplies, and nutrients for enteral feeding or food supplements are a benefit when prior authorized.

Durable Medical Equipment providers should request that members participate in the Women, Infants & Children (WIC) program as a primary resource for medically necessary enteral nutrition products. Enteral nutrition products prescribed over the WIC limit are a covered benefit. Providers have the option of requesting a three (3) month PAR for members in the process of applying for WIC. After WIC determination is completed, provider may then submit a new PAR for one (1) year less one (1) day.

PARs and claims must identify the calculated number of units as specified in the current Supply HCPCS Codes section of this billing manual. Nutritional supplements are not for replacement of conventional foods or for use as a convenience item.

Home Intravenous (IV) Equipment

Home Intravenous (IV) equipment is a DME benefit for administration of Total Parenteral Nutrition (TPN), administration of antibiotics, maintenance of electrolyte balances, hydration, or other medications.

The home IV therapy solutions and medications in this manual that are indicated as a home mix are a pharmacy benefit. The following HCPCS codes must be provided by a pharmacy per pharmacy billing requirements using a rebateable National Drug Code (NDC): B4164, B4168, B4172, B4176, B4178, B4180, B4186, B4189, B4193, B4197, B4199, B4216, B5000, B5100, B5200. These codes are only reimbursed as supply benefit for crossover claims when provided as an inpatient therapy for full benefit Medicare-Medicaid members.

Diabetic Supplies

Diabetic Supplies including glucose testing meters, test strips and other related supplies are a benefit with a prescription from a physician, physician assistant or nurse practitioner. Diabetic supplies are available for insulin, and non-insulin dependent members. Diabetic supplies MUST be billed as DME/Supply. Pharmacies billing supply must follow supply billing procedures and will not be reimbursed if billed as pharmacy or using NDC codes.

Incontinence Products or Briefs

The prescribing practitioner's prescription must include incontinence as a condition of a primary or secondary diagnosis in order for the member to qualify for reimbursement by the Colorado Medical Assistance Program. COMBINATION LIMIT: Diapers or briefs for children 0-4 years old are an expected childhood expense and are not a Colorado Medical Assistance Program benefit. 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.

Oxygen Contents and Oxygen Delivery Systems

Oxygen contents and delivery systems must be billed by the supply provider.

Prosthetics and Orthotics

Prosthetics and orthotics are a covered Colorado Medical Assistance Program benefit for eligible members. The benefit includes items such as breast prostheses, braces, artificial limbs, implants, augmentative communication devices and orthopedic shoes for diabetic members. Some services require prior authorization.

Wheelchair Purchase (Manual, Power and Scooter)

All wheelchair purchases require prior authorization and must be accompanied by a signed letter of medical necessity from a physician, physician assistant or nurse practitioner. Customized items must be identified separately and included in the letter of medical necessity.

Members who meet medical criteria guidelines may receive one (1) primary wheelchair and, when deemed necessary, one (1) secondary/backup wheelchair within a five-year time period. Replacement of stolen equipment requires a police report that conforms to criteria outlined in the Colorado Revised Statutes.

Billing for Wheelchairs:

- Providers must retain record of the serial number for each approved item. ALL electronic and paper claims for wheelchairs must be submitted with the serial number of the equipment that was approved on the PAR.
- Primary and secondary/backup wheelchairs are identified by the unique PAR approval and serial numbers and should be indicated on all wheelchair claims to avoid duplicate claim denials. Providers should NOT submit claims with the 76 modifier, as it is not a valid DME modifier for the Colorado Medical Assistance Program.
- Beginning April 1, 2014, all prior authorization requests and claims for secondary/backup wheelchairs must be submitted with a TW modifier. All components associated with the secondary or backup wheelchair must also contain the TW modifier.

Wheelchair Equipment Repair (Manual & Motorized)

Wheelchair and equipment repair costs are a Colorado Medical Assistance Program benefit when the member owns the equipment and the repair cost does not exceed the equipment's replacement cost. PARs for wheelchair repair no longer require a prescription or signature from the physician.

Prior Authorization for Repairs:

A PAR is required for **EACH** wheelchair repair item. Prior Authorization Requests submitted with multiple repairs will be denied. The following information must be included in the request; requests lacking any of the following information will result in a denial or will be returned to the provider for the missing information:

- Wheelchair type indication: manual or motorized; and
- Manufacturer, make, and model; and
- Serial number: PARs for equipment repair must identify the serial number of the equipment in field 12 or 30 (paper) or field 12 (electronic) on the PAR form; and
- If available, please include the original wheelchair purchase date or PAR; and

- If the repair is for a secondary/backup wheelchair, the PAR and claim must contain the TW modifier.

Note: Wheelchair repairs for members residing in a nursing facility may be covered if the wheelchair was owned by the member prior to entering the facility. In this instance, the PAR must indicate that the member is residing in the nursing facility by checking "yes" in the appropriate field on the PA request. The PAR will not be processed without this disclosure.

Billing for Repairs:

Providers must retain record of the serial number for each approved repair item. The serial number must also be included on the CMS 1500 claim form in field 30 for all paper claims.

Transcutaneous or Neuromuscular Electrical Nerve Stimulators (TENS or NMES)

TENS or NMES require a 2-month trial rental period. A PAR is required for the rental or purchase of a TENS or NMES unit. This benefit requires the use of Questionnaire #9.

Augmentative and Alternative Communication Devices (AACDs)

The AACD Benefit Coverage Standard has been incorporated by reference to the Durable Medical Equipment and Disposable Medical Supplies rule 10 CCR 2505-10, §8.590.2.S, effective September 30, 2013. This coverage standard contains important information on updated prior authorization requirements and guidelines for providing tablet computers, which is an addition to the communication device options covered by Medicaid.

Please refer to the AACD Benefit Coverage Standard for detailed coverage guidelines and prior authorization requirements located on the Department's website (colorado.gov/hcpf)→ For Our Stakeholders → Committees, boards, & collaboration → Boards & Committees → Benefits Collaborative →Approved Benefit Coverage Standards.

Complex Rehabilitation Technology (CRT)

Program Overview

Complex Rehabilitation Technology (CRT) includes individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems, standing frames, gait trainers, and specifically designed options and accessories classified as DME. Only qualified CRT suppliers may bill CRT procedure codes. The CRT procedure codes are listed beginning on page 170.

Eligible Providers

Prescribing Providers

Complex Rehabilitation Technology must be prescribed by a physician, physician assistant or a nurse practitioner. The prescription must be within the scope of the prescribing provider's license.

Billing Providers

Only providers enrolled as a CRT supplier may bill for CRT codes. In order to qualify as a CRT supplier, providers must:

- Be accredited by a recognized accrediting organization as a supplier of CRT.
- Meet the supplier and quality standards established for DME suppliers under the Medicare or Medicaid program.
- Employ at least one (1) qualified CRT professional (ATP) for each location.

- Have CRT professionals present during member evaluation to:
  - Assist in selecting the appropriate CRT items for such needs and capacities
  - Provide the member technology- related training in the proper use and maintenance of the selected CRT items
  - Directly involve with the assessment, and determination of the appropriate individually configured complex rehabilitation technology for the member, with such involvement to include seeing the member visually either in person or by any other real-time means within a reasonable time frame during the determination process
- Maintain a reasonable supply of parts, adequate physical facilities, and qualified services or repair technicians to provide members with prompt service and repair of all CRT it sells or supplies; and
- Provide the member written information at the time of sale as to how to access service and repair.

Existing Colorado Medicaid DME providers that want to enroll as a CRT supplier, need to request a letter of intent to enroll as a CRT supplier. Suppliers with multiple Medicaid provider ID numbers need to submit a letter of intent for each provider ID number that will bill CRT for Medicaid.

Special Considerations

DME Rental

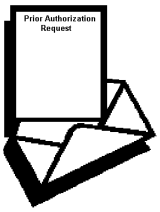
Unless specifically noted, the first month of equipment rental does not require prior authorization. The provider must use modifier -KH (first month's rental) in the modifier column on the claim form and one (1) unit of service per procedure code. There may be a financial cap on rental items. If the total cost for rental of any item reaches the cost of purchase, the item will be converted to a purchase unless otherwise specified. Rental amounts in excess of purchase amounts are subject to recovery.

Used/Refurbished DME

Supply providers have the option to request refurbished durable medical equipment. Equipment may be donated, passed down from a sibling or purchased from a durable medical equipment provider post refurbishment. All refurbished equipment requires a PAR.

The durable medical equipment provider must guarantee that the equipment provided to the member is in "like new" condition, and that any modifications are made prior to the delivery of the equipment. The cost of repairs or modifications must not exceed the cost of replacement equipment. The provider will maintain a one (1) year limited warranty that covers all necessary parts or repairs. Comparison pricing for new equipment must be included in the PAR documentation. PAR documentation must include the make, model, and serial number of equipment. The Used Equipment (UE) modifier must be used on all used equipment.

Examples of allowable used or refurbished equipment are:



- Manual Wheelchairs
- Power Operated Vehicles (Scooters)
- Power Wheelchairs
- Hospital Beds (Frame only, new mattress must be purchased)
- Lifts
- Augmentative Communication Devices

Dates of Service After the Death of a Medicaid Member

The Colorado Medical Assistance Program will reimburse supply providers for durable medical rental equipment, oxygen, and bulk supplies that are drop-shipped to the member's home for services rendered during the month of the member's death. The Colorado Medical Assistance Program will make recoveries for other services following the date of the member's death, or for rental and bulk supplies billed after the month of the member's death.

Shipped Supplies

Member must be contacted prior to shipping to ensure member information is correct. Members may not be charged for costs associated with shipping and handling.

Pricing

Maximum Purchase Amount

Priced Code: Purchase amount is available up to the maximum identified dollar amount listed on the fee schedule. 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 Invoice Pricing: Fee schedule items that require manual pricing are reimbursed using the manufacturer suggested retail price (MSRP) or invoice methodology. Current pricing can be found in 10 CCR 2505-10, Section 8.590.7.I of the Colorado Medical Assistance Program rules regarding DME and Supplies.

***Please note:** The above listed maximum allowable purchase and rental price is subject to change. For current pricing, please refer to the Rates & Fee Schedules section on the Provider Services web page of the Department's website at colorado.gov/hcpf. Quotes are not allowed for pricing at any time.

Maximum Allowable Rental Price

Priced Code: Rental benefit is available up to the identified dollar amount maximum listed on the fee schedule. 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.

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 web page of the Department's website at colorado.gov/hcpf for current pricing. Quotes are not allowed for pricing at any time.

Prior Authorization Requests (PARs) for Supplies and DME

Some supply items and most DME items require prior authorization. A member may be required to receive an occupational therapy evaluation to determine appropriateness of prescribed equipment such as

motorized chairs and lift chairs. This manual contains a detailed list of prior authorization requirements as well as the correct form and mailing address for each PAR.

Prior Authorization Requests must be submitted and approved before services are rendered. The service must be rendered by the identified supplier on the approved PAR. Services rendered must match the approved services exactly.

Approval of a PAR does not guarantee Colorado Medical Assistance Program payment and does not serve as a timely filing waiver. Prior authorization only assures that the approved service is a medical necessity and is considered a benefit of the Colorado Medical Assistance Program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, detailed provider information, detailed description of medical necessity, all required attachments included, etc.) before payment can be made.

CRT PAR Requirement

There are two (2) levels of documentation requirements associated with PARs for CRT:

1) Basic Documentation

- This level of documentation does not require a specialty evaluation. Basic documentation requirements apply to all CRT wheelchairs and wheelchair-related items that require a PAR. The basic documentation should include at a minimum the following information:
- Member's name, date of birth, residence address, height and weight, and all relevant medical diagnoses.
- A summary of the member's current medical condition, prognosis, previous and current treatments that are pertinent to the requested item.
- Length of anticipated need for the requested item.
- A brief description of the member's impairment in functional mobility that establishes that they have a mobility limitation and the item is needed for a medical purpose.
- If the recommended item is not the least costly option available to meet the member's medical need, documentation must contain a brief description of the impairments in body functions or structures that rule out use of the less costly item to justify the need for the recommended item.
- A description of how the member will operate the device (e.g. self-propel, tiller, joystick, etc.). Include a statement summarizing the member's mental and physical abilities/limitations as they pertain to member's ability to operate the recommended equipment appropriately for the duration of recommended use and in the environments in which it will routinely be used.
- If applicable, a brief description of the member's seating and positioning needs, and how these will be adequately met by the recommended device.
- If applicable, a brief description of where the equipment is to be used (example home, school, place of work, neighborhood, rural, city, train, etc…), including the accessibility of member's residence or non-institutional setting. Include if the equipment will be transported in a vehicle and how, as well as the capability of the member or caregiver to properly operate the equipment in these environments.
- A brief description of any anticipated changes in the member's physical size, medical or functional status which may require modifications to the equipment, and how the equipment will accommodate the member's needs over time. The recommended equipment should be capable of modification to meet the needs for anticipated improvement or deterioration of functional mobility when possible.

- Detailed description of all manually priced items that are requested including manufacturer's retail pricing or invoice information with itemized pricing, including the description of the specific base, any attached seating system components, and any attached accessories.
- All basic documentation paperwork (except for repair and replacement) requires the signature of the ordering physician, indicating that he or she agrees with the recommendation, and has evaluated the member within the past 12 months of signing and dating the required paperwork.

2) Specialty Evaluation Documentation

This level of documentation provides further details in order to establish medical necessity. A specialty evaluation is an assessment performed by a licensed/certified medical professional (such as a Physical Therapist, Occupational Therapist, or physician) who has no financial relationship with the DME supplier and who has specific training and experience in complex rehab technology wheelchair evaluations. The evaluation includes the physical and functional evaluation, treatment plan, goal setting, preliminary device feature determination, trials/simulations, fittings, function related training, determination of outcomes, and related follow-up. This evaluation is performed in conjunction with an equipment supplier who is a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified Assistive Technology Professional (ATP), and who assists with the home environment accessibility survey, system configuration, fitting, adjustments, programming, and product related follow up.

Specialty evaluation is required for:

- A new CRT wheelchair or a replacement CRT wheelchair after the 5th year mark for adults and 3rd year mark for children.
- A new custom contoured seating system or modification.
- An addition of power seating or alternative drive control to a wheelchair.
- Items that require a specialty evaluation must include both the basic and specialty evaluation documentation. Documentation for specialty evaluation should include the following information in addition to the basic documentation requirements previously listed:
- Date(s) of specialty evaluation; name and signature of licensed/certified medical professional completing the evaluation and assessment. A statement attesting that the person performing the assessment has no financial relationship with the DME provider should be included.
- A brief description of the specialty evaluation process that was completed, which includes a summary of the pertinent assessment findings/outcomes in the following assessment areas that apply:
    - Functional mobility, including transfers
    - Sitting balance/postural alignment
    - Existence and severity of postural asymmetries
    - Sensory function, if impaired
    - Neuromusculoskeletal function (movement, muscle tone, coordination)
    - Mat exam (joint range of motion, deformities, orthopedic impairment), addressing the existence and severity of orthopedic deformities
    - Equipment trials/simulations
- A description of the member's current mobility and/or seating equipment, how long the member has been using the current equipment and why it no longer meets the member's needs.

- Information on any recent changes in the member's physical or functional status, and any expected or potential surgeries that will improve or further limit mobility.
- If applicable, information regarding the member's seating and positioning needs and the specific seating equipment and accessories required to meet those needs.
- A summary of the type of mobility equipment that will best meet the member's medical and functional needs and an explanation of the basic and/or instrumental ADLs that will be possible with this equipment that would not be possible with a lower level or lower cost item.
- If applicable, documentation that supports why a tilt seat function is necessary to meet the member's medical and/or functional needs.
- If a member has a progressive disability, the documentation must indicate how the item will accommodate the member's needs over time. If a member is expected to grow, the wheelchair must have a growth potential.
- All specialty evaluation paperwork requires the signature of the ordering physician, indicating that he or she agrees with the recommendation and has evaluated the member within the past 12 months of signing and dating the required paperwork.

NOTE: Specialty evaluation is not required for CRT repair and replacement.

PAR Submission

All PARs must be submitted by the supply provider that intends to submit the claim for the service and have an attached prescription from the prescribing authority and any other required documentation. Each PAR must include the name and phone number of the member's Primary Care Physician (if applicable). PAR requests for members with a non-Medicaid primary care physician must include the primary care provider's National Provider Identifier (NPI), contact information and note in the "comment" section stating that the referring provider is not a Colorado Medical Assistance Program provider and prescriptive authority has been verified. Pharmacies and providers shall not charge a member for items covered as a Colorado Medical Assistance Program benefit. This includes but is not limited to blood pressure monitors, blood glucose monitors, walkers, canes, nutritional supplements, and incontinence products.

Prior Authorization Request dates typically have a date span for one (1) year less one (1) day. Exceptions for decreased span dates less than one (1) year are allowed in certain circumstances such as short term rental or WIC application period. Dates must not exceed one (1) year and must match the dates on individual line items or the PAR will be denied.

All PARs and revisions processed by the ColoradoPAR Program must be submitted using CareWebQI (CWQI). Prior Authorization Requests submitted via fax or mail **will not** be processed by the ColoradoPAR Program and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail. This requirement only impacts PARs submitted to the ColoradoPAR Program.

The electronic PAR format will be required unless an exception is granted by the ColoradoPAR Program. Exceptions may be granted for providers who submit five (5) or less PARs per month.

To request an exception, more information on electronic submission, or any other questions regarding PARs submitted to the ColoradoPAR Program, please contact the ColoradoPAR Program at

1-888-454-7686 or refer to the Department's Colorado PAR Program web page

PAR Review and Notification

The actual number of units approved for any item may be reduced or increased by the reviewer evaluating the PAR.

Once review is complete, the status of a PAR (approved, partially approved. or denied) is available through the Colorado Medical Assistance Program Secure Web Portal (Web Portal). In addition, both the provider and the member receive a letter indicating whether or not the services were authorized. The letter will include a PAR number that must be included on the claim.

Submitting Claims after PAR Approval

Providers must receive an approval for all items/services that require a prior authorization before submitting a claim.

Once prior authorization is received, claims should only include the approved PAR number and, if applicable, the serial number of the approved equipment. In most cases, it is not necessary to submit a copy of the approved PAR. Providers will be notified if a copy of the approved PAR is needed.

Questionnaires

All questionnaires are located in the Provider Services Forms section of the Department's website. Complete the corresponding questionnaire needed. Follow the links to the location.

colorado.gov/hcpf→ For Our Providers→Provider Services→Forms→DME-Supplies Questionnaires

Record Keeping

Supply providers must maintain the records described below for all items provided to member. Supply providers must keep the information for 6 years, and provide a copy of any documentation to the Department and member or his/her representative upon request.

1. Prescribing practitioner's prescription(s);
2. Approved prior authorization requests;
3. Additional documentation received from physicians or other licensed practitioners;
4. Documentation that the member or caregiver has been provided with the following:

   - Manufacturer's instructions;
   - Warranty information;
   - Registration documents;
   - Service manual; and
   - Operating guides.
5. Documentation on all reimbursed equipment, which shall include:
   - Manufacturer's name and address;
   - Date acquired;
   - Acquisition cost;
   - Model number;
   - Serial number; and

- Accessories, attachments or special features included in the item.

6. Verification that equipment requiring repairs belongs to the presenting member.

National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act (HIPAA) requires that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information electronically in connection with a transaction for which the Secretary of Health and Human Services has adopted a standard) use NPIs in standard transactions.

General Billing Information

All of the requirements for member eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the member'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 manual.

Paper and Electronic Billing

Paper Claims for All Billing Types

Electronic claims format shall be required unless hard copy claims submittals are specifically authorized by the Department. Requests may be sent to the Department's fiscal agent, Xerox State Healthcare, P.O. Box 90, Denver, CO 80201-0090. The following claims can be submitted on paper and processed for payment:

- Claims from providers who consistently submit five (5) claims or fewer per month (requires prior approval)
- Claims that, by policy, require attachments
- Reconsideration claims

Paper claims do not require an NPI, but do require the Colorado Medical Assistance Program provider number. Claims submitted on paper without pre-approval are processed, denied, and marked with the message "Electronic Filing Required."

Electronic Claims

Instructions for completing and submitting electronic claims are available through the following:

- X12N Technical Report 3 (TR3) for the 837P, 837I, or 837D (wpc-edi.com)
- Companion Guides for the 837P, 837I, or 837D in the Provider Services section of the Department's website
- Web Portal User Guide (within the Web Portal)

The Colorado Medical Assistance Program collects electronic claim information interactively through Web Portal or via batch submission through a host system. Please refer to the General Provider Information

manual (Colorado.gov/hcpf) → For Our Providers → Provider Services → Billing Manuals → CMS 1500 for additional electronic billing information.

Using Modifiers

Modifiers are used with HCPCS codes to describe circumstances that may change or alter payment. Refer to the approved modifiers for use with DME procedure codes in field locator 19c in the Paper Claim Reference Table section.

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 (6) 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 Medical Necessary Service or Supply (to be used with MSRP priced codes only)
TT Individualized service provided to more than one (1) member in same setting
TW Secondary or back-up equipment
UB Invoice cost
UE Used Equipment

Actual acquisition costs are defined as the manufacturer's list price for the item less any standard trade discount applied to lower the actual cost to the provider, but excluding any time sensitive or otherwise conditional discounts available to the provider. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.

Pricing for Supplies and DME

There are three (3) ways to determine the price for supplies and DME: the Fee Schedule, the Manufacturer's Suggested Retail Price (MSRP), and By Invoice.

Fee Schedule

Supplies and DME that are on the Fee Schedule have a maximum allowable reimbursement. These items are reimbursed at the lesser of submitted charges or the Fee Schedule amount.

If the cost of the supply or DME is less than the maximum allowable rate listed on the Fee Schedule, the provider must submit claim for the actual cost.

Manufacturer Suggested Retail Price (MSRP)

If there is no maximum purchase price listed on the Fee Schedule, the provider is reimbursed the current MSRP less the current percentage outlined in 10 CCR 2505-10, Section 8.590.7. The provider must keep a copy of the item invoice and documented MSRP.

The documented MSRP must include the name of the provider's employee that received and documented the MSRP, and the date the MSRP was received.

Member must be contacted prior to shipping to ensure member information is correct.

- Providers may not submit for reimbursement either state sales tax collection or shipping costs.
- Providers must add the "SC" (Medical Necessary Service or Supply (to be used with MSRP priced codes only) modifier when using the MSRP for pricing.
- Providers must attach a copy of the MSRP on all paper claims.
- Providers may not use MSRP pricing for procedure code A9901.

Billing for "By Invoice" Services

DME/Supply items that have no Fee Schedule rate and no Manufacturer Suggested Retail Price (MSRP) are reimbursed at the actual acquisition invoice cost plus the percentage amount outlined in 10 CCR 2505-10 Section 8.590.7.

Claims submitted By Invoice must be submitted with the UB modifier. Invoiced claims submitted with procedure code A9901 must be billed at the current rate per the actual acquisition cost of the products.

Procedure/HCPCS Codes Overview

The Colorado Department of Health Care Policy and Financing develops procedure codes that are approved by the Centers for Medicare & Medicaid Services (CMS). The codes are used for submitting claims for services provided to Colorado Medical Assistance Program members and represent services that may be provided by enrolled certified Colorado Medical Assistance Program providers.

The Healthcare Common Procedural Coding System (HCPCS) is divided into two (2) principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA).

The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services, durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits, while CPT codes are identified using 5 numeric digits.

Paper PAR Instructional Reference

Field Label	Completion Format	Instructions
The upper margin of the PAR form must be left blank. This area is for authorizing agency use only.		

Field Label	Completion Format	Instructions
Invoice/Pat Account Number	Text	Optional Enter up to 12 characters (numbers, letters, hyphens) that help the provider identify the claim or member.
1. Member Name	Text	Required Enter the member's last name, first name, and middle initial exactly as it appears on the eligibility verification. Example: Adams, Mary A.
2. Member Identification Number	7 characters	Required This number consists of a letter prefix followed by six (6) numbers. Example: A123456
3. Sex	Check box ☐ M ☐ F	Required Enter an "X" in the appropriate box.
4. Date of Birth	6 digits	Required Enter the member's birth date using a MMDDYY format. Example: January 1, 2012 = 010112
5. Member Address	Characters: numbers and letters	Required Enter the member's full address: Street, city, state, and zip code.
6. Member Telephone Number	Text	Optional Enter the member's telephone number.
7. Prior Authorization Number	None	Leave Blank This field is automatically system assigned
8. Dates Covered by This Request	6 digits for From date and 6 digits for Through date	Optional Enter the date(s) within which service(s) will be provided. If left blank, dates are entered by the authorizing agent. Authorized services must be provided within these dates. Use the MMDDYY format. Example: January 1, 2012 – January 31, 2010 = From 010112 Through 013112
9. Does Member Reside in a Nursing Facility?	Check Box ☐ Yes ☐ No	Required Check the appropriate box.

Field Label	Completion Format	Instructions
10. Group Home Name if Member Resides in a Group Home	Text	Conditional Complete if member resides in a group home. Enter the name of the group home or residence.
11. Diagnosis	Text	Required Enter the diagnosis code and sufficient relevant diagnostic information to justify the request. Include the prognosis. Provide relevant clinical information, other drugs or alternative therapies tried in treating the condition, results of tests, etc., to justify a Colorado Medical Assistance Program determination of medical necessity. Approval of the PAR is based on documented medical necessity. Attach documents as required.
12. Requesting Authorization for Repairs	Text	Conditional Complete if requesting repairs for equipment owned by the member. Enter the serial number of the equipment.
13. Indicate Length of Necessity	Text	Conditional Complete if renting equipment. Provide best estimate of how long equipment will be needed.
14. Estimated Cost of Equipment	Digits	Conditional Complete if purchasing, replacing, or repairing equipment. Provide best estimate of cost for labor and replacement part(s) for repair or cost for purchases.
15. Services To Be Authorized	None	Preprinted Do not alter preprinted lines. No more than five (5) items can be requested on one (1) form.
16. Describe Procedure, Supply, or Drug to be Provided	Text	Required Enter the description of the service/procedure to be provided. Include model number for DME purchase or serial number for repair.

Field Label	Completion Format	Instructions
17. Procedure, Supply or Drug Code	5 digits	Required Enter the appropriate HCPCS code for each item that will be billed on the claim form. The authorizing agent may change any code. The approved code(s) on the PAR form must be used on the claim form.
18. Number of Services	Digits	Required Enter the number of units for supplies, services or equipment requested. If this field is blank, the authorizing agent will complete with one (1) unit.
19. Authorized No. of Services	None	Leave Blank The authorizing agent indicates the number of services authorized which may or may not equal the number requested in Field 18 (Number Of Services).
20. A=Approved D=Denied	None	Leave Blank Providers should check the PAR on-line or refer to the PAR letter.
21. Primary Care Physician (PCP) Name	Text	Conditional Complete if member has a PCP. Enter the PCP's name as it appears on the current eligibility verification.
Telephone Number	Text	Optional Enter the PCP's telephone number.
22. Primary Care Physician Address	Text	Conditional Complete if member has a PCP. Enter the PCP's complete address.
23. PCP Provider Number	8 Digits	Conditional Complete if member has a PCP. Enter the PCP's eight-digit Colorado Medical Assistance provider number. This number must be obtained by contacting the PCP for the necessary authorization.
24. Name and Address of Provider Requesting Prior Authorization	Text	Required Enter the complete name and address of the physician requesting prior authorization (the physician ordering/writing the prescription).

Field Label	Completion Format	Instructions
25. Name of Provider Who will Render Service	Text	Required Enter the name and telephone number of the supplier who will render the service.
26. Signature 	Text	Required The prescribing authority must sign the PAR or the prescription must be attached. If prescription is attached notate "see attached." Do not send the original prescription; send a photocopy on an 8½ x 11 sheet. The written diagnosis must be entered in Field 11 (Diagnosis), even if a prescription form is attached. A rubber stamp facsimile signature is not acceptable on the PAR.
Telephone Number	Text	Required Enter the telephone number of the requesting provider.
27. Date Signed	6 Digits	Required Enter the date the PAR form is signed by the requesting provider.
28. Requesting Provider Number	8 Digits	Required Enter the eight-digit Colorado Medical Assistance Program provider number of the requesting provider.
Telephone Number	Text	Required Enter the telephone number of the requesting provider.
29. Billing Provider Number	8 Digits	Required Enter the eight-digit Colorado Medical Assistance Program provider number of the billing provider. The rendering provider must be enrolled in the Colorado Medical Assistance Program.
30. Comments or Reasons For Denial of Benefits	None	Leave Blank Refer to the PAR response for comments submitted by the authorizing agency.
31. PA Number Being Revised	Text	Leave Blank This field is completed by the authorizing agency.

Prior Authorization Request (PAR) Form

STATE OF COLORADO
DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING

MEDICAID PRIOR AUTHORIZATION REQUEST (PAR)

INVOICE/PAT. ACCOUNT NUMBER

DOES CLIENT HAVE PRIMARY INSURANCE? YES ☐ NO ☐

To avoid delay, please answer all questions completely.

1. CLIENT NAME (Last, First, Middle Initial)	2. CLIENT IDENTIFICATION NUMBER	3. SEX ☐ M ☐ F	4. DATE OF BIRTH (MMDDYY)
5. CLIENT ADDRESS (Street, City, State, ZIP Code)			6. CLIENT TELEPHONE NUMBER ( )

7. PRIOR AUTHORIZATION NUMBER * SYSTEM ASSIGNED	8. DATES COVERED BY THIS REQUEST FROM (MMDDYY) THROUGH (MMDDYY)	9. DOES CLIENT RESIDE IN A NURSING FACILITY? ☐ YES ☐ NO	10. GROUP HOME NAME - IF PATIENT RESIDES IN A GROUP HOME

11. ICD-9-CM DIAGNOSIS CODE and DESCRIPTION (Must include Diagnosis Code and Description, Prognosis, Clinical Information and Other Medications presently prescribed)

12. REQUESTING AUTHORIZATION FOR REPAIRS: EQUIPMENT MUST BE OWNED BY THE CLIENT - THE SERIAL NUMBER MUST BE ENTERED

13. INDICATE LENGTH OF NECESSITY (IN MONTHS AND YEARS) I.E., HOW LONG WILL THIS EQUIPMENT BE NEEDED?

14. ESTIMATED COST OF EQUIPMENT

SERVICES TO BE AUTHORIZED

15. LINE NO.	16. DESCRIBE THE PROCEDURE OR SUPPLY TO BE PROVIDED — INCLUDE MODEL NUMBER FOR DME PURCHASE OR SERIAL NUMBER FOR REPAIR	17. PROCEDURE OR SUPPLY CODE	18. REQUESTED NUMBER OF SERVICES	19. AUTHORIZED NO. OF SERVICES (LEAVE BLANK **)	20. APPROVED/DENIED (LEAVE BLANK **)
01					
02					
03					
04					
05					

21. PRIMARY CARE PHYSICIAN (PCP) NAME	22. PRIMARY CARE PHYSICIAN ADDRESS (Street, City, State, ZIP code)
TELEPHONE NUMBER ( ) / 23. PCP PROVIDER NUMBER	
24. NAME AND ADDRESS OF PHYSICIAN REFERRING FOR PRIOR AUTHORIZATION	25. NAME AND ADDRESS OF PROVIDER WHO WILL BILL SERVICE
26. REQUESTING PHYSICIAN SIGNATURE / 27. DATE SIGNED	
TELEPHONE NUMBER ( ) / 28. REQUESTING PHYSICIAN PROVIDER NUMBER	TELEPHONE NUMBER ( ) / 29. BILLING PROVIDER NUMBER

If services are provided according to the manner prescribed by State of Colorado Laws and Regulations, reimbursement will be provided for authorized services following submission of an appropriately completed Medicaid claim.

30. COMMENTS **

☐ ATTACH COPY OF THIS PAR TO CLAIM(S) **

SIGNATURE OF STATE AGENCY REPRESENTATIVE **	DATE **	31. PA NUMBER BEING REVISED **

* THE ASSIGNED PAR NUMBER APPEARS ON THE PAR LETTER. ENTER THE PAR NUMBER FROM THE LETTER ON THE CLAIM WHEN BILLING FOR THE SERVICES. ** THESE FIELDS ARE COMPLETED BY THE AUTHORIZING AGENT

FORM NO. 10013 (REV. 0811)
COL — 106

Paper Claim Reference Table

Supply and DME claims are submitted on the CMS 1500 claim form or as an 837P transaction. The following paper claim form reference table shows required fields and detailed field completion instructions.

CMS Field #	Field Label	Field is?	Instructions
1	**Insurance Type**	Required	Place an "X" in the box marked as Medicaid.
1a	**Insured's ID Number**	Required	Enter the member's Colorado Medical Assistance Program seven-digit Medicaid ID number as it appears on the Medicaid Identification card. Example: A123456.
2	**Patient's Name**	Required	Enter the member's last name, first name, and middle initial.
3	**Patient's Date of Birth / Sex**	Required	Enter the patient's birth date using two (2) digits for the month, two (2) digits for the date, and two (2) digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the member.
4	**Insured's Name**	Conditional	Complete if the member is covered by a **Medicare** health insurance policy. Enter the insured's full last name, first name, and middle initial. If the insured used a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name.
5	**Patient's Address**	Not Required	
6	**Patient's Relationship to Insured**	Conditional	Complete if the member is covered by a commercial health insurance policy. Place an "X" in the box that identifies the member's relationship to the policyholder.
7	**Insured's Address**	Not Required	
8	**Reserved for NUCC Use**		

CMS Field #	Field Label	Field is?	Instructions
9	**Other Insured's Name**	Conditional	If field 11d is marked "yes", enter the insured's last name, first name, and middle initial.
9a	**Other Insured's Policy or Group Number**	Conditional	If field 11d is marked "yes", enter the policy or group number.
9b	**Reserved for NUCC Use**		
9c	**Reserved for NUCC Use**		
9d	**Insurance Plan or Program Name**	Conditional	If field 11d is marked "yes", enter the insurance plan or program name.
10a-c	**Is Patient's Condition Related to?**	Conditional	When appropriate, place an "X" in the correct box to indicate whether one (1) or more of the services described in field 24 are for a condition or injury that occurred on the job, as a result of an auto accident or other.
10d	**Reserved for Local Use**		
11	**Insured's Policy, Group or FECA Number**	Conditional	Complete if the member is covered by a **Medicare** health insurance policy. Enter the insured's policy number as it appears on the ID card. Only complete if field 4 is completed.
11a	**Insured's Date of Birth, Sex**	Conditional	Complete if the member is covered by a **Medicare** health insurance policy. Enter the insured's birth date using two (2) digits for the month, two (2) digits for the date and two (2) digits for the year. Example: 070114 for July 1, 2014. Place an "X" in the appropriate box to indicate the sex of the insured.
11b	**Other Claim ID**	Not Required	

CMS Field #	Field Label	Field is?	Instructions
11c	**Insurance Plan Name or Program Name**	Not Required	
11d	**Is there another Health Benefit Plan?**	Conditional	When appropriate, place an "X" in the correct box. If marked YES, complete 9, 9a and 9d.
12	**Patient's or Authorized Person's signature**	Required	Enter "Signature on File", "SOF", or legal signature. If there is no signature on file, leave blank or enter "No Signature on File". Enter the date the claim form was signed.
13	**Insured's or Authorized Person's Signature**	Not Required	
14	**Date of Current Illness Injury or Pregnancy**	Conditional	Complete if information is known. Enter the date of illness, injury or pregnancy, (date of the last menstrual period) using two (2) digits for the month, two (2) digits for the date and two (2) digits for the year. Example: 070114 for July 1, 2014. Enter the applicable qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period
15	**Other Date**	Not Required	
16	**Date Patient Unable to Work in Current Occupation**	Not Required	
17	**Name of Referring Physician**	Not Required	
18	**Hospitalization Dates Related to Current Service**	Conditional	Complete for services provided in an inpatient hospital setting. Enter the date of hospital admission and the date of discharge using two (2) digits for the month, two (2) digits for the date and two (2) digits for the year. Example: 070114 for July 1, 2014. If

CMS Field #	Field Label	Field is?	Instructions
			the member is still hospitalized, the discharge date may be omitted. This information is not edited.
19	**Additional Claim Information**	Conditional	**LBOD** Use to document the Late Bill Override Date for timely filing. **Durable Medical Equipment** Complete for DME purchases, repairs, and labor. Enter the make, model and serial number of the equipment.
20	**Outside Lab?** **$ Charges**	Not Required	
21	**Diagnosis or Nature of Illness or Injury**	Required	Enter at least one (1) but no more than 12 diagnosis codes based on the member's diagnosis/condition. Enter applicable ICD indicator to identify which version of ICD codes is being reported. 9 ICD-9-CM 0 ICD-10-CM
22	**Medicaid Resubmission Code**	Conditional	List the original reference number for resubmitted claims. When resubmitting a claim, enter the appropriate bill frequency code in the left-hand side of the field. 7 Replacement of prior claim 8 Void/Cancel of prior claim This field is not intended for use for original claim submissions.
23	**Prior Authorization**	Conditional	Complete for medical equipment and supplies that require prior authorization. If the procedure code requires prior authorization, enter the prior authorization from the approved Prior Authorization Request (PAR). Do not combine services from more than one (1) approved PAR on a single claim form. Do not attach a copy of the approved PAR unless advised to do so by the authorizing agency or the fiscal agent.

CMS Field #	Field Label	Field is?	Instructions
24	**Claim Line Detail**	Information	The paper claim form allows entry of up to six (6) detailed billing lines. Fields 24A through 24J apply to each billed line. **Do not enter more than six** (6) **lines of information** on the paper claim. If more than six (6) lines of information are entered, the additional lines will not be entered for processing. Each claim form must be fully completed (totaled). **Do not file continuation claims** (e.g., Page 1 of 2).
24A	**Dates of Service**	Required	The field accommodates the entry of two (2) dates: a "From" date of services and a "To" date of service. Enter the date of service using two (2) digits for the month, two (2) digits for the date and two (2) digits for the year. Example: 010115 for January 1, 2015 From To **01 01 15** Or From To **01 01 15 01 01 15** Span dates of service From To **01 01 15 01 31 15** Practitioner claims must be consecutive days. <u>Single Date of Service</u>: Enter the six (6) digit date of service in the "From" field. Completion of the "To field is not required. Do not spread the date entry across the two (2) fields. <u>Span billing</u>: permissible if the same service (same procedure code) is provided on consecutive dates. **Durable Medical Equipment Rental** The "To" date of service must represent the last date of the rental period.
24B	**Place of Service**	Required	Enter the Place of Service (POS) code that describes the location where services were rendered. The Colorado Medical Assistance

CMS Field #	Field Label	Field is?	Instructions
			Program accepts the CMS place of service codes. 04 Homeless Shelter 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room Hospital 25 Birthing Center 26 Military Treatment Center 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Transportation – Land 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility – MR 60 Mass Immunization Center 61 Comprehensive IP Rehab Facility 62 Comprehensive OP Rehab Facility 65 End Stage Renal Dialysis Trtmt Facility 71 State-Local Public Health Clinic 99 Other Unlisted
24C	**EMG**	Not Required	
24D	**Procedures, Services, or Supplies**	Required	Enter the HCPCS procedure code that specifically describes the service for which payment is requested. All procedures must be identified with codes in the current edition of Physicians Current

CMS Field #	Field Label	Field is?	Instructions
			Procedural Terminology (CPT). CPT is updated annually. HCPCS Level II Codes The current Medicare coding publication (for Medicare crossover claims only). Only approved codes from the current CPT or HCPCS publications will be accepted.
24D	**Modifier**	Conditional	Enter the appropriate procedure-related modifier that applies to the billed service. Up to four (4) modifiers may be entered when using the paper claim form. 22 Increased Procedural Services 52 Reduced Services BO Orally administered nutrition, not by feeding tube 55 Surgery-related eyewear KH DMEPOS item, initial claim, purchase or first month rental KI DMEPOS item, second or third month rental KJ DMEPOS item parenteral enteral nutrition pump or capped rental months 4 to 15 KR Rental item, billing for partial month LL Lease/rental (use when rental is to be applied against the purchase price) MS Six (6) 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 Medical necessary service or supply TT Individualized service provided to more than one (1) patient in same setting UB Invoice cost UE Used equipment

CMS Field #	Field Label	Field is?	Instructions
24E	**Diagnosis Pointer**	Required	Enter the diagnosis code reference letter (A-L) that relates the date of service and the procedures performed to the primary diagnosis. At least one (1) diagnosis code reference letter must be entered. When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow. This field allows for the entry of 4 characters in the unshaded area.
24F	**$ Charges**	Required	Enter the usual and customary charge for the service represented by the procedure code on the detail line. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number. Some CPT procedure codes are grouped with other related CPT procedure codes. When more than one (1) procedure from the same group is billed, special multiple pricing rules apply. The base procedure is the procedure with the highest allowable amount. The base code is used to determine the allowable amounts for additional CPT surgical procedures when more than one (1) procedure from the same grouping is performed. Submitted charges cannot be more than charges made to non-Colorado Medical Assistance Program covered individuals for the same service. Do not deduct Colorado Medical Assistance Program co-payment or commercial insurance payments from the usual and customary charges.
24G	**Days or Units**	Required	Enter the number of services provided for each procedure code. Enter whole numbers only- do not enter fractions or decimals.
24H	**EPSDT/Family Plan**	Conditional	**EPSDT** (shaded area) For Early & Periodic Screening, Diagnosis, and Treatment related services, enter the

CMS Field #	Field Label	Field is?	Instructions
			response in the shaded portion of the field as follows: AV Available- Not Used S2 Under Treatment ST New Service Requested NU Not Used **Family Planning** (unshaded area) Not Required
24I	**ID Qualifier**	Not Required	
24J	**Rendering Provider ID #**	Required	In the shaded portion of the field, enter the eight-digit Colorado Medical Assistance Program provider number assigned to the individual who actually performed or rendered the billed service. This number cannot be assigned to a group or clinic. NOTE: When billing a paper claim form, do not use the individual's NPI.
25	**Federal Tax ID Number**	Not Required	
26	**Patient's Account Number**	Optional	Enter information that identifies the patient or claim in the provider's billing system. Submitted information appears on the Provider Claim Report (PCR).
27	**Accept Assignment?**	Required	The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer's program.
28	**Total Charge**	Required	Enter the sum of all charges listed in field 24F. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.
29	**Amount Paid**	Conditional	Enter the total amount paid by Medicare or any other commercial health insurance that has made payment on the billed services. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.

CMS Field #	Field Label	Field is?	Instructions
30	**Rsvd for NUCC Use**		
31	**Signature of Physician or Supplier Including Degrees or Credentials**	Required	Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent. A holographic signature stamp may be used if authorization for the stamp is on file with the fiscal agent. An authorized agent or representative may sign the claim for the enrolled provider if the name and signature of the agent is on file with the fiscal agent. Each claim must have the date the enrolled provider or registered authorized agent signed the claim form. Enter the date the claim was signed using two (2) digits for the month, two (2) digits for the date and two (2) digits for the year. Example: 070114 for July 1, 2014. **Unacceptable signature alternatives:** Claim preparation personnel may not sign the enrolled provider's name. Initials are not acceptable as a signature. Typed or computer printed names are not acceptable as a signature. "Signature on file" notation is not acceptable in place of an authorized signature.
32	**32- Service Facility Location Information** **32a- NPI Number** **32b- Other ID #**	Conditional	Complete for services provided in a hospital or nursing facility in the following format: 1st Line Name 2nd Line Address 3rd Line City, State and ZIP Code 32a- NPI Number Enter the NPI of the service facility (if known). 32b- Other ID # Enter the eight-digit Colorado Medical Assistance Program provider number of the service facility (if known). The information in field 32, 32a and 32b is not edited.

CMS Field #	Field Label	Field is?	Instructions
33	**33- Billing Provider Info & Ph #** **33a- NPI Number** **33b- Other ID #**	Required	Enter the name of the individual or organization that will receive payment for the billed services in the following format: 1st Line Name 2nd Line Address 3rd Line City, State and ZIP Code 33a- NPI Number Enter the NPI of the billing provider 33b- Other ID # Enter the eight-digit Colorado Medical Assistance Program provider number of the individual or organization.

Late Bill Override Date

For electronic claims, a delay reason code must be selected and a date must be noted in the "Claim Notes/LBOD" field.

Valid Delay Reason Codes

1 Proof of Eligibility Unknown or Unavailable

3 Authorization Delays

7 Third Party Processing Delay

8 Delay in Eligibility Determination

9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules

11 Other

The Late Bill Override Date (LBOD) allows providers to document compliance with timely filing requirements when the initial timely filing period has expired. Colorado Medical Assistance Program providers have 120 days from the date of service to submit their claim. For information on the 60-day resubmission rule for denied/rejected claims, please see the General Provider Information manual located in the Provider Services Billing Manuals section of the Department's website.

Making false statements about timely filing compliance is a misrepresentation and falsification that, upon conviction, makes the individual who prepares the claim and the enrolled provider subject to fine and imprisonment under state and/or federal law.

Billing Instruction Detail	Instructions
LBOD Completion Requirements	Electronic claim formats provide specific fields for documenting the LBOD. Supporting documentation must be kept on file for 6 years. For paper claims, follow the instructions appropriate for the claim form being used. UB-04: Occurrence code 53 and the date are required in FL 31-34. CMS 1500: Indicate "LBOD" and the date in box 19 – Additional Claim Information. 2006 ADA Dental: Indicate "LBOD" and the date in box 35 - Remarks.
Adjusting Paid Claims	If the initial timely filing period has expired and a previously submitted claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was paid and now needs to be adjusted, resulting in additional payment to the provider. **Adjust the claim within 60 days** of the claim payment. Retain all documents that prove compliance with timely filing requirements. *Note: There is no time limit for providers to adjust paid claims that would result in repayment to the Colorado Medical Assistance Program.* **LBOD =** the run date of the Colorado Medical Assistance Program Provider Claim Report showing the payment.
Denied Paper Claims	If the initial timely filing period has expired and a previously submitted paper claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was denied. **Correct the claim errors and refile within 60** days of the claim denial or rejection. Retain all documents that prove compliance with timely filing requirements. **LBOD =** the run date of the Colorado Medical Assistance Program Provider Claim Report showing the denial.
Returned Paper Claims	A previously submitted paper claim that was filed within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was returned for additional information. **Correct the claim errors and re-file within 60 days** of the date stamped on the returned claim. Retain a copy of the returned claim that shows the receipt or return date stamped by the fiscal agent. **LBOD =** the stamped fiscal agent date on the returned claim.
Rejected Electronic Claims	An electronic claim that was previously entered within the original Colorado Medical Assistance Program timely filing period or the allowed 60 day follow-up period was rejected and information needed to submit the claim was not available to refile at the time of the rejection. **Correct claim errors and refile within 60 days of the rejection**. Maintain a printed copy of the rejection notice that identifies the claim and date of rejection.

Billing Instruction Detail	Instructions
	LBOD = the date shown on the claim rejection report.
Denied/Rejected Due to Member Eligibility	An electronic eligibility verification response processed during the original Colorado Medical Assistance Program timely filing period states that the individual was not eligible but were subsequently able to verify eligibility. Read also instructions for retroactive eligibility. **File the claim within 60 days** of the date of the rejected eligibility verification response. Retain a printed copy of the rejection notice that identifies the member and date of eligibility rejection. **LBOD =** the date shown on the eligibility rejection report.
Retroactive Member Eligibility	The claim is for services provided to an individual whose Colorado Medical Assistance Program eligibility was backdated or made retroactive. **File the claim within 120 days** of the date that the individual's eligibility information appeared on state eligibility files. Obtain and maintain a letter or form from the county departments of social services that: Identifies the member by name States that eligibility was backdated or retroactive Identifies the date that eligibility was added to the state eligibility system. **LBOD =** the date shown on the county letter that eligibility was added to or first appeared on the state eligibility system.
Delayed Notification of Eligibility	The provider was unable to determine that the member had Colorado Medical Assistance Program coverage until after the timely filing period expired. **File the claim within 60 days** of the date of notification that the individual had Colorado Medical Assistance Program coverage. Retain correspondence, phone logs, or a signed Delayed Eligibility Certification form (see Appendix H) that identifies the member, indicates the effort made to identify eligibility, and shows the date of eligibility notification. Claims must be filed within 365 days of the date of service. No exceptions are allowed. This extension is available only if the provider had no way of knowing that the individual had Colorado Medical Assistance Program coverage. Providers who render services in a hospital or nursing facility are expected to get benefit coverage information from the institution. The extension does not give additional time to obtain Colorado Medical Assistance Program billing information. If the provider has previously submitted claims for the member, it is improper to claim that eligibility notification was delayed. **LBOD =** the date the provider was advised the individual had Colorado Medical Assistance Program benefits.

Billing Instruction Detail	Instructions
Electronic Medicare Crossover Claims	An electronic claim is being submitted for Medicare crossover benefits within 120 days of the date of Medicare processing/ payment. (Note: On the paper claim form (only), the Medicare SPR/ERA date field documents crossover timely filing and completion of the LBOD is not required.) **File the claim within 120 days** of the Medicare processing/ payment date shown on the SPR/ERA. Maintain the original SPR/ERA on file. **LBOD =** the Medicare processing date shown on the SPR /ERA.
Medicare Denied Services	The claim is for Medicare denied services (Medicare non-benefit services, benefits exhausted services, or the member does not have Medicare coverage) being submitted within 60 days of the date of Medicare processing/denial. *Note: This becomes a regular Colorado Medical Assistance Program claim, not a Medicare crossover claim.* **File the claim within 60 days** of the Medicare processing date shown on the SPR/ERA. Attach a copy of the SPR/ERA if submitting a paper claim and maintain the original SPR/ERA on file. **LBOD =** the Medicare processing date shown on the SPR/ERA.
Commercial Insurance Processing	The claim has been paid or denied by commercial insurance. **File the claim within 60 days** of the insurance payment or denial. Retain the commercial insurance payment or denial notice that identifies the member, rendered services, and shows the payment or denial date. Claims must be filed within 365 days of the date of service. No exceptions are allowed. If the claim is nearing the 365-day limit and the commercial insurance company has not completed processing, file the claim, receive a denial or rejection, and continue filing in compliance with the 60-day rule until insurance processing information is available. **LBOD =** the date commercial insurance paid or denied.
Correspondence LBOD Authorization	The claim is being submitted in accordance with instructions (authorization) from the Colorado Medical Assistance Program for a 60 day filing extension for a specific member, claim, services, or circumstances. **File the claim within 60 days** of the date on the authorization letter. Retain the authorization letter. **LBOD =** the date on the authorization letter.
Member Changes Providers during Obstetrical Care	The claim is for obstetrical care where the member transferred to another provider for continuation of OB care. The prenatal visits must be billed using individual visit codes but the service dates are outside the initial timely filing period. **File the claim within 60 days** of the last OB visit. Maintain information in the medical record showing the date of the last prenatal visit and a notation that the member transferred to another provider for continuation of OB care. **LBOD =** the last date of OB care by the billing provider.

Column Instructions for HCPCS Code Table

Code Column:

HCPCS codes consist of a letter followed by four (4) 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. The Colorado Medical Assistance Program reserves the right to amend the coding for any approved item.

Description Column:

A description of the item as provided by Centers for Medicare and Medicaid Services (CMS) is listed. When possible and appropriate, the description of the item includes a notation of the billing unit. For disposable supplies, one (1) billing unit represents one (1) 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: PARs for these items are reviewed by the ColoradoPAR Program.

Con (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 member.

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 being updated on a continual basis, 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 identify any required special PAR or billing instructions. 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. For example, procedure codes deleted effective 12/31/11 can be used only for non-prior authorized services provided prior to 1/1/12 or on PARs approved prior to 1/1/12.

HCPCS Code Table

The following listing is divided into sections to assist providers who bill for specific types of service. For questions about billing or the use of the listing, please contact the Department's fiscal agent, Provider Services at 1-800-237-0757.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
MISCELLANEOUS CODES				
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	None		
A4649	Surgical supply; miscellaneous	Yes		Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper. Use for disposable supplies such as dressings, etc.
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	None		
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	None		
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes		Use for accessories or parts for DME other than wheelchairs.
B9998	(NOC) For enteral supplies	Yes		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	For parenteral supplies	Yes		Include description & quantity on par. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.
E1399	Durable medical equipment, miscellaneous	Yes		Use for durable reusable equipment other than wheelchairs.
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes		Use only when appropriate and specific procedure codes are not available.
K0108	Other accessories	Yes		Use for wheelchair parts and accessories only when an appropriate code is not available.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0901	Radium ra-223 dichloride, therapeutic, per microcurie	None		
K0902	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	None		
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	None		
L6026	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, excludes terminal device(s)	None		
L7259	Electronic wrist rotator, any type	None		
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	None		
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device			
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device			
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A			
S8189	Tracheostomy supply, not otherwise classified	Yes		Use for tracheostomy supplies when an appropriate code is not available.
S8301	Infection control supplies, not otherwise specified	Yes		Use for masks, disposable gowns, etc.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
T5999	Supply, not otherwise specified	None		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		
E0105	Cane, quad or three (3) prong, all materials, adjustable or fixed with tips	None		
	Crutches			
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	None		1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	None		1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	None		1 item = 1 pair
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	None		1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	None		1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pat, tip, handgrip, with or without shock absorber, each	None		1 item = 1 crutch
E0117	Crutch, underarm, articulating, spring assisted, each	Yes		1 item = 1 crutch
E0118	Crutch substitute, lower leg platform, with or without wheels, each	None		
	Walkers			
E0130	Walker, rigid (pickup), adjustable or fixed height, each	None		
E0135	Walker, folding (pickup), adjustable or fixed height, each	None		
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes		
E0141	Walker, rigid, wheeled, adjustable or fixed height	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0143	Walker, folding, wheeled, adjustable or fixed height	None		
E0144	Walker, enclosed, four (4) sided framed, rigid or folding, wheeled with posterior seat	Yes		
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Yes		
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes		
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Yes		
	Accessories for ambulation devices			
A4635	Underarm pad replacement, crutch, each	None		
A4636	Handgrip replacement, cane, crutch or walker, each	None		
A4637	Tip replacement, cane, crutch or walker, each	None		
E0153	Platform attachment, forearm crutch, each	None		
E0154	Platform attachment, walker, each	None		
E0155	Wheel attachment, rigid pick-up walker, per pair	None		1 unit = 1 pair
E0156	Seat attachment, walker, each	None		
E0157	Crutch attachment, walker, each	None		
E0158	Leg extensions for walker, per set of four (4)	None		1 unit = 1 set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each	None		
BATH AND BATHROOM EQUIPMENT – GENERAL USE				
	Bath equipment			
E0160	Sitz type bath, portable, fits over commode seat, each	Yes		Limited to EPSDT program, up to age 20.
E0163	Commode chair, mobile or stationary, with fixed arms	None		
E0165	Commode chair, mobile or stationary, with detachable arms	Yes		
E0167	Pail or pan for use with commode chair, replacement only	None		Purchase for member owned equipment only.
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes		
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes		
E0172	Seat lift mechanism placed over or on top of toilet, any type	Yes		
E0175	Foot rest, for use with commode chair, each	None		Purchase for member owned equipment only.
E0240	Bath/shower chair, with or without wheels, any size	Yes		
E0241	Bathtub wall rail, each	Yes		
E0242	Bathtub rail, floor base, each	Yes		
E0243	Toilet rail, each	Yes		
E0244	Toilet seat, raised, each	Yes		
E0244-22	Toilet seat, raised, each	Yes		Use for padded raised toilet seat.
E0245	Tub stool or bench, each	Yes		
E0245-22	Tub stool or bench, each	Yes		Use for padded tub stool or bench.
E0246	Transfer tub rail attachment, each	Yes		
E0247	Transfer bench for tub or toilet with or without commode opening	Yes		
E0247-22	Transfer bench for tub or toilet with or without commode opening	Yes		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		
E0248-22	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes		Use for padded transfer bench, heavy duty, for tub or toilet with or without commode opening.
E1399	Durable medical equipment, miscellaneous	Yes		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		
E1310	Whirlpool, nonportable (built-in type)	Yes		
BED AND BEDROOM EQUIPMENT – GENERAL USE				
	Beds			
E0194-KR	Bed, powered air flotation (low air loss therapy), per day	**Yes**		1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes		Requires Questionnaire # 1.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes		Requires Questionnaire#1.
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Yes		Requires Questionnaire #1.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes		Requires Questionnaire #1.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes		Requires Questionnaire #1.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	Yes		Requires Questionnaire #1.
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Yes		Requires Questionnaire #1.
E0270	Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress	Yes		Requires Questionnaire #1.
E0280	Bed, cradle, any type	Yes		
E0290	Hospital bed, fixed height, without side rails, with mattress	Yes		Requires Questionnaire #1.
E0291	Hospital bed, fixed height, without side rails, without mattress	Yes		Requires Questionnaire #1.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Yes		Requires Questionnaire #1.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Yes		Requires Questionnaire #1.
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Yes		Requires Questionnaire #1.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Yes		Requires Questionnaire #1.
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Yes		Requires Questionnaire #1.
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Yes		Requires Questionnaire #1
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Yes		Requires Questionnaire #1.
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		Requires Questionnaire #1.

Code	Description	PAR	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		Requires Questionnaire #1.
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		Requires Questionnaire #1.
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes		Requires Questionnaire #1.
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		Requires Questionnaire #1.
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		Requires Questionnaire #1.
E0462-KR	Rocking bed with or without side rails, per day	Yes		1 item = 1 day rental. Requires Questionnaire #1.
	Mattresses & pads			
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes		Purchase for member owned equipment only.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Yes		Requires Questionnaire #2.
E0182	Pump for alternating pressure pad, for replacement only	Yes		
E0184	Mattress, dry flotation	Yes		Purchase for member owned hospital bed only. Requires Questionnaire #2.
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes		Requires Questionnaire #2.
E0186	Mattress, air pressure	Yes		Purchase for member owned bed only. Requires Questionnaire #2.
E0187	Mattress, water pressure	Yes		Purchase for member owned bed only. Requires Questionnaire #2.
E0188	Sheepskin pad, synthetic	Yes		
E0189	Sheepskin pad, lambs wool, any size	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Yes		
E0191	Heel or elbow protector, each	Yes		
E0193-KR	Air fluidized bed, per day	Yes		Air loss bed. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes		Purchase for member owned bed only. Requires Questionnaire #2.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes		Requires Questionnaire #2.
E0198	Water pressure pad for mattress, standard mattress length and width	Yes		
E0199	Dry pressure pad for mattress, standard mattress length and width	None		Egg crate for bed or wheelchair.
E0271	Mattress, innerspring	Yes		Purchase for member owned hospital bed only.
E0272	Mattress, foam rubber	Yes		Purchase for member owned hospital bed only.
E0277	Powered pressure-reducing air mattress	Yes		Requires Questionnaire #2. Identify brand.
E0370	Air pressure elevator for heel	Yes		Requires Questionnaire #2.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes		Requires Questionnaire #2.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes		Requires Questionnaire #2.
E0373	Non-powered advanced pressure reducing mattress	Yes		Requires Questionnaire #2.
E1399	Durable medical equipment miscellaneous	Yes		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.
	Accessories/safety equipment			
A9281	Reaching/grabbing device, any type, any length, each	Yes		
E0273	Bed board	Yes		
E0274	Over-bed table	Yes		
E0275	Bedpan, standard, metal or plastic	None		
E0276	Bedpan, fracture, metal or plastic	None		
E0305	Bed side rails, half length, pair	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0310	Bed side rails, full length, pair	Yes		
E0315	Bed accessory: board, table, or support device any type	Yes		Bed cane. Do not use for over bed table.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes		
E0325	Urinal, male, jug-type, any material, each	None		
E0326	Urinal, female, jug-type, any material, each	None		
E0700	Safety equipment, device or accessory, any type	Yes		Includes gait belt. Not for use as wheelchair accessory. See E0960, E0978, and E0980 for wheelchairs.
E0710	Restraints, any type (body, chest, wrist or ankle)	Yes		Hip belt. Not for use as wheelchair accessory.
	Lifts			
E0621	Sling or seat, patient lift, canvas or nylon	Yes		
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes		Lift for bathtub, includes seat.
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes		Requires Questionnaire # 4.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes		Requires Questionnaire # 4.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes		Requires Questionnaire # 4.
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Yes		Requires Questionnaire # 3.
E0635	Patient lift, electric, with seat or sling	Yes		Requires Questionnaire # 3
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Yes		Requires Questionnaire # 3. .
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Yes		Requires Questionnaire # 3. 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		Requires Questionnaire # 3.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Yes		Requires Questionnaire # 3.
	Repairs/labor			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes		Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	None		
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		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		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 $147.25 every 6 months. Paper claims must include serial number.
K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Yes		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		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.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the PAR form. Please refer to www.dmepdac.com 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.				
	Chairs			
E1031	Rollabout chair, any and all types with castors 5 in or greater	Yes		
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Yes		
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Yes		
	Wheelchairs – motorized/powered vehicles			
E1230	Power operated vehicle, three (3) or four (4) wheel non-highway	Yes		Must indicate brand name & model number on PAR.
K0010	Standard – weight frame motorized/power wheelchair	Yes		
K0011	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes		
K0012	Lightweight portable motorized/power wheelchair	Yes		
K0014	Other motorized/power wheelchair base	Yes		
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes		
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Yes		
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes		
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes		
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Yes		
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0812	Power operated vehicle, not otherwise classified	Yes		
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes		
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes		
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes		
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes		
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes		
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes		
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes		
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes		
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes		
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes		
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes		
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes		
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Yes		
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes		
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Yes		
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Yes		
	Manual wheelchair codes 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			
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	Yes		
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes		
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	Yes		
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	Yes		
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Yes		
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes		
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	Yes		
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes		
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	Yes		
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes		
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	Yes		
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Yes		
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Yes		
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Yes		
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	Yes		
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	Yes		
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Yes		
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	Yes		
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Yes		
E1221	Wheelchair with fixed arm, footrests	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E1222	Wheelchair with fixed arm, elevating legrests	Yes		
E1223	Wheelchair with detachable arms, footrests	Yes		
E1224	Wheelchair with detachable arms, elevating legrests	Yes		
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	Yes		
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	Yes		
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes		
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Yes		
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	Yes		
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	Yes		
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Yes		
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	Yes		
K0001	Standard wheelchair	Yes		
K0002	Standard Hemi (low seat) wheelchair	Yes		
K0003	Lightweight wheelchair	Yes		
K0004	High strength, lightweight wheelchair	Yes		
K0006	Heavy duty wheelchair	Yes		Member greater than 200 lbs.
K0007	Extra heavy duty wheelchair	Yes		Member greater than 300 lbs.
K0009	Other manual wheelchair/base	Yes		Tilt in Space, strollers
	Wheelchair accessories			
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes		Labor, dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes		Use for accessories or parts for DME **other** than wheelchairs.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Yes		Requires Questionnaire #2.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0182	Pump for alternating pressure pad, for replacement only	Yes		
E0188	Sheepskin pad, synthetic	Yes		
E0189	Sheepskin pad, lambs wool, any size	Yes		
E0705	Transfer device, any type, each	Yes		
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes		
E0950	Wheelchair accessory, tray, each	Yes		Upper extremity support surface.
E0951	Heel loop/holder, any type, with or without ankle strap, each	Con	2/Y	1 item = 1 heel loop Over 2 require PAR
E0952	Toe loop/holder, any type, each	Con	2/Y	1 item = I toe loop/holder. Over 2 require PAR
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes		
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes		1 item = 1 attachment
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes		
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Con	1/Y	Over 1 requires PAR.
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Con	2/Y	Over 2 require PAR.
E0966	Manual wheelchair accessory, headrest extension, each	Yes		
E0968	Commode seat, wheelchair	Yes		
E0969	Narrowing device, wheelchair	Yes		For positioning.
E0970	No. 2 footplates, except for elevating legrest	Yes		
E0971	Manual wheelchair accessory, anti-tipping device, each	Con	2/Y	1 item =1 device Over 2 require PAR.
E0974	Manual wheelchair accessory, anti-rollback device, each	Con	2/Y	Over 2 require PAR.
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Con	1/Y	Over 1 requires PAR.
E0980	Safety vest, wheelchair	Yes		Shoulder harness
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes		
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0985	Wheelchair accessory, seat lift mechanism	Yes		Requires Questionnaire #4.
E0988-RR	Manual wheelchair accessory, lever-activated, wheel drive, pair	Yes		New code effective 1/1/2012.
E0992	Manual wheelchair accessory, solid seat insert	Yes		
E0992-22	Manual wheelchair accessory, solid seat insert	Yes		Use for hook-in solid seat insert.
E1020	Residual limb support system for wheelchair, any type	Yes		
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes	4	
E1029	Wheelchair accessory, ventilator tray, fixed	Yes		
E1030	Wheelchair accessory, ventilator tray, gimbaled	Yes		
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees	Yes		
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes		
E1227	Special height arms for wheelchair	Yes		
E1296	Special wheelchair seat height from floor	Yes		
E1297	Special wheelchair seat depth, by upholstery	Yes		
E1298	Special wheelchair seat depth and/or width, by construction	Yes		
E1399	Miscellaneous durable medical equipment	Yes		**Important**, please note: Use for durable medical equipment other than wheelchairs. Charges over $35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper.
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes		
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes		
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes		
E2207	Wheelchair accessory, crutch and cane holder, each	Yes		1 item = 1 crutch and cane holder
E2208	Wheelchair accessory, cylinder tank carrier, each	Yes		1 item = 1 carrier
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	Yes		
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes		
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes		
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes		
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes		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		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		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		Identify specific brand/name of cushion requested on prior authorization request.
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes		Identify specific brand/name of cushion requested on prior authorization request.
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes		Identify specific brand/name of cushion requested on prior authorization request.
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes		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		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		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		Identify specific brand/name of cushion requested on prior authorization request.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes		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		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		Identify specific brand/name of cushion requested on prior authorization request.
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Yes		Identify specific brand/name of cushion requested on prior authorization request.
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes		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		Identify specific brand/name of cushion requested on prior authorization request.
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes		Identify specific brand/name of cushion requested on prior authorization request.
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes		Identify specific brand/name of cushion requested on prior authorization request.
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes		Identify specific brand/name of cushion requested on prior authorization request.
K0038	Leg strap, each	Con	1/Y	1 item = 1 leg strap Over 1 requires PAR.
K0039	Leg strap, H style, each	Con	1/Y	1 item = 1 leg strap Over 1 requires PAR.
K0056	Seat height < 17” or equal to or greater than 21” for a high strength, lightweight, or ultra lightweight wheelchair	Yes		
K0105	IV hanger, each	Yes		1 item = 1 IV hanger
K0108	Wheelchair component or accessory, not otherwise specified	Yes		Specific accessory must be identified on PAR. Claim must be submitted on paper. Use for wheelchair parts and accessories only when an appropriate code is not available.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	Yes		Use K0669 rather than K0108.
	Wheelchair replacement parts and attachments			
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Yes		Use for repair only.
E0971	Anti-tipping device, wheelchair	Con	2/Y	1 item = 1 device
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes		1 item = 1 armrest
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Con	1/Y	For repair only. Over 1 requires PAR.
E0982	Wheelchair accessory, back upholstery replacement only, each	Con	1/Y	For repair only. Over 1 requires PAR.
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes		Articulating
E0994	Armrest, each	Yes		
E0995	Wheelchair accessory, calf rest/pad, each	Con	2/Y	For repair only. Over 2 requires PAR.
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes		For modification of an existing wheelchair only.
E1015	Shock absorber for manual wheelchair, each	Yes		1 item = 1 shock absorber
E1016	Shock absorber for power wheelchair, each	Yes		1 item = 1 shock absorber
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes		1 item = 1 shock absorber
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes		1 item = 1 shock absorber
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each	Yes		Use for repair only.
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes		Wheel locks
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Con	16/Y	Over 16 units requires PAR.
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire tube. Over 2 units requires PAR.
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire insert. Over 2 units requires PAR.
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire tube. Over 2 units requires PAR.
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire. Over 2 units requires PAR.
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 tire with wheel Over 2 units requires PAR.
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 wheel Over 2 units requires PAR.
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 caster wheel Over 2 units requires PAR.
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 caster fork Over 2 units requires PAR.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Con		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	Con		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		
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Yes		
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	Yes		New code for 1/1/2012.
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	Yes		New code for 1/1/2012.
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Con		PAR required for purchase but not for repair.
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat)	Con		PAR required for purchase but not for repair.
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Con		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)	Con		PAR required for purchase but not for repair.
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Con		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)	Con		PAR required for purchase but not for repair.
E2366	Power wheelchair accessory, battery charger,, single mode, for use with only one (1) battery type, sealed or non-sealed, each	Con		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	Con		PAR required for purchase but not for repair.
E2368	Power wheelchair component, drive wheel motor, replacement only	Con	2 per 3 Y	PAR required for more than 2 per 3 fiscal years.
E2369	Power wheelchair component, drive wheel gear box, replacement only	Con	2 per 3 Y	PAR required for more than 2 per 3 fiscal years.
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Con	2 per 3 Y	PAR required for more than 2 per 3 fiscal years.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Con		PAR required for purchase but not for repair.
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Con		PAR required for purchase but not for repair.
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Con	1/Y	Over 1 unit requires PAR.
E2378	Power wheelchair component, actuator, replacement only	Yes	1/Y	1 unit per month may be approved for rental.
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units require PAR.
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Con	2/Y	PAR required for purchase but not for repair. Over 2 units requires PAR.
E2397	Power wheelchair accessory, lithium based battery, each	Con		PAR required for purchase but not for repair.
K0015	Detachable, non-adjustable height armrest, each	Yes		1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes		1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes		1 item = 1 armrest
K0019	Arm pad, each	Con	2/Y	For repair only. 1 item = 1 arm pad Over 2 units requires PAR.
K0020	Fixed, adjustable height armrest, pair	Yes		1 item = 1 pair
K0037	High mount flip-up footrest, each	Yes		1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Con	2/Y	1 item = 1 footplate Over 2 units requires PAR.
K0041	Large size footplate, each	Con	2/Y	1 item = 1 footplate Over 2 units requires PAR.
K0042	Standard size footplate, each	Con	2/Y	1 item = 1 footplate Over 2 units requires PAR.
K0043	Footrest, lower extension tube, each	Con	2/Y	For repair only, slider extension tubes Over 2 units requires PAR.
K0044	Footrest, lower extension bracket, each	Con	2/Y	For repair only. Over 2 units requires PAR.
K0045	Footrest, complete assembly	Con	2/Y	Swing away Over 2 units requires PAR.
K0046	Elevating leg rest, lower extension tube, each	Con	2/Y	For repair only. PAR required for more than 2 per fiscal year.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0047	Elevating leg rest, upper hanger bracket, each	Con	2/Y	For repair only. PAR required for more than 2 per fiscal year.
K0050	Ratchet assembly	Yes		For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes		For repair only.
K0052	Swing away, detachable footrests, each	Con	2/Y	New or repair. Over 2 units requires PAR.
K0053	Elevating footrests, articulating (telescoping), each	Yes		
K0065	Spoke protectors, each	Yes		1 item = 1 spoke protector
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Con		PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Con	2/Y	PAR required for purchase but not required for repair. 1 item = 1 assembly. Over 2 units requires PAR.
K0071	Front caster assembly, complete, with pneumatic tire, each	Con	2 per 3 Y	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	Con	2 per 3 Y	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		1 item = 1 pin.
K0077	Front caster assembly, complete, with solid tire, each	Con	2 per 3 Y	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		For repair only.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	Yes		
K0462-RR	Temporary replacement for patient owned equipment being repaired, any type	Yes		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)	Con		PAR required for purchase but not for repair.
	Support systems			
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes		
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes		
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes		
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Yes		New code effective 1/1/2012.
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Yes		New code effective 1/1/2012.
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Yes		New code effective 1/1/2012.
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Yes		New code effective 1/1/2012.
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Yes		New code effective 1/1/2012.
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Yes		New code effective 1/1/2012.
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Yes		New code effective 1/1/2012.
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Yes		New code effective 1/1/2012.
T5001	Positioning seat for persons with special orthopedic needs	Yes		Use this code for custom seating/positioning car seats.
COCHLEAR EQUIPMENT & SUPPLIES				
A4638	Replacement battery for patient-owned ear pulse generator, each	None		
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L8615	Headset/headpiece for use with cochlear implant device, replacement	None		
L8616	Microphone for use with cochlear implant device, replacement	None		
L8617	Transmitting coil for use with cochlear implant device, replacement	None		
L8618	Transmitter cable for use with cochlear implant device, replacement	None		
L8619	Cochlear implant external speech processor, replacement	None		
L8621	Zinc air battery for use with cochlear implant device, replacement, each	None		
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	None		
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	None		
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	None		
L8627	Cochlear implant, external speech processor, component, replacement	None		
L8628	Cochlear implant, external controller component, replacement	None		
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	None		
DIABETIC MONITORING EQUIPMENT & SUPPLIES				
A4206	Syringe with needle, sterile, 1 cc or less, each	None	120/M	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		
A4215	Needle, sterile, any size, each	None		Use for diabetic pen needles. Indicate frequency of administration.
A4230	Infusion set for external insulin pump, non needle cannula type	Yes		
A4231	Infusion set for external insulin pump, needle type	Yes		
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	None		
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	None		
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	None		
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	None		
A4250	Urine test or reagent strips or tablets, each	None		1 item = 1 strip/tablet Albustix
A4252	Blood ketone test or reagent strip, each	None		
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	None	6/M	1 item = 50 strips
A4255	Platforms for home blood glucose monitor, 50 per box	None		1 item = 50 per box
A4258	Spring-powered device for lancet, each	None		1 item = 1 device
A4259	Lancets, per box of 100	None	3/M	1 item = box of 100
A4772	Blood glucose test strips, for dialysis, per 50	None		1 item = per 50 Also for diabetic use.
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Yes		
E0607	Home blood glucose monitor	None	1/Y	
E0784	External ambulatory infusion pump, insulin	Yes		1 item = 1 system
E2100	Blood glucose monitor with integrated voice synthesizer	Yes		Medical justification needed for upgrade.
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes		Medical justification needed for upgrade.
DISPOSABLE SUPPLIES – GENERAL USE				
	Antiseptics/solutions			
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Yes	62/M	
A4217	Sterile water/saline, 500 ml	Yes	30/M	
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Yes	20/M	
A4244	Alcohol or peroxide, per pint	Yes		1 item = 1 pint

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4245	Alcohol wipes, each	None		Not allowable for incontinence/baby wipes use. 1 item = 1 wipe
A4246	Betadine, per pint	Yes		1 item = 1 pint
A4247	Betadine or Iodine swabs/wipes, each	Yes		1 item = 1 swab/wipe
A6250	Skin sealants, protectants, moisturizers, ointment	None		
S8301	Infection control supplies, not otherwise specified	Yes		Use for masks, disposable gowns, etc.
	First aid/dressings			
A4450	Tape, non-waterproof, per 18 square inches	Yes		
A4452	Tape, waterproof, per 18 square inches	Yes	31/M	
A4455	Adhesive remover or solvent, each	None		
A4456	Adhesive remover, wipes, any type, each	None		
A4461	Surgical dressing holder, non-reusable, each	None		
A4463	Surgical dressing holder, reusable, each	None		
A4561	Pessary, rubber, any type	None		
A4562	Pessary, non-rubber, any type	None		
A4565	Sling, each	None		
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	None		
A4570	Splint	None		
A4927	Gloves, non-sterile, per 100	Yes	2/M	1 item = 100 gloves Over 2 boxes requires PAR.
A4930	Gloves, sterile, per pair	No	5/D	1 item = 1 pair Limit 5 pair per day.
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Yes		
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Yes		
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	Yes		
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes		
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	Yes		
A6024	Collagen dressing wound filler, sterile, per 6 inches	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Yes		1 item = 1 sheet
A6154	Wound pouch, each	Yes		1 item = 1 pouch
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Yes		
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		
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	Yes		
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Yes		
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes		
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	Yes		
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes		
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	Yes		
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes		
A6215	Foam dressing, wound filler, sterile, per gram	Yes		
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes		
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		
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		
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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	Yes		
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		
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Yes		
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes		
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce	Yes		
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes		
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Yes		
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes		
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		

Code	Description	PAR	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		
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Yes		
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes		
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Yes		
A6260	Wound cleansers, any type, any size	Yes		
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	Yes		
A6262	Wound filler, dry form, per gram, not otherwise specified	Yes		
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	Yes		
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes		
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		
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes		
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	Yes		
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three (3) inches, per yard	Yes	62/M	1 unit = one yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five (5) inches, per yard	Yes	62/M	1 unit = one yard

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three (3) inches, per yard	Yes	62/M	1 unit = one yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three (3) inches, per yard	Yes	62/M	1 unit = one yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five (5) inches, per yard	Yes	62/M	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 (3) inches and less than five (5) inches, per yard	Yes	62/M	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 (3) inches and less than (5) five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three (3) inches, per yard	Yes	62/M	1 unit = one yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five (5) inches, per yard	Yes	62/M	1 unit = one yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/non-woven, width greater than or equal to three (3) inches and less than five (5) inches, per yard	Yes	62/M	1 unit = one yard

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6457	Tubular dressing with or without elastic, any width, per linear yard	Yes	100/M	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	None		
S8451	Splint, prefabricated, wrist or ankle	None		
S8452	Splint, prefabricated, elbow	None		
	Compression burn garment			
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Yes		
A6502	Compression burn garment, chin strap, custom fabricated	Yes		
A6503	Compression burn garment, facial hood, custom fabricated	Yes		
A6504	Compression burn garment, glove to wrist, custom fabricated	Yes		
A6505	Compression burn garment, glove to elbow, custom fabricated	Yes		
A6506	Compression burn garment, glove to axilla, custom fabricated	Yes		
A6507	Compression burn garment, foot to knee length, custom fabricated	Yes		
A6508	Compression burn garment, foot to thigh length, custom fabricated	Yes		
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Yes		
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Yes		
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Yes		
A6512	Compression burn garment, not otherwise classified	Yes		
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Yes		
	Ostomy care			
A4361	Ostomy face plate, all sizes, each	None		1 item = 1 faceplate
A4362	Skin barrier, solid, 4x4 or equivalent, each	None		
A4363	Ostomy clamp, any type, replacement only, each	None		

Code	Description	PAR	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		1 item = 1 ounce Silicone, latex.
A4366	Ostomy vent, any type, each	None		
A4367	Ostomy belt, each	None		1 item = 1 belt
A4368	Ostomy filter, any type, each	None		1 item = 1 filter
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	None		1 item = 1 ounce
A4371	Ostomy skin barrier; powder, per ounce	None		1 item = 1 ounce
A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	None		1 item = 1 skin barrier
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	None		**1 item = 1 skin barrier**
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	None		**1 item = 1 pouch**
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	None		1 item = 1 pouch
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	None		1 item = 1 pouch
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	None		1 item = 1 pouch
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	None		1 item = 1 pouch
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	None		1 item = 1 pouch
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	None		1 item = 1 pouch
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	None		1 item = 1 pouch
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	None		1 item = 1 pouch
A4384	Ostomy faceplate equivalent, silicone ring, each	None		1 item = 1 faceplate, silicone ring
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	None		1 item = 1 skin barrier
A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each	None		1 item = 1 pouch
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	None		1 item = 1 pouch

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	None		1 item = 1 pouch
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	None		1 item = 1 pouch
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	None		1 item = 1 pouch
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	None		1 item = 1 pouch
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	None		1 item = 1 pouch
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	None		
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	None		1 item = 1 tablet
A4396	Ostomy belt with peristomal hernia support	None		1 item = 1 belt
A4397	Irrigation supply, sleeve, each	None		1 item = 1 sleeve
A4398	Ostomy irrigation supply; bag, each	None		1 item = 1 bag
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	None		1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	None		1 item = 1 set
A4402	Lubricant, per ounce	None		1 item = 1 ounce
A4404	Adhesive rings (washers, wafers, discs, etc.), each	None		1 item = 1 ring
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	None	6/M	1 item = 1 ounce
A4406	Ostomy skin barrier, pectin based, paste, per ounce	None	6/M	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	31/M	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	31/M	1 item = 1 skin barrier

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each	None	31/M	1 item = 1 skin barrier
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4 inches, each	None	60/M	1 item = 1 skin barrier
A4411	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, with built-in convexity, each	None	60/M	
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	None	31/M	
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	None	31/M	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	31/M	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	31/M	1 item = 1 skin barrier
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	None	50/M	1 unit = 1 pouch
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter(1 piece), each	None	50/M	1 unit = 1 pouch
A4418	Ostomy pouch , closed, without barrier attached, with filter (1 piece), each	None	50/M	1 unit = 1 pouch
A4419	Ostomy pouch, closed, for use on barrier with non-locking flange, with filter (2 piece), each	None	60/M	1 unit = 1 pouch
A4420	Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each	None	50/M	1 unit = 1 pouch
A4421	Miscellaneous ostomy supply not otherwise classified	None		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		1 item = 1 packet

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each	None	50/M	1 unit = 1 pouch
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	None	50/M	1 unit = 1 pouch
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two (2) piece system), each	None	50/M	1 unit = 1 pouch
A4426	Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each	None	50/M	1 unit = 1 pouch
A4427	Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each	None	50/M	1 unit = 1 pouch
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	None	50/M	1 unit = 1 pouch
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	None	50/M	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	50/M	1 unit = 1 pouch
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each	None	50/M	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	50/M	1 unit = 1 pouch
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each	None	50/M	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	50/M	1 unit = 1 pouch
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	None	31/M	1 unit per one (1) to two (2) days per site. This item should not be billed with barriers.
A5051	Pouch, closed; with barrier attached (1 piece), each	None		1 item = 1 pouch
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	None		1 item = 1 pouch
A5053	Ostomy pouch, closed; for use on faceplate, each	None		1 item = 1 pouch

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A5054	Ostomy pouch, closed; for use on barrier with flange, (2 piece) each	None		1 item = 1 pouch (2 piece system) each
A5055	Stoma cap, each	None		1 item = 1 cap
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	None		New code effective 1/1/12.
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	None		New code effective 1/1/12.
A5061	Ostomy pouch, drainable; with barrier attached (1 piece), each	None		1 item = 1 pouch
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	None		1 item = 1 pouch
A5063	Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each	None		1 item = 1 pouch (2 piece system) each
A5071	Ostomy pouch; urinary; with barrier attached (1 piece), each	None		1 item = 1 pouch
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	None		1 item = 1 pouch
A5073	Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each	None		1 item = 1 pouch
A5081	Stoma plug or seal, any type	None		1 item = 1 device
A5082	Continent device, catheter for continent stoma, each	None		1 item = 1 catheter
A5083	Continent device, stoma absorptive cover for continent stoma	None		1 item = 1 cover
A5093	Ostomy accessory, convex insert, each	None		1 item = 1 insert
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	None		1 item = 1 bottle
A5105	Urinary suspensory with leg bag, with or without tube, each	None		1 item = 1 suspensory
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	None		1 item = 1 bag
A5113	Leg strap; latex, replacement only, per set	None		1 item = 1 pair
A5114	Leg strap; foam or fabric, replacement only, per set	None		1 item = 1 set
A5120	Skin barrier, wipes or swabs, each	None		.
A5121	Skin barrier, solid, 6x6 or equivalent, each	None		1 item = 1 skin barrier
A5122	Skin barrier, solid, 8x8 or equivalent, each	None		1 item = 1 skin barrier
A5126	Adhesive or non-adhesive disc or foam pad	None		1 item = 1 pad

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	None		1 item = 1 ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	None		
	Incontinence Products or Briefs			
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Con	240/M	Diaper. COMBINATION LIMIT
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Con	240/M	Diaper. COMBINATION LIMIT
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Con	240/M	Diaper. COMBINATION LIMIT
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Con	240/M	Diaper. COMBINATION LIMIT
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Con	240/M	Diaper. COMBINATION LIMIT
T4530	Pediatric size disposable incontinence product brief/diaper, large size, each	Con	240/M	Diaper. COMBINATION LIMIT
T4531	Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4533	Youth sized disposable incontinence product, brief/diaper, each	Con	240/M	Diaper. COMBINATION LIMIT
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Con	240/M	Pull-up. COMBINATION LIMIT
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Con	240/M	Liner. COMBINATION LIMIT

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	Con	240/M	Brief. COMBINATION LIMIT
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Con	240/M	Pull-Up. COMBINATION LIMIT
A4554	Underpads, disposable, each	Con	150/M	Chux. 1 item = 1 pad. Limit 150 per calendar month. Above 150 requires a PAR.
	Syringes, needles & infusion supplies			
A4206	Syringe with needle, sterile, 1 cc, each	None		Use for diabetic syringes. 1 item = 1 syringe.
A4207	Syringe with needle, sterile, 2 cc, each	Yes		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		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		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		1 item = 1 stylet.
A4213	Syringe, sterile, 20 cc or greater, each	Yes		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		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		
A4221	Supplies for maintenance of drug infusion catheter, per week (list drug separately)	None		
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	None		
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes		
S8490	Insulin syringes (100 syringes, any size)	None		
	Urinary care			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4310	Insertion tray without drainage bag & without catheter (accessories only), each	None		Includes: underpad/drape, povidone iodine, 10cc syringe, specimen container, sterile gloves, lubricant, and graduated collection basin. Do not bill included items separately.
A4311	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	None		1 item = 1 set
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	None		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		1 item = 1 set
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	None		1 item = 1 set
A4320	Irrigation tray with bulb or piston syringe, each	None		1 item = 1 set
A4322	Irrigation syringe, bulb or piston, each	None		1 item = 1 syringe
A4326	Male external catheter with integral collection chamber, any type, each	None	35/M	Inflatable, faceplate, etc. 1 item = 1 catheter
A4327	Female external urinary collection device, metal cup, each	None		1 item = 1 cup
A4328	Female external urinary collection device, pouch, each	None		1 item = 1 pouch
A4330	Perianal fecal collection pouch with adhesive, each	None		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	15/M	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, each	None	180/M	1 item = 1 packet
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	None	30/M	1 item = 1 device
A4334	Urinary catheter anchoring device, leg strap, each	None	30/M	1 item = 1 device
A4335	Miscellaneous incontinence supply not otherwise classified	Yes		No PAR required if used for urinary tubing, clamps, connectors, hand adapters. Billing must include description of urinary item.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4336	Incontinence supply, urethral insert, any type, each	None	30/M	1 item = 1 insert
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each	None	2/M	1 item = 1 catheter
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	None		1 item = 1 catheter
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	None		1 item = 1 catheter
A4349	Male external catheter, with or without adhesive, disposable, each	None	35/M	
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	120/M	1 item = 1 catheter
A4351-22	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	120/M	Use for Hydrophilic catheter. 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 item = 1 catheter
A4352-22	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None		Use for Hydrophilic catheter. 1 item = 1 catheter
A4353	Intermittent urinary catheter, with insertion supplies	Yes	120/M	
A4353- 22	Intermittent urinary catheter, with insertion supplies	Yes	120/M	
A4354	Insertion tray with drainage bag, without catheter, each	None		1 item = 1 tray & bag
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	None		1 item = 1 clamp
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, per set	None	2/M	1 item = 1 set
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	None	2/M	1 item = 1 bag

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	None	31/M	
	Miscellaneous			
A4265	Paraffin, per pound	Yes		1 item = 1 pound
A6410	Eye Pad, sterile, each	None		1 item = 1 eye pad
A6411	Eye Pad, non-sterile, each	None		1 item = 1 eye pad
A6412	Eye patch, occlusive, each	None		1 item = 1 eye patch
E0235	Paraffin bath unit, portable each	Yes		1 item = 1 unit
ELASTIC SUPPORTS & STOCKINGS – GENERAL USE				
A4465	Nonelastic binder for extremity	None		
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	None		
A4490	Surgical stocking, above knee length, each	None		1 item = 1 stocking
A4495	Surgical stocking, thigh length, each	None		1 item = 1 stocking
A4500	Surgical stocking, below knee length, each	None		1 item = 1 stocking
A4510	Surgical stocking, full length, each	None		1 item = 1 stocking
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	None		
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	None		
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	None		
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	None		
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	None		
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	None		
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	None		
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	None		
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	None		
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	None		
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	None		
A6544	Gradient compression stocking, garter belt	None		
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	None		
A6549	Gradient compression stocking/sleeve, not otherwise specified	None		
HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE				
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	Yes		
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes		
E0215	Electric heat pad, moist	Yes		Benefit under very limited circumstances.
E0217	Water circulating heat pad with pump	Yes		
E0218	Water circulating cold pad with pump	Yes		
E0221	Infrared heating pad system	Yes		
E0236	Pump for water circulating pad, each	Yes		
E0249	Pad for water circulating heat unit, for replacement only	Yes		Purchase for member owned equipment only.
MONITORING EQUIPMENT & SUPPLIES – GENERAL USE				
A4556	Electrodes (e.g., apnea monitor), per pair	None		1 item = 1 pair. Note: Purchase for member owned equipment only. Must be provided by supplier for rented equipment.
A4557	Lead wires or cables, per pair	None		1 item = 1 pair. Note: Purchase for member owned equipment only. Must be provided by supplier for rented equipment.
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	None		1 item = 1 tube of gel
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Yes		
A4663	Blood pressure cuff only	Yes		1 item = 1 cuff only
A4670	Automatic blood pressure monitor	Yes		Digital
E0607	Home blood glucose monitor, each	None		
E0619-RR	Apnea monitor, with recording feature	Yes	1/M	Includes cardiac monitoring (belts included). 1 unit = 1 month Beyond 6 months requires Questionnaire #7.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0445 E0445-RR E0445-KR	Oximeter device for measuring blood oxygen levels non-invasively	Yes		Requires Questionnaire # 6 Purchase is required after a two (2) month rental period. Total reimbursement, including rental, shall not exceed the purchase price. For members under 3 years of age only: Equipment may be rented by members for a period of up to 3 years or until age 3. However, for rental periods exceeding 2 months, purchase is required when the member reaches age 3. <u>Rental:</u> - RR 1 unit = 1 month - KR 1 unit = 1 day – use only for overnight or 24-hour test period use.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each	Yes		
E0615	Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes		
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Yes		
K0607	Replacement battery for automated external defibrillator, garment type only, each	Yes		
K0608	Replacement garment for use with automated external defibrillator, each	Yes		
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Yes		
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Yes		
S9001-KR	Home uterine monitor with or without associated nursing services	Yes	31/D	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.
<u>PHOTOTHERAPY – GENERAL USE</u>				
E0202-KR	Phototherapy (bilirubin) light with photometer, per day	None	31/M	1 item = 1 day rental. Claims may be date spanned using the KR modifier for the rental period.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0691-KR	Ultraviolet light therapy system , includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Yes	31/M	1 item = 1 day rental
E0692-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes	31/M	1 item = 1 day rental
E0693-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes	31/M	1 item = 1 day rental
E0694-KR	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes	31/M	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 and questionnaire #17 on file at all times.				
	Humidifiers			
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes	31/M	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes		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		1 item = 1 month rental
E0550	Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	None		
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	None		
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	None		
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes		Purchase for member owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes		One-time purchase per provider per member.
E1405	Oxygen & water vapor enriching system with heated delivery	Yes		
E1406	Oxygen & water vapor enriching system without heated delivery	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
	IPPB machines			
	Oxygen contents – All settings			
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	None		1 unit = 50 cubic ft Use Modifier QE for <2 LPM - 95.00 Use no modifier for 2-4 LPM Us Modifier QF for >4 to 6 LPM - 285.00 Use Modifier QG for > 6 LPM - 403.20 1 unit = 1M
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	None		1 unit = 10 lbs Use Modifier QE for <2 LPM - 95.00 Use no modifier for 2-4 LPM Use Modifier QF for >4 to 6 LPM - 285.00 Use Modifier QG for > 6 LPM - 403.20 1 unit = 1M
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	None		Available only for Medicare crossover claims
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	None		Available only for Medicare crossover claims
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None		Available for ventilator members Use Modifier TG Available for use with members receiving more than 6LPM when approved by HCPF
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None		Available only for ventilator members Use Modifier TG Available for use with members receiving more than 6LPM when approved by HCPF
	Oxygen systems: Colorado Medicaid-Only Member, POS- Home			
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None		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		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		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		Providers must include RR modifier.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
K0738-RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	None		Providers must include RR modifier.
	Oxygen systems: Dually eligible Colorado Medicaid Member, POS- Home			
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None		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		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		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		Providers must include RR modifier.
	Oxygen systems: Colorado Medicaid-Only Member, POS-Nursing Facility			
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None		Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None		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		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		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.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	None		Providers must include RR modifier.
E0440-TT-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	None		Providers must include both TT and RR modifier. Use for multiple member use of reservoir. Bill usual & customary charge divided by total number of **all** members utilizing reservoir. The total, unduplicated count of members (regardless of payment source) using the equipment during the month must be maintained in each member's file.
	Oxygen systems: Dually eligible Medicare/Colorado Medicaid Member, POS-Nursing Facility			
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None		Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None		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		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		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		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		Providers must include RR modifier.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0439-TT-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None		Providers must include both TT and RR modifier. Use for multiple member use of reservoir. Bill usual & customary charge divided by total number of **all** members utilizing reservoir. The total, unduplicated count of members (regardless of payment source) using the equipment during the month must be maintained in each member's file.
	Oxygen concentrators: Colorado Medicaid-Only Member and Medicare/Colorado Medicaid Dually Eligible Member, POS-Home			
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None		
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	None		
E1392-RR	Portable oxygen concentrator, rental	None		
	Oxygen concentrators: Colorado Medicaid-Only Member and Medicare/Colorado Medicaid Dually Eligible Member, 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		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		1 item = 1 hour usage 167.67 (or 729 units) per month maximum for concentrator/equipment.
E1392-TT	Portable oxygen concentrator, rental	None		1 item = 1 hour usage $167.67 (or 729 units) per month maximum for concentrator/equipment.
	Ventilators, percussors, & respirators			
A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes		
A7020	Interface for cough stimulating device, includes all components, replacement only	Yes		
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Yes		Requires Questionnaire #14.
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	None		Purchase for member owned equipment only.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Yes	6/Y	Purchase for member owned equipment only.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes	6/Y	Purchase for member owned equipment only.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes	6/Y	Purchase for member owned equipment only.
A7030	Full face mask used with positive airway pressure device, each	Yes	6/Y	Purchase for member owned equipment only.
A7031	Face mask interface, replacement for full face mask, each	Yes	6/Y	Purchase for member owned equipment only.
A7032	Cushion for use on nasal mask interface, replacement only, each	Yes	6/Y	Purchase for member owned equipment only.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes	6/Y	Purchase for member owned equipment only.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure devise, with or without head strap	Yes	6/Y	Purchase for member owned equipment only.
A7035	Headgear used with positive airway pressure device	Yes	6/Y	Purchase for member owned equipment only.
A7036	Chinstrap used with positive airway pressure device	Yes	6/Y	Purchase for member owned equipment only.
A7037	Tubing used with positive airway pressure device	None	12/Y	Purchase for member owned equipment only.
A7038	Filter, disposable, used with positive airway pressure device	Yes	1/Y	Purchase for member owned equipment only.
A7039	Filter, non disposable, used with positive airway pressure device	Yes	1/Y	Purchase for member owned equipment only.
A7044	Oral interface used with positive airway pressure device, each	Yes	6/Y	Purchase for member owned equipment only.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Yes	6/Y	Purchase for member owned equipment only.
A9280	Alert or alarm device, not otherwise classified	Yes		Purchase only for member 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		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		Must be provided if equipment is rented. Purchase for member owned equipment only.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0459	Chest wrap	Yes		Must be provided if equipment is rented. Purchase for member owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes		
E0461-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	1/M	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	1/M	Members may receive up to 2 units per month if a backup ventilator is required.
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	1/M	Members may receive up to 2 units per month if a backup ventilator is required.
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		Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8 for adults over 21 years of age. .
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		Requires sleep study with PAR. Requires Questionnaire #8 for adults over 21 years of age.
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		Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8 for adults over 21 years of age.
E0480	Percussor, electric or pneumatic, home model	Yes		
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes		
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each.	Yes		Requires Questionnaire #14.
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes		Purchase for member owned equipment only.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0562	Humidifier, heated, used with positive airway pressure device	Yes		One-time purchase per provider per member.
E0601	Continuous positive airway pressure (CPAP) device	Yes		Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Rental period of 60-90 days must demonstrate 80% overall compliance with a nightly average of at least five (5) hours before a purchase request will be approved. Requires Questionnaire #8 for adults over 21 years of age.
E0606	Postural drainage board	Yes		
S8185	Flutter device	Yes		
S8186	Swivel adapter	Yes		
	Oxygen concentrators: Colorado Medicaid-Only Member and Medicare/Colorado Medicaid Dually Eligible Member, POS-Home			
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None		
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	None		
E1392-RR	Portable oxygen concentrator, rental	None		
	Oxygen concentrators: Colorado Medicaid-Only Member and Medicare/Colorado Medicaid Dually Eligible Member, 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		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		1 item = 1 hour usage 167.67 (or 729 units) per month maximum for concentrator/equipment.
E1392-TT	Portable oxygen concentrator, rental	None		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		1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	None		1 unit = 1 canister
A7002	Tubing, used with suction pump	None		1 unit = 1 tubing

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	None		
A7004	Small volume non-filtered pneumatic nebulizer, disposable	None		1 unit = 1 nebulizer
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	None		
A7006	Administration set, with small volume filtered pneumatic nebulizer	None		
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	None		1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, pre-filled, used with aerosol compressor	None		1 unit = 1 nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	None		1 unit = 1 reservoir bottle
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	None		1 unit = 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	None		1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	None		1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	None		1 unit = 1 filter
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	None		1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	None		1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	None		1 unit = dome and mouthpiece
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	None		1 unit = 1 nebulizer
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	None		1 unit = 1,000 ml.
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	None		
E0570	Nebulizer with compressor	None		
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	None		Deleted effective 1/1/2012.
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	None		
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer	None		
E0575	Nebulizer, ultrasonic, large volume	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	None		
E0585	Nebulizer with compressor & heater	None		
E0600	Respiratory suction pump, home model, portable or stationary, electric	None	1/M	1 unit = 1 month. Capped rental item. Rental includes suction tubing.
E1372	Immersion external heater for nebulizer	None		
K0730	Controlled dose inhalation drug delivery system	None		
	Respiratory care accessories, supplies & related services **Note**: All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for member-owned equipment.			
A4481	Tracheostomy filter, any type, any size, each	None		1 item = 1 filter
A4605	Tracheal suction catheter, closed system, each	None		
A4606	Oxygen probe for use with oximeter device, replacement	Yes		1 unit = 1 probe Non-disposable
A4608	Transtracheal oxygen catheter, each	None		1 item = 1 catheter
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	None		
A4612	Battery cables, replacement for patient owned ventilator, each	None		
A4613	Battery charger, replacement for patient owned ventilator, each	None		
A4614	Peak expiratory flow rate meter, hand held	None		
A4615	Cannula, nasal, each	None		Must be provided with rental equipment. Purchase for member owned equipment only.
A4616	Tubing (oxygen), per foot	None		
A4617	Mouthpiece, each	None		
A4618	Breathing circuits, each	None		Must be provided with rental equipment. Purchase for member owned equipment only.
A4619	Face tent, each	None		
A4620	Variable concentration mask, each	None		
A4623	Tracheostomy, inner cannula (replacement only), each	None		
A4624	Tracheal suction catheter, any type other than closed system, each	None		1 item = 1 catheter
A4625	Tracheostomy care kit for new tracheostomy	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	None		Includes aerochamber.
A4628	Oropharyngeal suction catheter, each	None		1 item = 1 catheter
A4629	Tracheostomy care kit for established tracheostomy	None		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		
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	None		
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	None		
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	None		
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	None		
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	None		
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	None		
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	None		
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	None		
A7520	Tracheostomy,/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	None		1 unit = 1 tube
A7521	Tracheostomy,/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	None		1 unit = 1 tube

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	None		1 unit = 1 tube
A7523	Tracheostomy shower protector, each	None		1 unit = 1 protector
A7524	Tracheostoma stent/stud/button, each	None		1 unit = 1 stent/stud/button
A7525	Tracheostomy mask, each	None		
A7526	Tracheostomy tube collar/holder, each	None		
A7527	Tracheostomy/laryngectomy tube plug/stop, each	None		
E0455	Oxygen tent excluding croup or pediatric tents, each	None		
E0755	Electronic salivary reflex stimulator, intra oral/non-invasive, each	Yes		
E1353	Regulator, each	None		Purchase for member owned equipment only.
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	None		Purchase for member owned equipment only.
E1355	Stand/rack, each	None		Purchase for member owned equipment only.
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	None		Purchase for member owned equipment only.
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	None		Purchase for member owned equipment only.
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	None		Purchase for member owned equipment only.
L8501	Tracheostomy, speaking valve, each	None		
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	None		
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	None		
S8189	Tracheostomy supply, not otherwise classified	Yes		Use for tracheostomy supplies when an appropriate code is not available.
S8210	Mucus trap	None		
S8301	Infection control supplies, not otherwise specified	Yes		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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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.				
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	None		Purchase for member owned equipment only. Use for 4 lead also.
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	None	4/Y	
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) device, two (2) lead, localized stimulation	Yes		
E0720-KH	TENS, two (2) lead, localized stimulation, each	Yes		Use for 1st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0720-KI	TENS, two (2) lead, localized stimulation, each	Yes		Use for 2nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) device, four (4) or more leads, for multiple nerve stimulation	Yes		
E0730-KH	Transcutaneous electrical nerve stimulation device, four (4) or more leads, for multiple nerve stimulation	Yes		Use for 1st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0730-KI	Transcutaneous electrical nerve stimulation device, four (4) or more leads, for multiple nerve stimulation	Yes		Use for 2nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0731	Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each	Yes		
E0744	Neuromuscular stimulator for scoliosis, each	Yes		
E0745	Neuromuscular stimulator electronic shock unit, each	Yes		
E0746	Electromyography (EMG), biofeedback device	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0747	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes		
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes		
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes		
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes		
E0762-KH	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes		Use for 1st month trial rental only. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0762-KI	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes		Use for 2nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0770-KH	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Yes		Use for 1st month trial rental only. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
E0770-KI	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Yes		Use for 2nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental
S8130	Interferential current stimulator, 2 channel	Yes		New code effective 1/1/12.
S8131	Interferential current stimulator, 4 channel	Yes		New code effective 1/1/12.
TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE				
E0830	Ambulatory traction device, all types, each	Yes		
E0840	Traction frame, attached to headboard, cervical traction	Yes		
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Yes		
E0850	Traction stand, free standing, cervical traction	Yes		
E0855	Cervical traction equipment not requiring additional stand or frame	Yes		
E0856	Cervical traction device, cervical collar with inflatable air bladder	Yes		
E0860	Traction equipment, over door, cervical	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0870	Traction frame, attached to footboard, extremity traction	Yes		
E0880	Traction stand, free standing, extremity traction	Yes		
E0890	Traction frame, attached to footboard, pelvic traction	Yes		
E0900	Traction stand, free standing, pelvic traction	Yes		
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes		
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes		
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Yes		
E0920	Fracture frame, attached to bed, includes weights	Yes		
E0930	Fracture frame, free standing, includes weights	Yes		
E0935-KR	Continuous passive motion exercise device for use on knee only	Yes	7/W	Rental per day. First 14 days post-op maximum.
E0936	Continuous passive motion exercise device for use other than knee	Yes		
E0940	Trapeze bar, free standing, complete with grab bar	Yes		
E0941	Traction device, gravity assisted, any type	Yes		
E0942	Cervical head harness or halter, each	Yes		
E0944	Pelvic belt, harness or boat, each	Yes		
E0945	Extremity belt or harness, each	Yes		
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes		Balken, 4-poster
E0947	Fracture frame, attachments for complex pelvic traction	Yes		
E0948	Fracture frame, attachments for complex cervical traction	Yes		
E1841-KR	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories	Yes	31/M	Rental is per day.
LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE				
A4600	Sleeve for intermittent limb compression device, replacement only, each	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0650	Pneumatic compressor, non-segmental home model	**Yes**		
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes		
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes		
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes		
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Yes		
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Yes		
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes		
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes		
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes		
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes		
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes		
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes		
E0671	Segmental gradient pressure pneumatic appliance, full leg	Yes		
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Yes	1/Y	For use with pneumatic compression device only when medical conditions exist that prevent the use of other appliances.
E0672	Segmental gradient pressure pneumatic appliance, full arm	Yes		
E0673	Segmental gradient pressure pneumatic appliance, half leg	Yes		
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	Yes		
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Yes		
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes		
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes		
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes		
S8424	Gradient pressure aid (sleeve), ready made	Yes		
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes		
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes		
S8427	Gradient pressure aid (glove), ready made	Yes		
S8428	Gradient pressure aid (gauntlet), ready made	Yes		
S8429	Gradient pressure exterior wrap	Yes		
S8430	Padding for compression bandage, roll	Yes		
S8431	Compression bandage, roll	Yes		
WOUND THERAPY EQUIPMENT				
E2402-KR	Negative pressure wound therapy electrical pump, stationary or portable	Yes		Price includes equipment & all supplies. 1 unit = one (1) day rental Requires Questionnaire #12.
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	Con		
REHABILITATION EQUIPMENT – SPECIALIZED USE				
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Yes		
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Yes		
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Yes		
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Yes		
A8004	Soft interface for helmet, replacement only	Yes		
E1700	Jaw motion rehabilitation system	Yes		
E1701	Replacement cushions for jaw motion rehabilitation system, package of 6	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200	Yes		
ORAL & ENTERAL NUTRITION, FORMULAS, EQUIPMENT & SUPPLIES – SPECIALIZED USE				
	Enteral formulas			
B4100	Food thickener, administered orally, per ounce	Yes		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		
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes		
B4104	Additive for enteral formula (e.g. fiber)	Yes		
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		
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		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		For oral administration use modifier -BO.
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes		For oral administration use modifier -BO.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		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		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		
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		
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		
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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		
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		
B4164	Parenteral nutrition solution, carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4168	Parenteral nutrition solution, amino acid, 3.5%, (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4172	Parenteral nutrition solution, amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4176	Parenteral nutrition solution, amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4178	Parenteral nutrition solution, amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4180	Parenteral nutrition solution, carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4185	Parenteral nutrition solution, per 10 grams lipids	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B4216	Parenteral nutrition, additives (vitamins, trace elements, heparin, electrolytes) - home mix, per day	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B5000	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn rf, nephramine, renamine - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine hbc, hepatamine - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Yes		**This item must be provided by the pharmacy using a valid NDC.**
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Yes		
	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			
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	None		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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
B4035	Enteral feeding supply kit: Pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Yes		
B4036	Enteral feeding supply kit: Gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Yes		
B4081	Nasogastric tubing with stylet, each	Yes		
B4082	Nasogastric tubing without stylet, each	Yes		
B4083	Stomach tube, Levine type, each	Yes		
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Yes	1/M	
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Yes	1/M	
B9000-RR	Enteral nutrition infusion pump, without alarm, each	Yes		Rental: 1 item = 1 day. Supplies may not be billed separately. All supplies must be provided with the pump for each day the equipment is rented.
B9002-RR	Enteral nutrition infusion pump, with alarm, each	Yes		Rental: 1 item = 1 day. Supplies may not be billed separately. All supplies must be provided with the pump for each day the equipment is rented.
E0776	IV pole	Yes		Total reimbursement, including rental, shall not exceed the purchase price.
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes		
S8265	Haberman feeder for cleft lip/palate	None		Use this code also for glass bottle, nipple, membrane, disc or collar replacements. Must be billed on a paper claim. Bill one (1) line for multiple components. Describe individual components and units of each item in comment section of the claim.
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one (1) time use only as stated by manufacturer).	Yes		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		Includes kit and all supplies. Only available for use with premature infants and infants in critical care.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E0603-KR	Breast Pump, electric (AC and/or DC), any type	Yes	1 31/M	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		Purchase for member owned equipment only.
A4282	Adapter for breast pump, replacement	Yes		Purchase for member owned equipment only.
A4283	Cap for breast pump bottle, replacement	Yes		Purchase for member owned equipment only.
A4284	Breast shield and splash protector for use with breast pump, replacement	Yes		Purchase for member owned equipment only.
A4286	Locking ring for breast pump, replacement	Yes		Purchase for member owned equipment only.
T2101	Human breast milk processing, storage and distribution only	Yes		
HOME IV THERAPY – SPECIALIZED USE				
	Enteral formulas			
	Parenteral equipment & supplies			
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes		1 item = 1 system
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Yes		1 item = 1 system
B4220	Parenteral nutrition supply kit: Premix, including gloves, wipes, alcohol, acetone, povidone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destruclip, per day	Yes	31/M	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. May be used utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes		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	1/M	1 unit = 1 month rental

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
B9006-RR	Parenteral nutrition infusion pump, stationary	Yes		1 unit = 1 month rental
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes		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		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		1 item = 1 pump Less than 8 hours. Prior authorization must substantiate the necessity for the use of an ambulatory pump.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes	1 1/M	1 unit = 1 month rental
E0791	Parenteral infusion pump, stationary, single or multi channel	Yes	1 1/M	1 unit = 1 month rental
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g. epoprostenol or treprostinol)	Yes	1 1/M	1 item = 1 system 1 item = 1 month rental
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Yes	31/M	1 unit = 1 cartridge
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	None		For member owned equipment only.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	None		For member owned equipment only.
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	None		For member owned equipment only.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	None		For member owned equipment only.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	None		For member owned equipment only.
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Yes		For member 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

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes		For member 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		Use for insertion supplies only.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes		Use for insertion supplies only.
PROSTHETICS & ORTHOTICS				
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	None		1 unit = 1 attachment
	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	2/Y	
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	2/Y	
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		
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	None		
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	None		
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		
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe	None		

Code	Description	PAR	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		
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe	None		
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		
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		
	Orthotic Devices – Spinal			
	Cervical			
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes		
L0113	Cranial cervical orthosis, toricollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Yes		
L0120	Cervical, flexible, nonadjustable (foam collar)	None		
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Yes		
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Yes		
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	Yes		
L0170	Cervical, collar, molded to patient model	Yes		
L0172	Cervical, collar, semi-rigid thermoplastic foam, two (2) piece	Yes		
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two (2) piece, prefabricated, off-the-shelf	Yes		
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Yes		
	Multiple post collar			
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	Yes		
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Yes		
L0200	Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension	Yes		
	Thoracic			
L0220	Thoracic rib belt, custom fabricated	Yes		
	Thoracic-Lumbar-Sacral Orthosis (TLSO)Flexible			
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	None		
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		

Code	Description	PAR	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 item that has been trimmed, bent, molder, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	None		
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0458	TLSO, triplanar control, modular segmented spinal system, two (2) 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		
L0460	TLSO, triplanar control, modular segmented spinal system, two (2) rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0462	TLSO, triplanar control, modular segmented spinal system, three (3) 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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0464	TLSO, triplanar control, modular segmented spinal system, four (4) 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		
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	None		
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	None		
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	None		
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two (2) anterior components (one (1) pubic and one (1) 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		
L0480	TLSO, triplanar control, one (1) 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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0482	TLSO, triplanar control, one (1) 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		
L0484	TLSO, triplanar control, two (2) 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		
L0486	TLSO, triplanar control, two (2) 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		
L0488	TLSO, triplanar control, one (1) 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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0490	TLSO, sagittal-coronal control, one (1) 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		
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two (2) 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		
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three (3) 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		
	Lumbar-Sacral Orthosis (LSO)			
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	None		Support is not for obstetrical or obesity diagnosis.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		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		Support is not for obstetrical or obesity diagnosis.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
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		
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		

Code	Description	PAR	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	None		
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		
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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
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		
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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	None		
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	None		
	Sacroiliac Flexible			
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	None		
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		
	Semi-Rigid			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	None		
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		
	Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO)			
	Anterior-posterior-lateral control			
L0700	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	None		
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	None		
	Halo procedure			
L0810	Halo procedure, cervical halo incorporated into jacket vest	None		
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	None		
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	None		
L0861	Addition to halo procedure, replacement liner/interface material	None		
	Additions to Spinal Orthosis			
L0970	TLSO, corset front	None		
L0972	LSO, corset front	None		
L0974	TLSO, full corset	None		
L0976	LSO, full corset	None		
L0978	Axillary crutch extension	None		
L0980	Peroneal straps, off-the-shelf, pair	None		
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	None		
L0984	Protective body sock, prefabricated, off-the-shelf, each	None		
L0999	Addition to spinal orthosis, NOS	None		
	Orthotic Devices - Scoliosis Procedure			
	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee)			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1000	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	None		
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	None		
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	None		
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	None		
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	None		
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	None		
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	None		
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	None		
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	None		
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	None		
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	None		
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	None		
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	None		
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	None		
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	None		
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	None		
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	None		
	Thoracic-lumbar-sacral orthosis (TLSO) (low profile)			
L1200	TLSO, inclusive of furnishing initial orthosis only	None		
L1210	Addition to TLSO, (low profile), lateral thoracic extension	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1220	Addition to TLSO, (low profile), anterior thoracic extension	None		
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	None		
L1240	Addition to TLSO, (low profile), lumbar derotation pad	None	1/D	
L1250	Addition to TLSO, (low profile), anterior ASIS pad	None		
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	None		
L1270	Addition to TLSO, (low profile), abdominal pad	None		
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	None		
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	None		
	Other scoliosis procedures			
L1300	Other scoliosis procedure, body jacket molded to patient model	None		
L1310	Other scoliosis procedure, postoperative body jacket	None		
L1499	Spinal orthosis, not otherwise specified	None		
	Thoracic-hip-knee-ankle orthosis (THKAO)			
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes		Code deleted 12/31/2011.
L1510	THKAO, standing frame, with or without tray and accessories	Yes		Code deleted 12/31/2011.
L1520	THKAO, swivel walker	Yes		Code deleted 12/31/2011.
	Orthotic Devices - Lower Limb			
	Hip orthosis (HO) - Flexible			
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1620	HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L1630	HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	None		
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	None		
L1650	HO, abduction control of hip joints, static, adjustable (Iifted type), prefabricated, includes fitting and adjustment	None		
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	None		
L1660	HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	None		
L1680	HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	None		
L1685	HO abduction control of hip joint, postoperative hip abduction type, custom fabricated	None		
L1686	HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	None		
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	None		
	Legg perthes			
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	None		
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	None		
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	None		
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	None		
	Knee Orthosis (KO)			
E1810	Dynamic adjustable knee extension/ flexion device, includes soft interface material	None		
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None		
E1812	Dynamic knee, extension/flexion device with active resistance control	None		
L1810	KO, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	None		
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	None		
L1830	KO, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	None		
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	None		
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	None		
L1834	KO, without knee joint, rigid, custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	None		
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	None		
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
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		
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
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		
L1847	KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	None		
L1850	KO, Swedish type, prefabricated off-the-shelf	None		
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
	Ankle-Foot Orthosis (AFO)			
A9283	Foot pressure off loading/supportive device, any type, each	None		
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material	None		
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None		
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	None		
L1902	AFO, ankle gauntlet, prefabricated, off-the-shelf	None		
L1904	Ankle orthosis, ankle gauntlet, custom fabricated	None		
L1906	AFO, multi-ligamentous ankle support, prefabricated, off-the-shelf	None		
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	None		
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	None		
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated	None		
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	None		
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	None		
L1940	AFO, plastic or other material, custom fabricated	None		
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	None		
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	None		
L1960	AFO, posterior solid ankle, plastic, custom fabricated	None		
L1970	AFO, plastic, with ankle joint, custom fabricated	None		
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	None		
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	None		
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	None		
	Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination			
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	None		
L2005	Knee-ankle-foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	None		
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	None		
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	None		
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		
L2035	Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	None		
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	None		
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	None		
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	None		
	Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)			
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	None		
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	None		
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	None		
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	None		
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	None		
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	None		
	Fracture orthosis			
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	None		
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	None		
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None		
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	None		
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	None		
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	None		
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	None		
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None		
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	None		
	Additions to fracture orthosis			
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	None		
L2182	Additions to lower extremity fracture orthosis, drop lock knee joint	None		
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	None		
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	None		
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	None		
L2190	Addition to lower extremity fracture orthosis, waist belt	None		
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	None		
	Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee			
L2200	Addition to lower extremity, limited ankle motion, each joint	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	None		
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	None		
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	None		
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	None		
L2240	Addition to lower extremity, round caliper and plate attachment	None		
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attached	None		
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	None		
L2265	Addition lower extremity, long tongue stirrup	None		
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	None		
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	None	2/D	Maximum number of items are indicated for each extremity.
L2280	Addition to lower extremity, molded inner boot	None		
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	None		
L2310	Addition to lower extremity, abduction bar, straight	None		
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	None		
L2330	Addition to lower extremity, lacer molded to member patient, for custom fabricated orthosis only	None		
L2335	Addition to lower extremity, anterior swing band	None		
L2340	Addition to lower extremity, pretibial shell, molded to patient model	None		
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2360	Addition to lower extremity, extended steel shank	None		
L2370	Addition to lower extremity, Patten bottom	None		
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	None		
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	None		
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	None		
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	None		
L2390	Addition to lower extremity, offset knee joint, each joint	None		
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	None		
L2397	Addition to lower extremity orthosis, suspension sleeve	None		
	Additions to straight knee or offset knee joints			
L2405	Addition to knee joint, drop lock, each	None		
L2415	Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint	None		
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	None		
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	None		
L2492	Addition to knee joint, lift loop for drop lock ring	None		
	Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing			
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	None		
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	None		
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	None		
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2526	Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	None		
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	None		
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	None		
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	None		
	Additions: Pelvic and thoracic control			
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two (2) position joint, each	None		
L2580	Addition to lower extremity, pelvic control, pelvic sling	None		
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	None		
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	None		
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	None		
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	None		
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	None		
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	None		
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	None		
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	None		
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	None		
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	None		
L2660	Addition to lower extremity, thoracic control, thoracic band	None		
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2680	Addition to lower extremity, thoracic control, lateral support uprights	None		
	Additions: General			
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	None		
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None		
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	None		
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	None		
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	None		
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	None		
L2768	Orthotic side bar disconnect device, per bar	None		
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	None		
L2785	Addition to lower extremity orthosis, drop lock retainer, each	None		
L2795	Addition to lower extremity orthosis, knee control, full kneecap	None		
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	None		
L2810	Addition to lower extremity orthosis, knee control, condylar pad	None		
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	None		
L2830	Addition to lower extremity orthosis soft interface for molded plastic, above knee section	None		
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	None		
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	None		
L2999	Lower extremity orthoses, NOS	None		
	Orthopedic Shoes			
	Inserts			
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	Yes	4/Y	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Yes	2/Y	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Yes	2/Y	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Yes	2/Y	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes	2/Y	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes	2/Y	
L3030	Foot insert, removable, formed to patient foot, each	Yes	2/Y	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Yes	2/Y	
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	Yes	2/Y	
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	Yes	2/Y	
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	Yes		
	Arch support, non-removable, attached to shoe			
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	Yes		
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Yes		
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	Yes		
	Abduction and rotation bars			
L3140	Foot, abduction rotation bar, including shoes	Yes		
L3150	Foot, abduction rotation bar, without shoes	Yes		
L3160	Foot, adjustable shoe-styled positioning device	Yes		
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	Yes		
	Orthopedic footwear			
L3201	Orthopedic shoe, oxford with supinator or pronator, Infant	None		
L3202	Orthopedic shoe, oxford with supinator or pronator, Child	None		
L3203	Orthopedic shoe, oxford with supinator or pronator, Junior	None		
L3204	Orthopedic shoe, high top with supinator or pronator, Infant	None		
L3206	Orthopedic shoe, high top with supinator or pronator, Child	None		
L3207	Orthopedic shoe, high top with supinator or pronator, Junior	None		
L3208	Surgical boot, each, infant	None		
L3209	Surgical boot, each, child	None		
L3211	Surgical boot, each, junior	None		
L3212	Benesch boot, pair, infant	None		
L3213	Benesch boot, pair, child	None		
L3214	Benesch boot, pair, junior	None		
L3215	Orthopedic footwear, ladies shoe, oxford, each	Yes		
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Yes		
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Yes		
L3219	Orthopedic footwear, men's shoe, oxford, each	Yes		
L3221	Orthopedic footwear, men's shoe, depth inlay, each	Yes		
L3222	Orthopedic footwear, men's shoe, hightop, depth inlay, each	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3224	Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis)	Yes		
L3225	Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis)	Yes		
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes		
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Yes		
L3251	Foot, shoe molded to patient model, silicone shoe, each	Yes		
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes		
L3253	Foot, molded shoe Plastozote (or similar), custom fitted, each	Yes		
L3254	Nonstandard size or width	Yes		
L3255	Nonstandard size or length	Yes		
L3257	Orthopedic footwear, additional charge for split size	Yes	1	Updated per NCCI requirements. 1 unit per foot is allowed and must be billed with the appropriate LT/RT modifier on separate lines.
L3260	Surgical boot/shoe, each	Yes		
L3265	Plastazote sandal, each	Yes		
	Shoe modification - lifts			
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Yes		
L3310	Lift, elevation, heel and sole, neoprene, per inch	Yes		
L3320	Lift, elevation, heel and sole, cork, per inch	Yes		
L3330	Lift, elevation, metal extension (skate)	Yes		
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Yes		
L3334	Lift, elevation, heel, per inch	Yes		
	Shoe modification - wedges			
L3340	Heel wedge, SACH	Yes		
L3350	Heel wedge	Yes		
L3360	Sole wedge, outside sole	Yes		
L3370	Sole wedge, between sole	Yes		
L3380	Clubfoot wedge	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3390	Outflare wedge	Yes		
L3400	Metatarsal bar wedge, rocker	Yes		
L3410	Metatarsal bar wedge, between sole	Yes		
L3420	Full sole and heel wedge, between sole	Yes		
	Shoe modifications - heels			
L3430	Heel, counter, plastic reinforced	Yes		
L3440	Heel, counter, leather reinforced	Yes		
L3450	Heel, SACH cushion type	Yes		
L3455	Heel, new leather, standard	Yes		
L3460	Heel, new rubber, standard	Yes		
L3465	Heel, Thomas with wedge	Yes		
L3470	Heel, Thomas extended to ball	Yes		
L3480	Heel, pad and depression for spur	Yes		
L3485	Heel, pad, removable for spur	Yes		
	Miscellaneous shoe additions			
L3500	Orthopedic shoe addition, insole, leather	Yes		
L3510	Orthopedic shoe addition, insole, rubber	Yes		
L3520	Orthopedic shoe addition, insole, felt covered with leather	Yes		
L3530	Orthopedic shoe addition, sole, half	Yes		
L3540	Orthopedic shoe addition, sole, full	Yes		
L3550	Orthopedic shoe addition, toe tap, standard	Yes		
L3560	Orthopedic shoe addition, toe tap, horseshoe	Yes		
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Yes		
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Yes		
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Yes		
L3595	Orthopedic shoe addition, March bar	Yes		
	Transfer or replacement			
L3600	Transfer of an orthosis from one (1) shoe to another, caliper plate, existing	Yes		
L3610	Transfer of an orthosis from one (1) shoe to another, caliper plate, new	Yes		
L3620	Transfer of an orthosis from one (1) shoe to another, solid stirrup, existing	Yes		
L3630	Transfer of an orthosis from one (1) shoe to another, solid stirrup, new	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3640	Transfer of an orthosis from one (1) shoe to another, Dennis Browne splint (Riveton), both shoes	Yes		
L3649	Orthopedic shoe, modification, additional or transfer, NOS	Yes		
	Orthotic Devices – Upper Limb			
	Shoulder Orthosis (SO)			
L3650	SO, figure of eight design abduction re-strainer, prefabricated, off-the-shelf	None		
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	None		
L3670	SO, acromi/calvicular (canvas and webbing type), prefabricated, off-the-shelf	None		
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
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		
L3675	SO, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	None		
L3677	SO, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	None		
	Elbow Orthosis (EO)			
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	None		
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	None		
E1818	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories	None		
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3710	EO, elastic with metal joints, prefabricated, off-the-shelf	None		
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	None		
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	None		
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	None		
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	None		
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	None		
	Elbow-Wrist-Hand Orthosis			
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3764	Elbow wrist hand orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
	Elbow-Wrist-Hand-Finger Orthosis			
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3766	Elbow wrist hand finger orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
	Wrist-Hand-Finger Orthosis (WHFO)			
L3806	WHFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	None		
L3807	WHFO, without joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3808	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	None		
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	None		
	Additions - general			
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	None		
	Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension			
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	None		
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None		
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	None		
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	None		
	External power			
L3904	WHFO, external powered, electric, custom fabricated	None		
	Other WHFOs – Custom fitted			
L3905	Wrist hand orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, off-the-shelf	None		
L3912	HFO, flexion glove with elastic finger control, prefabricated, off-the-shelf	None		
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3915	WHFO, includes one (1) or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3616	Wrist hand orthosis, includes one (1) or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	None		
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	None		
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3921	Hand finger orthosis, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		.
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	None		
L3925	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	None		
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, off-the-shelf	None		
L3929	HFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L3930	Hand finger orthosis, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	None		
L3931	WHFO, includes one (1) or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	None		
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	None		.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3935	Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	None		.
L3956	Addition of joint to upper extremity orthosis, any material; per joint	None		
	Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)			
L3960	SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	None		
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	None		
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	None		Code deleted 12/31/2011. See code E2626.
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	None		Code deleted 12/31/2011. See code E2627.
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	None		Code deleted 12/31/2011. See code E2628.
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		
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		Code deleted 12/31/2011. See code E2629.
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		Code deleted 12/31/2011. See code E2630.

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3970	SEO, addition to mobile arm support, elevating proximal arm	None		Code deleted 12/31/2011. See code E2631.
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	None		Code deleted 12/31/2011. See code E2632.
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3974	SEO, addition to mobile arm support, supinator	None		Code deleted 12/31/2011.
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3976	121BShoulder 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		
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
L3978	131BShoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one (1) or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None		
	Fracture orthosis			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	None		
L3982	Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment	None		
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	None		
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	None		
L3999	Upper limb orthosis, NOS	None		
	Specific repair			
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	None		
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	None		
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	None		
L4002	Replacement strap, any orthosis, includes all components, any length, any type	None		
L4010	Replace trilateral socket brim	None		
L4020	Replace quadrilateral socket brim, molded to patient model	None		
L4030	Replace quadrilateral socket brim, custom fitted	None		
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	None		
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	None		
L4050	Replace molded calf lacer, for custom fabricated orthosis only	None		
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	None		
L4060	Replace high roll cuff	None		
L4070	Replace proximal and distal upright for KAFO	None		
L4080	Replace metal bands KAFO, proximal thigh	None		
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	None		
L4100	Replace leather cuff KAFO, proximal thigh	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	None		
L4130	Replace pretibial shell	None		
	Repairs			
L4205	Repair of orthotic device, labor component, per 15 minutes	None		
L4210	Repair of orthotic device, repair or replace minor parts	None		
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, off-the-shelf	None		
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	None		
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	None		
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	None		Code deleted 12/31/2011. See code L4370-L3470
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	None		
L4392	Replacement soft interface material, static AFO	None		
L4394	Replace soft interface material, foot drop splint	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual w/ expertise	None		
L4398	Foot drop splint recumbent positioning device, prefabricated, off-the-shelf	None		
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		
	Prosthetic Procedures L5000-L9999			
	Lower limb			
	Partial foot			
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	None		
L5010	Partial foot, molded socket, ankle height, with toe filler	None		
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	None		
	Ankle			
L5050	Ankle, Symes, molded socket, SACH foot	None		
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	None		
	Below knee			
L5100	Below knee, molded socket, shin, SACH foot	None		
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	None		
	Knee disarticulation			
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	None		
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	None		
	Above knee			
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	None		
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	None		
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	None		
	Hip disarticulation			
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None		
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot	None		
	Hemipelvectomy			
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None		
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	None		
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	Yes		New code effective 1/1/12.
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	None		
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None		
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None		
	Immediate post surgical or early fitting procedures			
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one (1) cast change, below knee	None		
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		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one (1) cast change "AK" or knee disarticulation	None		
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		
L5450	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee	None		
L5460	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee	None		
	Initial prosthesis			
L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, Sach foot, plaster socket, direct formed	None		
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot plaster socket, direct formed	None		
	Preparatory prosthesis			
L5510	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None		
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None		
L5530	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	None		
L5535	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	None		

Code	Description	PAR	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		
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None		
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None		
L5580	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	None		
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	None		
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	None		
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	None		
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	None		
	Additions: Lower extremity			
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	None		
L5611	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control	None		
L5613	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5614	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	None		
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	None		
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	None		
	Additions: Test sockets			
L5618	Addition to lower extremity, test socket, Symes	None		
L5620	Addition to lower extremity, test socket, below knee	None		
L5622	Addition to lower extremity, test socket, knee disarticulation	None		
L5624	Addition to lower extremity, test socket, above knee	None		
L5626	Addition to lower extremity, test socket, hip disarticulation	None		
L5628	Addition to lower extremity, test socket, hemipelvectomy	None		
L5629	Addition to lower extremity, below knee, acrylic socket	None		
	Additions: Socket variations			
L5630	Addition to lower extremity, Symes type, expandable wall socket	None		
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	None		
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	None		
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	None		
L5636	Addition to lower extremity, Symes type, medial opening socket	None		
L5637	Addition to lower extremity, below knee, total contact	None		
L5638	Addition to lower extremity, below knee, leather socket	None		
L5639	Addition to lower extremity, below knee, wood socket	None		
L5640	Addition to lower extremity, knee disarticulation, leather socket	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5642	Addition to lower extremity, above knee, leather socket	None		
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	None		
L5644	Addition to lower extremity, above knee, wood socket	None		
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	None		
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	None		
L5647	Addition to lower extremity, below knee, suction socket	None		
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	None		
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	None		
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	None		
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	None		
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	None		
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	None		
	Additions: Socket insert and suspension			
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	None		
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None		
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	None		
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None		
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	None		
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5666	Addition to lower extremity, below knee, cuff suspension	None		
L5668	Addition to lower extremity, below knee, molded distal cushion	None		
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	None		
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	None		
L5672	Addition to lower extremity, below knee, removable medial brim suspension	None		
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or elastomeric or equal, for use with locking mechanism	None		
L5676	Addition to lower extremity, below knee, knee joints single axis, pair	None		
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	None		
L5678	Addition to lower extremity, below knee joint covers, pair	None		
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		
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	None		
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		
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		
L5684	Addition to lower extremity, below knee, fork strap	None		
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	None		
L5686	Addition to lower extremity, below knee, back check (extension control)	None		
L5688	Addition to lower extremity, below knee, waist belt, webbing	None		
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	None		
L5692	Addition to lower extremity, above knee, pelvic control belt, light	None		
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	None		
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	None		
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	None		
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	None		
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	None		
L5699	All lower extremity prostheses, shoulder harness	None		
	Replacements			
L5700	Replacement, socket, below knee, molded to patient model	None		
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	None		
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	None		

Code	Description	PAR	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		
L5704	Custom shaped protective cover, below knee	None		
L5705	Custom shaped protective cover, above knee	None		
L5706	Custom shaped protective cover, knee disarticulation	None		
L5707	Custom shaped protective cover, hip disarticulation	None		
	Additions: Exoskeletal knee-shin system			
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	None		
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	None		
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	None		
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	None		
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	None		
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	None		
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	None		
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	None		
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	None		
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	None		
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	None		
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	None		
	Component modification			
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	None		
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	None		
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None		
	Additions: Endoskeletal knee-shin system			
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	None		
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	None		
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	None		
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	None		
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	None		
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	None		
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	None		
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	None		
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	None		
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	None		
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	None		
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	None		
L5848	Addition to endoskeletal, knee-shin system, fluid stance extension, dampening feature, with or without adjustability	None		
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	None		
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	None		
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	None		
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	None		
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	None		
L5910	Addition, endoskeletal system, below knee, alignable system	None		
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	None		
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	None		
L5930	Addition, endoskeletal system, high activity knee control frame	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	None		
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	None		
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None		
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	None		
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	None		
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	None		
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	None		
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	None		
L5970	All lower extremity prostheses, foot, external keel, SACH foot	None		
L5971	All lower extremity prosthesis, solid ankle cushion hell (SACH) foot, replacement only	None		
L5972	All lower extremity prostheses, foot, flexible keel	None		
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	None		
L5974	All lower extremity prostheses, foot, single axis ankle/foot	None		
L5975	All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot	None		
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	None		
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one (1) piece system	None		
L5980	All lower extremity prostheses, flex-foot system	None		
L5981	All lower extremity prostheses, flex-walk system or equal	None		
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	None		
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	None		
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	None		
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	None		
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	None		
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	None		
L5990	Addition to lower extremity prosthesis, user adjustable heel height	None		
L5999	Lower extremity prosthesis not otherwise specified	None		Per CMS guidelines, real time gait assessment and other tasks shall not be billed under L5999.
	Upper Limb The procedures in L6000-L6599 are considered as "base" or "basic procedures" and may be modified by listing procedures from the "addition" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified			
	Partial hand			
L6000	Partial hand, thumb remaining	None		
L6010	Partial hand, little and/or ring finger remaining	None		
L6020	Partial hand, no finger remaining	None		
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two (2) batteries, charger, myoelectric control of terminal device	None		Code deleted 12/29/2014.
	Wrist disarticulation			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	None		
L6055	Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad	None		
	Below elbow			
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	None		
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	None		
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	None		
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	None		
	Elbow disarticulation			
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	None		
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	None		
	Above elbow			
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	None		
L6250	Above elbow molded double wall socket, internal locking elbow, forearm	None		
	Shoulder disarticulation			
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None		
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	None		
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	None		
	Interscapular thoracic			
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None		
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	None		
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	None		
	Immediate and early post surgical procedures			

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one (1) cast change, wrist disarticulation or below elbow	None		
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one (1) cast change, elbow disarticulation or above elbow	None		
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components, and one (1) cast change, shoulder disarticulation or interscapular thoracic	None		
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	None		
L6388	Immediate post surgical or early fitting, application of rigid dressing only	None		
	Endoskeletal: Below elbow			
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None		
	Endoskeletal: Elbow disarticulation			
L6450	Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping	None		
	Endoskeletal: Above elbow			
L6500	Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping	None		
	Endoskeletal: Shoulder disarticulation			
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None		
	Endoskeletal: Interscapular thoracic			
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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		
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		
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		
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		
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		
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		
	Additions: Upper limb The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order.			
L6600	Upper extremity additions, polycentric hinge, pair	None		
L6605	Upper extremity additions, single pivot hinge, pair	None		
L6610	Upper extremity additions, flexible metal hinge, pair	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	None		
L6615	Upper extremity addition, disconnect locking wrist unit	None		
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	None		
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	None		
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	None		
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	None		
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	None		
L6625	Upper extremity addition, rotation wrist unit with cable lock	None		
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	None		
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	None		
L6630	Upper extremity addition, stainless steel, any wrist	None		
L6632	Upper extremity addition, latex suspension sleeve, each	None		
L6635	Upper extremity addition, life assist for elbow	None		
L6637	Upper extremity addition, nudge control elbow lock	None		
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	None		
L6640	Upper extremity additions, shoulder abduction joint, pair	None		
L6641	Upper extremity addition, excursion amplifier, pulley type	None		
L6642	Upper extremity addition, excursion amplifier, lever type	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	None		
L6646	Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	None		
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	None		
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	None		
L6650	Upper extremity addition, shoulder universal joint, each	None		
L6655	Upper extremity addition, standard control cable, extra	None		
L6660	Upper extremity addition, heavy duty control cable	None		
L6665	Upper extremity addition, Teflon, or equal, cable lining	None		
L6670	Upper extremity addition, hook to hand, cable adapter	None		
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	None		
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	None		
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	None		
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	None		
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	None		
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	None		
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	None		
L6686	Upper extremity addition, suction socket	None		
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	None		
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	None		
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	None		
L6691	Upper extremity addition, removable insert, each	None		
L6692	Upper extremity addition, silicone gel insert or equal, each	None		
L6693	Upper extremity addition, locking elbow, forearm counter balance	None		
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		
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		
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		
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		
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	None		
	Terminal Devices			
L6703	Terminal device, passive hand/mitt, any material, any size	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6704	Terminal device, sport/recreation/work attachment, any material, any size	Yes		
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	None		
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any sized, lined or unlined	None		
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	None		
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	None		
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	None		
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	None		
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	None		
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	None		
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Yes		New code effective 1/1/12.
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	None		
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	None		
L6805	Addition to terminal device, modifier wrist unit	None		
L6810	Addition to terminal device, precision pinch device	None		
L6880	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Yes		New code effective 1/1/12.
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes		
	Replacement sockets			
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	None		
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	None		
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	None		
	Gloves for above hands			
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes		
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Yes		
	Hand restoration			
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one (1) finger remaining	Yes		
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes		
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes		
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes		
	External Power			
	Base devices			
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two (2) batteries and one (1) charger, switch control of terminal device	None		

Code	Description	PAR	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 (2) batteries and one (1) charger, myoelectronic control of terminal device	None		
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two (2) batteries and one (1) charger, switch control of terminal device	None		
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two (2) batteries and one (1) charger, myoelectronic control of terminal device	None		
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two (2) batteries and one (1) charger, switch control of terminal device	None		
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two (2) batteries and one (1) charger, myoelectronic control of terminal device	None		
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two (2) batteries and one (1) charger, switch control of terminal device	None		
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two (2) batteries and one charger, myoelectronic control of terminal device	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
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 (2) batteries and one (1) charger, switch control of terminal device	None		
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 (2) batteries and one (1) charger, myoelectronic control of terminal device	None		
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 (2) batteries and one (1) charger, switch control of terminal device	None		
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 (2) batteries and one (1) charger, myoelectronic control of terminal device	None		
L7007	Electric hand, switch or myoelectric, controlled, adult	None		
L7008	Electric hand, switch or myoelectric, controlled, pediatric	None		
L7009	Electric hook, switch or myoelectric controlled, adult	None		
L7040	Prehensile actuator, switch controlled	None		
L7045	Electronic hook, switch or myoelectric controlled, pediatric	None		
	Elbow			
L7170	Electronic elbow, Hosmer or equal, switch controlled	None		
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	None		
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	None		
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	None		
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	None		
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	None		
L7260	Electronic wrist rotator, Otto Bock or equal	None		Code deleted 12/29/2014.
L7261	Electronic wrist rotator, for Utah arm	None		Code deleted 12/29/2014.
L7266	Servo control, Steeper or equal	None		Code deleted 12/31/2011.
L7272	Analogue control, UNB or equal	None		Code deleted 12/31/2011.
L7274	Proportional control 6-12 volt, Liberty, Utah or equal	None		Code deleted 12/31/2011.
	Battery components			
L7360	Six (6) volt battery, each	None		
L7362	Battery charger, six (6) volt, each	None		
L7364	12 volt battery, each	None		
L7366	Battery charger, 12 volt, each	None		
L7367	Lithium ion battery, replacement	None		
L7368	Lithium ion battery charger, replacement only	None		
	Addition to upper extremity prosthesis			
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	None		
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	None		
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	None		
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	None		
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	None		
L7499	Upper extremity prosthesis, NOS	None		
	Repairs			
L7500	Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx)	None		Code deleted 12/31/2011. See code L7520.
L7510	Repair of prosthetic device, repair or replace minor parts	None		
L7520	Repair prosthetic device, labor component, per 15 minutes	None		
	Prostheses			
L8000	Breast prosthesis, mastectomy bra	None		
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	None		
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	None		
L8010	Breast prosthesis, mastectomy sleeve	None		
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	None		
L8020	Breast prosthesis, mastectomy form	None		
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Yes		
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Yes		
L8032	Nipple prosthesis, reusable, any type, each	Yes		
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	None		
L8039	Breast prosthesis, NOS	Yes		
L8040	Nasal prosthesis, provided by a non-physician	Yes		
L8041	Midfacial prosthesis, provided by a non-physician	Yes		
L8042	Orbital prosthesis, provided by a non-physician	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L8043	Upper facial prosthesis, provided by a non-physician	Yes		
L8044	Hemi-facial prosthesis, provided by a non-physician	Yes		
L8045	Auricular prosthesis, provided by a non-physician	Yes		
L8046	Partial facial prosthesis, provided by a non-physician	Yes		
L8047	Nasal septal prosthesis, provided by a non-physician	Yes		
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Yes		
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Yes		
L8499	Unlisted procedure for miscellaneous prosthetic services	Yes		
	Trusses			
L8300	Truss, single with standard pad	None		
L8310	Truss, double with standard pads	None		
L8320	Truss, addition to standard pads, water pad	None		
L8330	Truss, addition to standard pads, scrotal pad	None		
	Prosthetic socks			
L7600	Prosthetic donning sleeve, any material, each	None		
L8400	Prosthetic sheath, below knee, each	None		
L8410	Prosthetic sheath, above knee, each	None		
L8415	Prosthetic sheath upper limb each	None		
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	None		
L8420	Prosthetic sock, multiple ply, below knee, each	None		
L8430	Prosthetic sock, multiple ply, above knee, each	None		
L8435	Prosthetic sock, multiple ply, upper limb, each	None		
L8440	Prosthetic shrinker, below knee, each	None		
L8460	Prosthetic shrinker, above knee, each	None		
L8465	Prosthetic shrinker, upper limb, each	None		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
L8470	Prosthetic sock, single ply, fitting, below knee, each	None		
L8480	Prosthetic sock, single ply, fitting, above knee, each	None		
L8485	Prosthetic sock, single ply, fitting, upper limb, each	None		
	Prosthetic Implants			
	Integumentary system			
L8500	Artificial larynx, any type	None		
L8501	Tracheostomy speaking valve	None		
L8505	Artificial larynx replacement battery/accessory, any type	Yes		
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes		
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes		
L8510	Voice amplifier	Yes		
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	None		
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	None		
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	None		
L8514	Tracheoesophageal puncture dilator, replacement only, each	None		
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each	None	31/M	
	Head: Skull, facial bones, and temporomandibular joint			
L8610	Ocular implant	Yes		
L8619	Cochlear implant external speech processor and controller, integrated system, replacement	None		
	Alternative and Augmentative Communication Devices (AACDs) Refer to the Department website for full coverage guidelines and limitations: colorado.gov/hcpf → For Our Stakeholders → Committees, Boards, and Collaboration → Benefits Collaborative→ Approved Benefit Coverage Standards			
A4601	Lithium ion battery for non-prosthetic use, replacement	Yes		

Code	Description	PAR	Unit Limits Y=Year M=Month W=Week D=Day	Comments
E1399-AV	Tablet computer for use as a communication device	Yes		Device must be under full manufacturer warranty at the time of delivery to the member. Max reimbursement = $600
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes		
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes		
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		
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		
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes		
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes		
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes		
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes		
E2512	Accessory for speech generating device, mounting system	Yes		
E2599	Accessory for speech generating device, not otherwise classified	Yes		
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes		

The following codes are pure CRT codes. Only qualified CRT suppliers may bill for these codes.

For the purpose of the below chart only, please note the following definitions:

New:

- Purchase of a chair or equipment type not previously owned.
- Replacement of equipment after the three year mark for pediatrics and five years for adults.

Mod (Modification):

- A change or alteration to a member owned piece of equipment. I.E. A different seating system to be placed on an existing base.

Repair:

- Repair or replacement of a part due to damage and/or normal wear and tear. Replacement item is a duplicate of the original.

Con:

- Specialty eval is only required when the member is switching from or adding to a standard drive control (Joystick, any type) and/or attendant control.

Pure CRT	Description	PAR	Unit Limits	Comments	Specialty Eval		
			Y=Year M=Month W=Week D=Day		New	Mod	Repair
E0637	Combination sit to stand/table system, any size including pediatric, with seat lift feature, with or without wheels	Yes			No	No	No
E0638	Standing frame/table system, one (1) position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Yes			No	No	No
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Yes			No	No	No
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Yes			No	No	No
E0986	Manual wheelchair accessory, push activated power assist, each	Yes			No	No	No
E1002	Wheelchair accessory, power seating system, tilt only	Yes		Requires Questionnaire #15	Yes	Yes	No
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No

E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes		Requires Questionnaire #15	Yes	Yes	No
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Yes			Yes	Yes	No
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including pushrod and leg rest, each	Yes			Yes	Yes	No
E1011	Modification to pediatric size wheelchair width adjustment package (not to be dispensed with initial chair)	Yes		For modification of existing wheelchair only	No	No	No
E1014	Reclining back, addition to pediatric size wheelchair	Yes		Requires Questionnaire #15	No	No	No
E1037	Transport chair, pediatric size	Yes			No	No	No
E1161	Manual adult size wheelchair, includes tilt-in-space	Yes			Yes	No	No
E1220	Wheelchair, specially sized or constructed (indicate brand name, model number, if any, and justification)	Yes			Yes	No	No
E1228	Special back height for wheelchair	Yes			No	No	No
E1229	Wheelchair, pediatric size, not otherwise specified	Yes			Yes	No	No

E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes			Yes	No	No
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes			Yes	No	No
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes			Yes	No	No
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes			Yes	No	No
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes			Yes	No	No
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes			Yes	No	No
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes			Yes	No	No
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes			Yes	No	No
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes			Yes	No	No
E2209	Accessory, arm trough, with or without hand support, each	Yes		1 item = 1 arm trough	No	No	No
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes			No	No	No
E2292	Seat, planar, for pediatric size wheelchair including fixed attached hardware	Yes			No	No	No
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes			No	No	No
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes			No	No	No
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Yes			Yes	No	No
E2300	Wheelchair accessory, power seat elevation, system, any type	Yes			Yes	Yes	No
E2301	Wheelchair accessory, power standing system, any type	Yes			Yes	Yes	No

E2310	Power wheelchair accessory, electronic connection between wheelchair controller and two (2) or more power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Yes			Yes	No	No
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and one (1) power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Yes			Yes	No	No
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Yes			Yes	No	No
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Yes			Yes	No	No
E2321	Power wheelchair accessory, hand control interface, remote joysticks, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes			Yes	No	No
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes			Yes	No	No
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes			Yes	No	No
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes			No	No	No
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Yes			Yes	Yes	No
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes			No	No	No

E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and	Yes			Yes	Con	No
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes			Yes	Con	No
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			Yes	Con	No
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			Yes	Con	No
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Yes			Yes	Yes	No
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Yes			No	No	No
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Yes			Yes	No	No
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	Con	1 per 3 Y	PAR required for more than 1 per 3 fiscal years	No	No	No
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Con	1 per Y	Over 1 unit requires PAR	No	No	No
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Yes			No	No	No

E2609	Custom fabricated wheelchair seat cushion, any size	Yes		Identify specific brand/name of cushion requested on prior authorization request	Yes	Yes	No
E2610	Wheelchair seat cushion, powered	Yes		Identify specific brand/name of cushion requested on prior authorization request	Yes	Yes	No
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes		Identify specific brand/name of cushion requested on prior authorization request	Yes	Yes	No
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes		Use for adults also	No	No	No
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes		Use for adults also	No	No	No
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes		Use for adults also	No	No	No
K0005	Ultra lightweight wheelchair	Yes			Yes	No	No
K0835	Power wheelchair, group 2 standard, single power option, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0836	Power wheelchair, group 2 standard, single power option, captains chair. Patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No

K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes			Yes	No	No
K0840	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes			Yes	No	No
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to including 300 pounds	Yes			Yes	No	No
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes			Yes	No	No
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds	Yes			Yes	No	No

K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes			Yes	No	No
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes			Yes	No	No
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back. Patient weight capacity 451 to 600 pounds	Yes			Yes	No	No
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to including 300 pounds	Yes			Yes	No	No
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes			Yes	No	No
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes			Yes	No	No
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No

K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes			Yes	No	No
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to including 300 pounds	Yes			Yes	No	No
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes			Yes	No	No
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair weight capacity up to and including 300 pounds	Yes			Yes	No	No
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes			Yes	No	No
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes			Yes	No	No
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid	Yes			Yes	No	No

	seat/back, patient weight capacity up to and including 125 pounds						
K0898	Power wheelchair, not otherwise classified	Yes			Yes	No	No

Mixed CRT Codes: The following HCPCs codes contain a mix of CRT items and standard mobility and accessory items. These codes can be used in conjunction with pure CRT codes or as a non CRT DME code.

E0950	E0951	E0952	E0955	E0956	E0957	E0958	E0960	E0967	E0978
E0990	E1015	E1016	E1028	E1029	E1030	E2205	E2208	E2231	E2368
E2369	E2370	E2605	E2606	E2607	E2608	E2613	E2614	E2615	E2616
E2620	E2621	E2624	E2625	K0004	K0009	K0040	K0108	K0669	E1399

Supply (Wound Care) CMS 1500 Claim Example

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare #) X | MEDICAID (Medicaid #) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): D444444

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Client, Ima A

3. PATIENT'S BIRTH DATE MM 10 DD 16 YY 45 SEX M F X

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. RESERVED FOR NUCC USE

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES X NO If yes, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File DATE 1/1/15

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. | 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. 4540X B. 27800 C. 6829X D. 7823X

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER			E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	15	01	01	15	12		A4452	UB	GY		ABC	7 73	160		NPI	12345678 0123456789
2	01	01	15	01	01	15	12		A4927	GY			ABC	25 08	2		NPI	12345678 0123456789
3	01	01	15	01	01	15	12		A6216	GY			ABC	36 00	400		NPI	12345678 0123456789
4	01	01	15	01	01	15	12		A6260	UB	GY		ABC	11 00	2		NPI	12345678 0123456789
5	01	01	15	01	01	15	12		A6440	UB	GY		ABC	43 33	160		NPI	12345678 0123456789
6	01	01	15	01	01	15	12		A6454	UB	GY		ABC	83 33	200		NPI	12345678 0123456789

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO. Optional

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $ 206 00

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED Signature DATE 1/1/15

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

ABC Dialysis Clinic
100 Any Street
Any City

a. 1234567890 b. 04567890

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

DME (Wheelchair) CMS 1500 Claim Example

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare #) [X] MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): D444444

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Client, Ima A

3. PATIENT'S BIRTH DATE MM 10 DD 16 YY 45 SEX M F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED: Self [X] Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO

b. AUTO ACCIDENT? YES NO PLACE (State)

c. OTHER ACCIDENT? YES NO

10d. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [X] NO If yes, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on File DATE 1/1/15

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM 06 DD 01 YY 14 QUAL. 431

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): Jazzy 10WD40SXW

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9

A. 72402 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER				E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	15	01	01	15	12		K0003	NU				A	779 70	1		NPI	12345678 0123456789
2																		NPI	
3																		NPI	
4																		NPI	
5																		NPI	
6																		NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO. Optional

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES NO

28. TOTAL CHARGE $ 779 70

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED Signature DATE 1/1/15

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH# ( )

ABC Dialysis Clinic
100 Any Street
Any City

a. 1234567890 b. 04567890

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

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DME and Supplies Revisions Log

Revision Date	Section	Pages/ Action	Made by
Created 06/2011	*All due to creation of separation from combined Colorado 1500 billing manual*	*All*	*rd, ad, vr*
08/30/2011	*Changed wording from authorizing agent to authorizing agency.* *Deleted "immediate system assignment of a PAR number, faster… "to expedited PAR processing."*	*16,21* *6*	*cc*
12/01/2011	*Added -General Billing Information* *-Column Instructions for HCPCs Code Table* *-HCPCs* *-Link to Questionnaires* *Removed Questionnaires*	*8* *11-13* *34-257* *7* *257-277*	*cc*
02/06/2012	*-Incorporated HCPCS into billing manual.* *-Changed billing manual name to Durable Medical Equipment and Supplies Provider Reference Manual* *-Clarified benefit information throughout manual.* *-Included ColoradoPAR Program where necessary* *-Added new codes to HCPCS* *-Removed pricing column in HCPCS* *-Revised HCPCS column instructions* *-Added unit limits to those codes that had limits in MMIS* *-Added clarifying comments to the comments column*	*All*	*cc* *ad*
05/04/2012	*Formatted and generated TOC*	*All*	*jg*
06/22/2012	*-Revised Wheelchair Purchase guideline-* "Eligible members may receive one primary wheelchair with one backup wheelchair. Members are eligible for wheelchair replacement every five years. *-Revised PAR submission language with prescribing authority* *- Removed 20% added at the current per rule* *-Removed modifier -55, KJ, LL* *-PAR instructional reference table, field 26 revised to reflect prescribing authority* *-A4353-22 comment matches A4352-22 comment* *-A4357, A4358 unit limit 2/M* *-B4152, removed unit limit 950/M* *-Added HCPCS page index*	*3* *6* *12* *14* *15* *77* *77* *96* *1-12*	*cc*

Revision Date	Section	Pages/ Action	Made by
07/12/2012	*Correct field number for Member Sex to 5*	*18*	*jg*
09/14/2012	*Corrected field numbers in Paper Claim Reference Table*	*24-27*	*jg*
05/08/2013	*2013 HCPCS additions* • *A4435* • *E0670* • *E2378* *Changes made to "Wheelchair Equipment Repair (Manual & Motorized) Section* *Updated unit limits for the following codes:* • *NCCI MUEs: E0463, E0464, B4087, B4088, E0202, E0600, L1240, L2275* • *Other: A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045* *Updated Coverage Comments:* • *E0562* • *E0601*	 *78* *90* *62*	*as*
05/08/2013	*Condensed electronic billing information and referred to CO-1500 General Manual* *Changed Website to website*	*9* *All*	*cc*
05/10/2013	*Reformatted* *Updated TOC* *Updated Index*	*All* *ii-iv*	*jg*
06/14/2013	*Included E0445-RR information per existing rental/purchase requirements.*	*78*	*as*
06/19/2013	*Fixed table breaks*	*All*	*cc*
7/15/2013	*Updated unit limits/coverage comments:* • *NCCI MUEs: B4087, B4088, E0463, E0464, E0600*		*as*
08/15/2013	*Updated PAR Submission* *Updated Wheelchair claim example*	*8* *168*	*cc*
08/16/2013	*Edited and Reformatted* *Updated* Supply *(Wound Care) Claim Example* *Updated TOC* *Updated Index*	*Throughout* *159* *i-iv* *161-172*	*jg*
10/01/2013	*Added AACD information and E1399-AV code/comments* *Omitted "although not a requirement." On Medicaid/WIC benefits paragraph for enteral formula.*	*4* *3*	*as*

Revision Date	Section	Pages/ Action	Made by
01/24/2014	*Add TW modifier instructions beginning 4/1/14* *Added "If repair is for secondary/backup wheelchair, the PAR and claim must contain TW modifier* *Added TW to list of acceptable modifier* *Added comments to the following codes: A4245, E0445, E0445-RR, B9002-RR, E0776, L3257, L5999*	*5* *5* *10* *63, 80, 100, 131, 151*	*as*
01/27/2014	*Added 2014 HCPCS: L0455, L0457, L0467, L0469, L0641, L0642, L0643, L0648, L0649, L0650, L0651, L1812, L1833, L1848, L3678, L3809, L3916, L3918, L3924, L3930, L4361, L4387, Q0507, Q0508, Q0509, T4544* *Changed the descriptions for the following procedure codes: A5081, A9272, E0601, E2300, E2301, L0174, L0450, L0454, L0456, L0460, L0466, L0468, L0621, L0623, L0625, L0626, L0627, L0628, L0630, L0631, L0633, L0637, L0639, L0980, L0982, L0984, L1600, L1610, L1620, L1810, L1830, L1832, L1836, L1843, L1845, L1847, L1850, L1902, L1904, L1906, L1907, L3100, L3170, L3650, L3660, L3670, L3675, L3677, L3710, L3762, L3807, L3908, L3912, L3915, L3917, L3923, L3925, L3927, L3929, L4350, L4360, L4370, L4386, L4396, L4398, L5668, T4543*	*106-139* *Throughout*	*cc*
01/29/2014	*Reformatted* *Updated TOC* *Updated Index*	*Throughout* *i-iv* *173-188*	*jg*
04/01/2014	*Minor description update to E0601 code*	*90*	*mm*
05/14/2014	*Updated Billing Manual for removal of the Primary Care Physician Program*	*Throughout*	*mm*
06/05/2014	*Updated language for codes:* E0445 E0445-RR E0445-KR Included language regarding rental requirements	*83*	*mm*
06/05/2014	*Updated manual to revise references to 'member.' Member has been updated to 'member' (Except in the Paper Claim and PAR Reference tables*	*Throughout*	*Mm*
7/18/14	Replaced all CO 1500 references with CMS 1500	*Throughout*	*ZS*
7/18/14	Replaced the paper claim reference table to reflect the CMS 1500		*ZS*
08/08/2014	Updated all web links to reflect the new website	*Throughout*	*Mm*
8/08/2014	Updated all references from Client to Member per new standards	*Throughout*	*mm*

Revision Date	Section	Pages/ Action	Made by
12/22/2014	Added existing unit limits for A4326, A4331-A4334, A4336, A4349, A4351, A4353, A4360, A4405-A4420, A4423-A4434, A6441-A6457; corrected typos.	*Throughout*	*tl*
12/22/2014	Added a CRT sections	*5-6,8-10,170-177*	*em*
12/22/2014	Updated page references	*Throughout*	*em*
12/29/2014	Added comment to codes L7260 and L7261 as "deleted codes"	*157*	*mc*
12/29/2014	*Added 2015 HCPCS: A4602, A7048, A9606, K0901, K0902, L3981, L6026, L7259, L8696.*	*28-29*	*mc*
12/29/2014	*Formatting and TOC updates*	*throughout*	*bl*
3/3/2015	*Noted that ventilators do not convert to purchase.* *Added: PA 'none' to L7259, comment to code A4618 to include in rental, reimbursement cap to E1399-AV.* *Inserted specialty eval grid to CRT code list.*	*2* *38, 94, 178* *179 - 188*	*Cs*
3/4/15	*Changed font to Tahoma, verified formatting and publications standards, and changed client/s and patient/s to member/s except for CMS 1500 section.*	*Throughout*	*Jh*
3/6/15	*Reverted member back to patient in the HCPCS code table in the description field as that is a CMS defined field.*	*Throughout HCPCS Code Table*	*JH*
04/28/2015	*Changed the word unshaded to shaded*	*24J*	*bl*

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.