



Common Sense Initiative

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Business Impact Analysis

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

Rule Contact Name and Contact Information:

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

Medicaid DMEPOS rule revisions for 2021

Rule Number(s):

SUBJECT TO BUSINESS IMPACT ANALYSIS:

Rescinded/New: 5160-10-01 w/appendix

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

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

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

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

Rescinded: 5160-10-10

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

Public Comment Period End Date: 03/17/2021

Rule Type/Number of Rules:

New/ 1 rules

No Change/ rules (FYR?)

Amended/ 2 rules (FYR? 2)

Rescinded/ 1 rules (FYR? 1)

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

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Reason for Submission

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

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

The rule(s):

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

Regulatory Intent

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

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

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

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

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

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

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

- 4. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program? If yes, please briefly explain the source and substance of the federal requirement.**

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

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

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

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

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

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

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

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

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

No.

Development of the Regulation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Regulatory Flexibility

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

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

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

These rules impose no sanctions on providers.

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

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

Policy questions may be directed via e-mail to the Non-Institutional Policy section of ODM's policy bureau, at noninstitutional_policy@medicaid.ohio.gov.

TO BE RESCINDED

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

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

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

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

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

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

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

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

(e) Renewal of lifetime certification is not required.

(f) An illegible CMN will not be accepted.

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

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

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

(C) Providers.

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

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

(D) Coverage.

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

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

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

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

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

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

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

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

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

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

(E) Claim payment.

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

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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

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

Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)
Appendix to rule 5160-10-01
01/01/2019

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

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

RESCINDED
 Appendix
 5160-10-01

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

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

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

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

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

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

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

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

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

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

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

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

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|------------|---|--------------|----------|---------------------------|--------------------------------|-------------------------------|------------------------|--------------------|------------------|--|
| 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 | C26 | Formula | \$1.75 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS. | 100 calories | C26 | Formula | \$1.12 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4155 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FATS (E.G. MEDIUM CHAIN TRIGLYCERIDES). | 100 calories | C26 | Formula | \$0.87 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4157 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4158 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR OIL, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4159 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR OIL, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4161 | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO, which is reported on a claim by instruction of the Prior Authorization unit. |
| B4162 | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE. | 100 calories | C26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Administration by mouth rather than by feeding tube is indicated by modifier BO. |
| B4220 | PARENTERAL NUTRITION SUPPLY KIT; PREMIX, COMPLETE - PER DAY | Each | C26 | Supply kit | \$4.53 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4222 | PARENTERAL NUTRITION SUPPLY KIT; HOMEMIX, COMPLETE - PER DAY | Each | C26 | Supply kit | \$6.95 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY, COMPLETE | Each | C26 | Administration kit | \$14.55 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B9002 | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | Each | C26 | Pump | \$679.00 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | |
| B9004 | PARENTERAL NUTRITION INFUSION PUMP - PORTABLE | Each | C26 | Pump | \$2,170.86 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP - STATIONARY | Each | C26 | Pump | \$2,170.86 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | |
| B9998 | ENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED | | C26 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | |
| B9999 | PARENTERAL SUPPLIES, NOT OTHERWISE SPECIFIED | | C26 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | |
| E0100 | CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | C30 | Cane | \$10.19 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | |
| E0100 | CANE, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | C30 | Cane | \$10.19 | 01/01/2019 | Non-institutional only | Purchase only | 1 per year | Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals. |
| E0105 | CANES, QUAD OR TRI PRONGED, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS | Each | C30 | Cane | \$39.28 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 3 years | |
| E0110 | CRUTCHES, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS | Pair | C30 | Crutches | \$50.00 | 01/01/1992 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0111 | CRUTCH, FOREARM, ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS AND HANDGRIPS | Each | C30 | Crutches | \$25.00 | 01/01/1992 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0112 | CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS | Pair | C30 | Crutches | \$19.25 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0113 | CRUTCH, UNDERARM, WOOD ADJUSTABLE OR FIXED, WITH PADS, TIPS AND HANDGRIPS | Each | C30 | Crutches | \$10.30 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0114 | CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, WITH PADS, TIPS & HANDGRIPS | Pair | C30 | Crutches | \$23.85 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0116 | CRUTCH, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED WITH PADS, TIPS & HANDGRIPS | Each | C30 | Crutches | \$11.95 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | |
| E0130 | WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT, WITH TIPS AND HANDGRIPS | Each | C30 | Walker | \$35.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| Y2091 | CAPD HOME DIALYSIS | Each | C10 | CAPD | \$1,200.00 | 05/01/1990 | Non-institutional only | Rental only | 1 per month | All supplies and equipment for home dialysis are to be reported under a single code. |
| Y2092 | CCPD HOME DIALYSIS | Each | C10 | CCPD | \$1,500.00 | 09/05/1990 | Non-institutional only | Rental only | 1 per month | All supplies and equipment for home dialysis are to be reported under a single code. |
| Y9167 | SHARPS CONTAINER FOR DISPOSAL, CAPACITY 200 | Each | C01d | Supply | \$4.00 | 06/20/1990 | Non-institutional only | Purchase only | 1 per 2 months | |

Key to CATEGORY indicator

By DMEPOS category:

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

By category number:

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

5160-10-01

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

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

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

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

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

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

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

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

(c) Renewal of lifetime certification is not necessary.

(d) An illegible CMN will not be accepted.

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

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

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

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

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

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

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

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

(C) Coverage.

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

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

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

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

(i) A physician;

(ii) A podiatrist;

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

(iv) A physician assistant.

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

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

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

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

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

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

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

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

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

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

(D) Claim payment.

- (1) The payment amount specified in another rule in this chapter of the Administrative Code supersedes any payment amount established by provisions in this rule.
- (2) For a covered DMEPOS item or service represented by a new or newly adopted healthcare common procedure coding system (HCPCS) procedure code, the initial maximum payment amount may be established in accordance with rule 5160-1-60 of the Administrative Code. New or newly adopted HCPCS codes are published in a separate table on the department's web site and remain there until the appropriate DMEPOS payment schedules can be updated.
- (3) For any covered DMEPOS item or service not represented by a new or newly adopted HCPCS procedure code, the payment amount is the lesser of the submitted charge (which is to reflect any discounts or rebates available to the provider at the time of claim submission but need not reflect subsequent discounts or rebates) or the first applicable medicaid maximum from the following ordered list:
- (a) For a "by report" DMEPOS item or service, an amount determined on a case-by-case basis;
- (b) For a supply item for which payment is determined by PA, one hundred forty-seven per cent of the invoice price (minus discounts or rebates);
- (c) For a non-supply DMEPOS item or service for which payment is determined by PA, an amount determined on a case-by-case basis;
- (d) For a bulk item having an overall payment limit per period, the submitted charge;

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

Replaces: 5160-10-01

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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

Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS)
Appendix to OAC rule 5160-10-01
Payment schedule effective 07/01/2021

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

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

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

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| A4391 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH | Each | 5160-10-32 | Pouch | \$6.04 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4392 | OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | Each | 5160-10-32 | Pouch | \$6.34 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4393 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE) | Each | 5160-10-32 | Pouch | \$7.81 | 04/01/2001 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4396 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | Each | 5160-10-32 | Belt | \$24.20 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 3 months | Never required | |
| A4397 | IRRIGATION SUPPLY; SLEEVE | Each | 5160-10-32 | Irrigation | \$4.41 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG | Each | 5160-10-32 | Irrigation | \$13.17 | 04/01/2001 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH | Each | 5160-10-32 | Irrigation | \$9.95 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 6 months | Limit-based | |
| A4400 | OSTOMY IRRIGATION SET | Each | 5160-10-32 | Irrigation | \$45.00 | 08/01/1997 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A4402 | LUBRICANT, PER OUNCE | Ounce | 5160-10-01 | Other supply item | \$0.65 | 08/01/1998 | Non-institutional only | Purchase only | 8 per month | Limit-based | |
| A4404 | OSTOMY RING | Each | 5160-10-32 | Ring | \$1.47 | 04/01/2001 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4405 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE | Ounce | 5160-10-32 | Barrier | \$3.27 | 04/01/2003 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4406 | OSTOMY SKIN BARRIER, PECTIN BASED PASTE | Ounce | 5160-10-32 | Barrier | \$3.27 | 04/01/2003 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4407 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER | Each | 5160-10-32 | Barrier | \$7.67 | 04/01/2003 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4408 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES | Each | 5160-10-32 | Barrier | \$7.67 | 04/01/2003 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4409 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER | Each | 5160-10-32 | Barrier | \$5.68 | 04/01/2003 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4410 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES | Each | 5160-10-32 | Barrier | \$5.68 | 04/01/2003 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A4412 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4413 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4414 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER | Each | 5160-10-32 | Barrier | \$4.24 | 04/01/2003 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4415 | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES | Each | 5160-10-32 | Barrier | \$4.24 | 04/01/2003 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A4416 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.91 | 07/01/2021 | Non-institutional only | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5051. |
| A4417 | OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.00 | 07/01/2021 | Non-institutional only | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A4387. |
| A4418 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.36 | 07/01/2021 | Non-institutional only | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5052. |
| A4419 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE) | Each | 5160-10-32 | Pouch | \$1.35 | 07/01/2021 | Non-institutional only | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5054. |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS | Each | 5160-10-32 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | |
| A4423 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE) | Each | 5160-10-32 | Pouch | \$1.35 | 07/01/2021 | Non-institutional only | Purchase only | 45 per month | Limit-based | This item and payment are crosswalked with A5054. |
| A4424 | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.45 | 07/01/2021 | Non-institutional only | Purchase only | 30 per month | Limit-based | This item and payment are crosswalked with A5061. |
| A4425 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM) | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4426 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM) | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4427 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM) | Each | 5160-10-32 | Pouch | \$2.13 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5063. |
| A4433 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$2.98 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5073. |
| A4434 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE) | Each | 5160-10-32 | Pouch | \$2.98 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A5073. |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES | 18 square inches | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.08 | 10/01/2004 | Non-institutional only | Purchase only | 200 per month | Limit-based | |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES | 18 square inches | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.32 | 10/01/2004 | Non-institutional only | Purchase only | 200 per month | Limit-based | |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE | Ounce | 5160-10-01 | Supply | \$1.36 | 04/01/2001 | Non-institutional only | Purchase only | 8 per month | Limit-based | |
| A4458 | ENEMA BAG WITH TUBING, REUSABLE | Each | 5160-10-01 | Bag | \$8.00 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| A4467 | BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE | Each | 5160-10-14 | Elastic supports | \$40.00 | 01/01/2017 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A4483 | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION | Each | 5160-10-01 | Tracheostomy supplies | \$4.15 | 01/01/2005 | Non-institutional only | Purchase only | 100 per month | Limit-based | |
| A4490 | SURGICAL STOCKINGS ABOVE KNEE LENGTH | Each | 5160-10-14 | Surgical stockings and burn garments | \$25.00 | 10/15/2006 | Non-institutional only | Purchase only | 6 per year | Always required | |
| A4495 | SURGICAL STOCKINGS THIGH LENGTH | Each | 5160-10-14 | Surgical stockings and burn garments | \$25.00 | 10/15/2006 | Non-institutional only | Purchase only | 6 per year | Always required | |
| A4500 | SURGICAL STOCKINGS BELOW KNEE LENGTH | Each | 5160-10-14 | Surgical stockings and burn garments | \$22.00 | 10/15/2006 | Non-institutional only | Purchase only | 6 per year | Always required | |
| A4510 | SURGICAL STOCKINGS FULL LENGTH | Each | 5160-10-14 | Surgical stockings and burn garments | \$75.00 | 01/01/2008 | Non-institutional only | Purchase only | 3 per year | Always required | |

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| A4556 | ELECTRODES, (E.G., APNEA MONITOR) | Pair | 5160-10-01 | Electrodes | \$9.41 | 10/01/2004 | Non-institutional only | Purchase only | 1 per month | Limit-based | No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented. |
| A4557 | LEAD WIRES, (E.G., APNEA MONITOR) | Pair | 5160-10-01 | Lead wires | \$16.36 | 10/01/2004 | Non-institutional only | Purchase only | 1 per month | Limit-based | No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented. |
| A4558 | CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES) | Each | 5160-10-01 | Supply | \$4.23 | 10/01/2004 | Non-institutional only | Purchase only | 1 per month | Limit-based | No separate payment is made for apnea monitor supplies during any month in which an apnea monitor is rented. |
| A4561 | PESSARY, RUBBER, ANY TYPE | Each | 5160-10-01 | Supply | \$10.24 | 01/01/2001 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4562 | PESSARY, NON RUBBER, ANY TYPE | Each | 5160-10-01 | Supply | \$10.24 | 01/01/2001 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4565 | SLINGS | Each | 5160-10-01 | Limb support | \$6.30 | 07/01/2002 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A4566 | SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder | \$95.00 | 01/01/2011 | All | Purchase only | 1 per medical event | Always required | |
| A4570 | SPLINT | Each | 5160-10-01 | Limb support | \$10.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4580 | CAST SUPPLIES (E.G. PLASTER), REPAIR ONLY | Roll | 5160-10-01 | CASTING | \$2.55 | 11/01/1992 | Non-institutional only | Purchase only | 1 per year | Never required | |
| A4590 | CASTING MATERIAL, SPECIAL (E.G. FIBERGLASS), REPAIR ONLY | Roll | 5160-10-01 | CASTING | \$15.00 | 11/01/1992 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4595 | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES) | Each | 5160-10-15 | TENS supplies | \$25.00 | 01/01/1996 | Non-institutional only | Purchase only | 1 per month | Never required | No separate payment is made for TENS supplies during any month in which a TENS unit is rented. (FOR A RECIENT-OWNED UNIT) |
| A4604 | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Tubing | \$53.40 | 02/08/2016 | Non-institutional only | Purchase only | 1 per year | Never required | |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM | Each | 5160-10-01 | Respiratory care supplies | \$13.12 | 01/01/2005 | Non-institutional only | Purchase only | 10 per month | Limit-based | A claim may be submitted for only one type of tracheal suction catheter per month. |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE, ADULT | Each | 5160-10-23 | Probe | \$110.25 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Always required | |
| A4606 U1 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, PEDIATRIC | Each | 5160-10-23 | Probe | \$242.50 | 07/01/2021 | Non-institutional only | Purchase only | 4 per year | Always required | Modifier U1 is used to differentiate this item for pediatric use. |
| A4606 U2 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT, DISPOSABLE | Each | 5160-10-23 | Probe | \$18.50 | 07/01/2021 | Non-institutional only | Purchase only | 4 per month | Limit-based | Modifier U2 is used to differentiate this item for disposable use. |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED-VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$100.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Always required | |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$60.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | Each | 5160-10-22 | Ventilator battery | \$60.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Always required | |
| A4616 | TUBING (OXYGEN), PER FOOT | Foot | 5160-10-01 | Respiratory care supplies | \$0.05 | 01/01/2008 | Non-institutional only | Purchase only | 15 per month | Never required | |
| A4617 | MOUTH PIECE | Each | 5160-10-13 | Respiratory care supplies | \$1.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 months | Limit-based | |
| A4618 | BREATHING CIRCUITS | Each | 5160-10-19 | Breathing circuits | \$2.60 | 05/01/1990 | Non-institutional only | Purchase only | 4 per month | Always required | For consumer-owned IPB only |
| A4619 | FACE TENT | Each | 5160-10-13 | Respiratory care supplies | \$1.21 | 01/01/2002 | Non-institutional only | Purchase only | 6 per month | Limit-based | |
| A4620 | VARIABLE CONCENTRATION MASK | Each | 5160-10-13 | Respiratory care supplies | \$0.62 | 04/01/2009 | Non-institutional only | Purchase only | 6 per month | Never required | |
| A4623 | TRACHEOSTOMY, INNER CANNULA | Each | 5160-10-01 | Tracheostomy supplies | \$4.38 | 01/01/1994 | Non-institutional only | Purchase only | 30 per month | Limit-based | Replacement only |
| A4624 | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM | Each | 5160-10-01 | Respiratory care supplies | \$0.80 | 05/01/1990 | Non-institutional only | Purchase only | 150 per month | Limit-based | A claim may be submitted for only one type of tracheal suction catheter per month. (ADULT) |
| A4625 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY | Each | 5160-10-01 | Tracheostomy supplies | \$3.55 | 01/01/1996 | Non-institutional only | Purchase only | 30 per month | Limit-based | This item is covered only for the first two weeks following open surgical tracheostomy. |
| A4626 | TRACHEOSTOMY CLEANING BRUSH | Each | 5160-10-01 | Tracheostomy supplies | \$1.38 | 01/01/1993 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A4628 | OROPHARYNGEAL SUCTION CATHETER | Each | 5160-10-01 | Respiratory care supplies | \$2.70 | 01/01/1996 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY | Each | 5160-10-01 | Tracheostomy supplies | \$2.55 | 01/01/1996 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A4833 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM | Each | 5160-10-01 | Bulb | \$36.94 | 07/01/2019 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | 1 each = 1 bulb per each socket of the phototherapy unit. |
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT | Each | 5160-10-30 | Ambulation accessory | \$1.50 | 05/25/1991 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A4636 | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER | Each | 5160-10-30 | Ambulation accessory | \$1.66 | 05/25/1991 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4637 | REPLACEMENT, TIP, CANE, CRUTCH, WALKER | Each | 5160-10-30 | Ambulation accessory | \$1.90 | 05/25/1991 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | Each | 5160-10-18 | Pad | \$31.28 | 05/25/1991 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | Each | 5160-10-01 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | Do not use for ostomy supplies |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE | Set | 5160-10-01 | Blood pressure monitor and accessories | \$30.00 | 08/01/1997 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| A4663 | BLOOD PRESSURE CUFF ONLY | Each | 5160-10-01 | Blood pressure monitor and accessories | \$13.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | Replacement |
| A4670 | AUTOMATIC BLOOD PRESSURE MONITOR | Each | 5160-10-01 | Blood pressure monitor and accessories | \$47.00 | 08/01/1997 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| A4719 | Y SET TUBING FOR PERITONEAL DIALYSIS | Set | 5160-10-29 | Infusion pump (non-nutrition) supplies | \$5.00 | 10/01/2004 | Non-institutional only | Purchase only | 30 per month | Never required | |
| A4927 | GLOVES, NON-STERILE, PER 100 | 100 | 5160-10-01 | Supply | \$8.69 | 04/01/2003 | Non-institutional only | Purchase only | 2 per month | Limit-based | |

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| A4930 | GLOVES, STERILE, PER PAIR | Pair | 5160-10-01 | Supply | \$0.55 | 04/01/2003 | Non-institutional only | Purchase only | 100 pairs per month | Limit-based | |
| A5051 | OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.91 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5052 | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.36 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5053 | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE | Each | 5160-10-32 | Pouch | \$1.58 | 01/01/1998 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5054 | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$1.35 | 04/01/2001 | Non-institutional only | Purchase only | 45 per month | Limit-based | |
| A5055 | STOMA CAP | Each | 5160-10-32 | Cap | \$1.27 | 04/01/2001 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A5056 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) | Each | 5160-10-32 | Pouch | \$3.87 | 07/01/2021 | Non-institutional only | Purchase only | 10 per month | Limit-based | This item and payment are crosswalked with A4388. |
| A5057 | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE) | Each | 5160-10-32 | Pouch | \$8.94 | 07/01/2021 | Non-institutional only | Purchase only | 5 per month | Limit-based | This item and payment are crosswalked with A4390. |
| A5061 | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE) | Each | 5160-10-32 | Pouch | \$2.45 | 04/01/2001 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A5062 | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$1.90 | 08/01/1997 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A5063 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) | Each | 5160-10-32 | Pouch | \$2.13 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A5071 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$4.15 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A5072 | OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE) | Each | 5160-10-32 | Pouch | \$3.10 | 04/01/2001 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A5073 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | Each | 5160-10-32 | Pouch | \$2.98 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A5081 | STOMA PLUG OR SEAL, ANY TYPE | Each | 5160-10-32 | Plug | \$3.00 | 01/01/1998 | Non-institutional only | Purchase only | 40 per month | Limit-based | |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | Each | 5160-10-32 | Catheter | \$10.75 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 2 months | Limit-based | |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT | Each | 5160-10-32 | Insert | \$1.58 | 04/01/2001 | Non-institutional only | Purchase only | 10 per month | Limit-based | |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE | Each | 5160-10-32 | Bottle | \$21.39 | 04/01/2001 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A5105 | URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE | Each | 5160-10-32 | Suspensory | \$40.32 | 07/01/2002 | Non-institutional only | Purchase only | 2 per year | Limit-based | |
| A5112 | URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS | Each | 5160-10-32 | Bag | \$31.16 | 07/01/2002 | Non-institutional only | Purchase only | 3 per year | Limit-based | |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | Set | 5160-10-32 | Strap | \$1.30 | 11/15/1993 | Non-institutional only | Purchase only | 4 per year | Limit-based | For use with urinary leg bag |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | Set | 5160-10-32 | Strap | \$4.25 | 04/01/2001 | Non-institutional only | Purchase only | 4 per year | Limit-based | For use with urinary leg bag |
| A5120 | SKIN BARRIER, WIPES OR SWABS | Each | 5160-10-32 | Wipes | \$0.17 | 01/01/2006 | Non-institutional only | Purchase only | 50 per month | Limit-based | |
| A5121 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT | Each | 5160-10-32 | Barrier | \$6.70 | 05/01/1990 | Non-institutional only | Purchase only | 5 per month | Limit-based | |
| A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT | Each | 5160-10-32 | Barrier | \$12.26 | 04/01/2001 | Non-institutional only | Purchase only | 6 per month | Limit-based | |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | Each | 5160-10-32 | Pad | \$1.11 | 07/01/2002 | Non-institutional only | Purchase only | 20 per month | Limit-based | |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | 16 ounces | 5160-10-32 | Cleaner | \$12.25 | 01/01/1998 | Non-institutional only | Purchase only | 1 per 3 months | Limit-based | |
| A5500 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE | Each | 5160-10-31 | Diabetic shoes | \$46.07 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | |
| A5501 | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) | Each | 5160-10-31 | Diabetic shoes | \$160.19 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | |
| A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED | Each | 5160-10-31 | Diabetic shoes | \$18.80 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | |
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-31 | Diabetic shoes | \$28.04 | 01/01/2010 | All | Purchase only | 1 per foot per year | Always required | |
| A5514 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-31 | Diabetic shoes | \$35.65 | 01/01/2019 | All | Purchase only | 1per foot per year | Always required | |
| A6010 | COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN | Gram | 5160-10-01 | Wound fillers | \$30.96 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6011 | COLLAGEN BASED WOUND FILLER, GELPASTE, PER GRAM OF COLLAGEN | Gram | 5160-10-01 | Wound fillers | \$1.82 | 01/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6021 | COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$16.82 | 04/01/2006 | Non-institutional only | Purchase only | 10 per month | Always required | |

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| A6022 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$18.91 | 04/01/2006 | Non-institutional only | Purchase only | 10 per month | Always required | |
| A6023 | COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$171.27 | 04/01/2006 | Non-institutional only | Purchase only | 20 per month | Always required | |
| A6154 | WOUND POUCH, FOR SURGICAL WOUND DRAINAGE, PER WOUND | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$11.40 | 01/01/1997 | Non-institutional only | Purchase only | 15 per month | Limit-based | |
| A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$6.00 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6197 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$12.50 | 01/01/1999 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6198 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$31.40 | 07/26/2007 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6199 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES | 6 inches | 5160-10-01 | Wound fillers | \$5.29 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6203 | COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.02 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6204 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.50 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6205 | COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.00 | 07/01/2021 | Non-institutional only | Purchase only | 12 per month | Always required | |
| A6206 | CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$6.25 | 07/01/2021 | Non-institutional only | Purchase only | 4 per month | Always required | |
| A6207 | CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.30 | 01/01/1997 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A6208 | CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$11.98 | 04/01/2006 | Non-institutional only | Purchase only | 4 per month | Always required | |
| A6209 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$6.17 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6209 U1 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$14.90 | 07/01/2021 | Non-institutional only | Purchase only | 3 per week | Always required | Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan. |
| A6210 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$14.35 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6210 U1 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, SILVER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$20.85 | 07/01/2021 | Non-institutional only | Purchase only | 12 per month | Limit-based | Modifier U1 differentiates this item. It is to be used for short-term wound care (less than or equal to 8 weeks per wound) under a specific treatment plan. |
| A6211 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$25.21 | 01/01/1999 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6212 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.00 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6213 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$12.54 | 04/01/2006 | Non-institutional only | Purchase only | 12 per month | Always required | |
| A6214 | FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.45 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6215 | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM | Gram | 5160-10-01 | Wound fillers | \$1.23 | 06/28/2006 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.04 | 07/16/2018 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6217 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.64 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6218 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.27 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6219 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.95 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6220 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.58 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6221 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.52 | 06/28/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6222 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.65 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6223 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.75 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6224 | GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.60 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6231 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.65 | 01/01/2001 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.75 | 01/01/2001 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6233 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.60 | 01/01/2001 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6234 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.80 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6235 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$12.15 | 08/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6236 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$19.65 | 08/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6237 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.80 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6238 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$16.75 | 08/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6239 | HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$16.75 | 07/01/2021 | Non-institutional only | Purchase only | 12 per month | Always required | |
| A6240 | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE | Fluid ounce | 5160-10-01 | Wound fillers | \$5.00 | 07/26/2007 | Non-institutional only | Purchase only | \$100 per month | Never required | |

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| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM | Gram | 5160-10-01 | Wound fillers | \$2.57 | 09/01/2005 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6242 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.80 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6243 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$8.75 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6244 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$28.30 | 01/01/1999 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6245 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.90 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6246 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.15 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6247 | HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$17.15 | 08/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | Fluid ounce | 5160-10-01 | Wound fillers | \$5.76 | 07/26/2007 | Non-institutional only | Purchase only | \$100 per month | Never required | |
| A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.90 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6252 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.35 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6253 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$4.60 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.90 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6255 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.20 | 01/01/1997 | Non-institutional only | Purchase only | 30 per month | Limit-based | |
| A6256 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$2.20 | 07/01/2021 | Non-institutional only | Purchase only | 30 per month | Always required | |
| A6257 | TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.10 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6258 | TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.10 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6259 | TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$7.90 | 01/01/1997 | Non-institutional only | Purchase only | 12 per month | Limit-based | |
| A6261 | WOUND FILLER, GELPASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED | Month | 5160-10-01 | Wound fillers | \$100.00 | 01/01/1997 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6262 | WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED | Month | 5160-10-01 | Wound fillers | \$100.00 | 01/01/1997 | Non-institutional only | Purchase only | \$100 per month | Limit-based | |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.75 | 08/01/1997 | Non-institutional only | Purchase only | 100 yards per month | Limit-based | |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.12 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.43 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6404 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Each | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.61 | 04/01/2006 | Non-institutional only | Purchase only | \$50 per month | Limit-based | |
| A6441 | PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.54 | 01/01/2005 | Non-institutional only | Purchase only | 100 per month | Limit-based | |
| A6442 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.14 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6443 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.23 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6444 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.45 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6445 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.26 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.33 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6447 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.54 | 01/01/2005 | Non-institutional only | Purchase only | 150 per month | Limit-based | |
| A6448 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.04 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.05 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.60 | 01/01/2005 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$3.19 | 01/01/2005 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$5.32 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6453 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.55 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6454 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$0.69 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6455 | SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$1.25 | 10/01/2004 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6460 | SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$9.75 | 07/01/2021 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6461 | SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | Linear yard | 5160-10-01 | Dressings / tape / gauze / bandages | \$9.75 | 07/01/2021 | Non-institutional only | Purchase only | 18 per 3 months | Limit-based | |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED | Each | 5160-10-14 | Surgical stockings and burn garments | PA | 10/01/2004 | Non-institutional only | Purchase only | 3 per year | Always required | |

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

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

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| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Filter | \$3.25 | 04/01/2003 | Non-institutional only | Purchase only | 1 per month | Limit-based | |
| A7039 | FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Filter | \$12.30 | 04/01/2003 | Non-institutional only | Purchase only | 4 per year | Limit-based | |
| A7048 | VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER | Each | 5160-10-19 | Vacuum | \$37.58 | 01/01/2015 | Non-institutional only | Purchase only | 4 per year | Always required | |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | Each | 5160-10-01 | Tracheostomy supplies | \$0.54 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE | Each | 5160-10-01 | Tracheostomy supplies | \$3.74 | 10/01/2004 | Non-institutional only | Purchase only | 4 per month | Never required | |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE | Each | 5160-10-01 | Tracheostomy supplies | \$0.26 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | Each | 5160-10-01 | Tracheostomy supplies | \$1.99 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE | Each | 5160-10-01 | Tracheostomy supplies | \$2.30 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM | Each | 5160-10-01 | Tracheostomy supplies | \$1.13 | 10/01/2004 | Non-institutional only | Purchase only | 100 per month | Never required | |
| A7520 | TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL | Each | 5160-10-01 | Tracheostomy supplies | \$47.48 | 10/01/2004 | Non-institutional only | Purchase only | 2 per month | Limit-based | |
| A7520 | TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --"CUSTOM MADE" | Each | 5160-10-01 | Tracheostomy supplies | \$389.55 | 04/01/2016 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U1 is used to differentiate this item. |
| A7520 | TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --"STOCK WITH MODIFICATIONS--PEDIATRIC" | Each | 5160-10-01 | Tracheostomy supplies | \$100.00 | 07/16/2018 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U2 is used to differentiate this item. |
| A7520 | TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --"STANDARD OR STOCK WITH MODIFICATIONS" | Each | 5160-10-01 | Tracheostomy supplies | \$60.00 | 07/16/2018 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U3 is used to differentiate this item. |
| A7521 | TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL | Each | 5160-10-01 | Tracheostomy supplies | \$47.05 | 10/01/2004 | Non-institutional only | Purchase only | 2 per month | Never required | |
| A7521 | TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL --"CUSTOM MADE" | Each | 5160-10-01 | Tracheostomy supplies | \$404.25 | 04/01/2016 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U1 is used to differentiate this item. |
| A7521 | TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "STANDARD OR STOCK, WITH MODIFICATIONS--PEDIATRIC" | Each | 5160-10-01 | Tracheostomy supplies | \$220.00 | 07/16/2018 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U2 is used to differentiate this item. |
| A7521 | TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL -- "CUFFED, STANDARD OR STOCK WITH MODIFICATIONS--PEDIATRIC OR ADULT" | Each | 5160-10-01 | Tracheostomy supplies | \$75.00 | 07/16/2018 | Non-institutional only | Purchase only | 2 per month | Always required | Modifier U3 is used to differentiate this item. |
| A7522 | TRACHEOSTOMYLARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE) | Each | 5160-10-01 | Tracheostomy supplies | \$45.16 | 10/01/2004 | Non-institutional only | Purchase only | 2 per month | Limit-based | |
| A7525 | TRACHEOSTOMY MASK | Each | 5160-10-01 | Tracheostomy supplies | \$1.39 | 12/20/2005 | Non-institutional only | Purchase only | 4 per month | Limit-based | |
| A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER | Each | 5160-10-01 | Tracheostomy supplies | \$3.00 | 10/01/2004 | Non-institutional only | Purchase only | 15 per month | Limit-based | Payment is not made for both this item and twill tape. Only one type of tracheostomy tie is medically necessary. |
| A8000 | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-01 | Cranium | \$103.41 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A8001 | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-01 | Cranium | \$103.41 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A8002 | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-01 | Cranium | \$441.26 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A8003 | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-01 | Cranium | \$441.26 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| A9273 | COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE | Each | 5160-10-01 | Heat / cold application | \$7.50 | 01/01/2011 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| A9274 | EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES | Each | 5160-10-29 | Delivery system | \$48.15 | 01/01/2019 | Non-institutional only | Purchase only | 1 per 3 days | Always required | |
| A9276 | SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY | Each | 5160-10-29 | Sensor | \$12.26 | 07/16/2018 | Non-institutional only | Purchase only | 1 per day | Always required | |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM | Each | 5160-10-29 | Transmitter | \$522.30 | 07/16/2018 | Non-institutional only | Purchase only | 2 per year | Always required | |
| A9278 | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM | Each | 5160-10-29 | Monitor | \$522.30 | 07/16/2018 | Non-institutional only | Purchase only | 1 per year | Always required | |
| B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE | Each | 5160-10-26 | Feeding kit | \$3.72 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | |
| B4035 | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE | Each | 5160-10-26 | Feeding kit | \$6.79 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | |
| B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE | Each | 5160-10-26 | Feeding kit | \$4.85 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | |
| B4081 | NASOGASTRIC TUBING WITH STYLET | Each | 5160-10-26 | Tubing | \$19.19 | 01/01/2010 | Non-institutional only | Purchase only | 2 per month | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. |
| B4082 | NASOGASTRIC TUBING WITHOUT STYLET | Each | 5160-10-26 | Tubing | \$14.29 | 01/01/2010 | Non-institutional only | Purchase only | 2 per month | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. |
| B4083 | STOMACH TUBE - LEVINE TYPE | Each | 5160-10-26 | Tubing | \$2.05 | 01/01/2010 | Non-institutional only | Purchase only | 8 per month | Limit-based | |
| B4087 | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE | Each | 5160-10-26 | Tubing | \$29.66 | 01/01/2010 | Non-institutional only | Purchase only | 4 per year | Never required | |
| B4088 | GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE | Each | 5160-10-26 | Tubing | \$108.64 | 01/01/2010 | Non-institutional only | Purchase only | 4 per year | Never required | |
| B4100 | FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE | Ounce | 5160-10-26 | Nutritional supplement | \$0.65 | 06/01/2014 | Non-institutional only | Purchase only | 30 units per day | Never required | |
| B4100 U1 | FOOD THICKENER, ADMINISTERED ORALLY, CONCENTRATED FORMULA, PER OUNCE | Ounce | 5160-10-26 | Nutritional supplement | \$1.62 | 02/01/2018 | Non-institutional only | Purchase only | 12 units per day | Never required | Modifier U1 is used to differentiate this item as a concentrated thickener |
| B4102 | ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT | Each | 5160-10-26 | Nutritional supplement | \$0.60 | 06/01/2014 | Non-institutional only | Purchase only | Medical necessity | Always required | This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply. |
| B4103 | ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT | Each | 5160-10-26 | Nutritional supplement | \$0.60 | 06/01/2014 | Non-institutional only | Purchase only | Medical necessity | Always required | This item is normally covered under the pharmacy benefit. In some circumstances, it may be covered as a medical supply. |

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| B4105 | IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH | Each | 5160-10-26 | Feeding kit | \$31.20 | 01/01/2019 | Non-institutional only | Purchase only | 1 per day | Always required | This item is to be used in conjunction with B4034, B4035, or B4036 only when the patient has pancreatic insufficiency and requires continuous feed, and has insufficient weight gain. |
| B4149 | ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.20 | 12/01/2019 | Non-institutional only | Purchase only | Medical necessity | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4149 U1 | ENTERAL FORMULA, MANUFACTURED, NUTRITIONALLY COMPLETE WHOLE OR ORGANIC FOOD CONTAINING BLENDERIZED FORMULAS, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.78 | 07/01/2021 | Non-institutional only | Purchase only | Medical necessity | Always required | Modifier U1 differentiates this type of enteral formula. Administration by mouth rather than by feeding tube is differentiated by modifier BO. This enteral formula may be approved only when medical evidence shows that other formulas cannot be tolerated. |
| B4150 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$0.61 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier 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 | 100 calories | 5160-10-26 | Formula | \$0.51 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier 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 | 100 calories | 5160-10-26 | Formula | \$2.00 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4154 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.05 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4154 U1 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE KETOGENIC FORMULAS, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | \$1.60 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Always required | This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier 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 | 100 calories | 5160-10-26 | Formula | \$0.87 | 01/01/2010 | Non-institutional only | Purchase only | 20 units per day | Limit-based | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4155 U1 | ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE, PROTEIN MODULAR NUTRIENTS CONTAINING ESSENTIAL AND/OR NON-ESSENTIAL AMINO ACIDS AND LESS THAN 0.7 KCALS PER ML | 100 calories | 5160-10-26 | Formula | \$20.00 | 07/01/2021 | Non-institutional only | Purchase only | 20 units per day | Always required | This type of enteral formula is differentiated by modifier U1. Administration by mouth rather than by feeding tube is differentiated by modifier 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 | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4158 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4159 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4160 | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4161 | ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4162 | ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 100 calories | 5160-10-26 | Formula | PA | 01/01/2005 | Non-institutional only | Purchase only | 20 units per day | Always required | Administration by mouth rather than by feeding tube is differentiated by modifier BO. |
| B4220 | PARENTERAL NUTRITION SUPPLY KIT, PREMIX, PER DAY | Each | 5160-10-26 | Supply kit | \$4.53 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4222 | PARENTERAL NUTRITION SUPPLY KIT, HOME MIX, PER DAY | Each | 5160-10-26 | Supply kit | \$6.95 | 01/01/2010 | Non-institutional only | Purchase only | 1 per day | Never required | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B4224 | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY | Each | 5160-10-26 | Administration kit | \$14.55 | 11/29/2010 | Non-institutional only | Purchase only | 1 per day | Limit-based | Nasogastric tubes are incompatible with parenteral codes B4220, B4222, and B4224. The supplier must have on file a current order for parenteral products specific to the individual. |
| B9002 | ENTERAL NUTRITION INFUSION PUMP, ANY TYPE | Each | 5160-10-26 | Pump | \$679.00 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | Limit-based | With alarm |

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

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| B9004 | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE | Each | 5160-10-26 | Pump | \$2,170.86 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | Limit-based | |
| B9006 | PARENTERAL NUTRITION INFUSION PUMP, STATIONARY | Each | 5160-10-26 | Pump | \$2,170.86 | 01/01/2010 | Non-institutional only | Rental / purchase | 1 per 8 years | Limit-based | |
| B9998 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES | | 5160-10-26 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | |
| B9998 U1 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES (EXTENSION SETS, ANY SIZE) | | 5160-10-26 | Supply | \$13.00 | 07/01/2021 | Non-institutional only | Purchase only | 4 per month | Limit-based | Modifier U1 is used to request extension tubes, any length, for use with feeding kits B4034, B4035, or B4036 |
| B9998 U2 | NOT OTHERWISE CLASSIFIED FOR ENTERAL SUPPLIES | | 5160-10-26 | Supply | \$10.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per day | Limit-based | Modifier U2 is used to request Ferrell bags for use with feeding kits B4034, B4035, or B4036 |
| B9999 | NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES | | 5160-10-26 | Supply | PA | 05/01/1990 | Non-institutional only | Purchase only | | Always required | |
| E0100 | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | 5160-10-30 | Cane | \$10.19 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0100 U1 | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP | Each | 5160-10-30 | Cane | \$10.19 | 01/01/2019 | Non-institutional only | Purchase only | 1 per year | Never required | Modifier U1 is used to differentiate this item as a white cane for blind or otherwise visually impaired individuals. |
| E0105 | CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS | Each | 5160-10-30 | Cane | \$39.28 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0110 | CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS | Pair | 5160-10-30 | Crutches | \$50.00 | 01/01/1992 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0111 | CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS | Each | 5160-10-30 | Crutches | \$25.00 | 01/01/1992 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0112 | CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS | Pair | 5160-10-30 | Crutches | \$19.25 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0113 | CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP | Each | 5160-10-30 | Crutches | \$10.30 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0114 | CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS | Pair | 5160-10-30 | Crutches | \$23.85 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0116 | CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER | Each | 5160-10-30 | Crutches | \$11.95 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0130 | WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$35.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | With tips and handgrips |
| E0135 | WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$47.00 | 02/17/1991 | Non-institutional only | Purchase only | 1 per 5 years | Never required | With tips and handgrips |
| E0140 | WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE | Each | 5160-10-30 | Walker | \$200.00 | 09/01/2005 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0141 | WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$58.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | |
| E0143 | WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT | Each | 5160-10-30 | Walker | \$52.80 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0144 | WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT | Each | 5160-10-30 | Walker | \$150.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0147 | WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE | Each | 5160-10-30 | Walker | \$150.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |
| E0148 | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE | Each | 5160-10-30 | Walker | \$109.07 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |
| E0149 | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE | Each | 5160-10-30 | Walker | \$135.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Heavy-duty walkers are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |
| E0154 | PLATFORM ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$51.44 | 01/01/1999 | Non-institutional only | Purchase only | 2 per 3 years | Never required | |
| E0155 | WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR | Pair | 5160-10-30 | Ambulation accessory | \$16.25 | 05/01/1990 | Non-institutional only | Purchase only | 4 per 3 years | Never required | |
| E0156 | SEAT ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$15.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0157 | CRUTCH ATTACHMENT, WALKER | Each | 5160-10-30 | Ambulation accessory | \$62.50 | 05/01/1990 | Non-institutional only | Purchase only | 2 per 3 years | Limit-based | |
| E0158 | LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4) | Set | 5160-10-30 | Ambulation accessory | \$12.64 | 05/01/1990 | Non-institutional only | Purchase only | 4 per 3 years | Limit-based | |
| E0159 | BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT | Each | 5160-10-30 | Ambulation accessory | \$15.00 | 10/01/2004 | Non-institutional only | Purchase only | 2 per 5 years | Limit-based | |
| E0163 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS | Each | 5160-10-33 | Fixed arms | \$52.80 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0165 | COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS | Each | 5160-10-33 | Detachable arms | \$104.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0167 | PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY | Each | 5160-10-33 | Pail | \$5.25 | 05/01/1990 | Non-institutional only | Purchase only | 1 per year | Limit-based | |
| E0168 | COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE | Each | 5160-10-33 | Heavy duty | \$129.56 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Extra-wide/heavy-duty commode chairs are covered only for individuals weighing at least 300 pounds. The supplier must maintain documentation of the individual's weight. |
| E0181 | POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY | Each | 5160-10-18 | Pad | \$148.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0182 | PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY | Each | 5160-10-18 | Pump | \$105.00 | 11/01/1992 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0184 | DRY PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$150.00 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0185 | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$102.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0186 | AIR PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$219.74 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| E0187 | WATER PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$231.00 | 12/15/2002 | Non-institutional only | Purchase only | 1 per 2 years | Limit-based | |
| E0188 | SYNTHETIC SHEEPSKIN PAD | Each | 5160-10-18 | Pad | \$5.00 | 05/01/1990 | Non-institutional only | Purchase only | 2 per 6 months | Limit-based | Wheelchair size |

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

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| E0189 | LAMBSWOOL SHEEPSKIN PAD, ANY SIZE | Each | 5160-10-18 | Pad | \$43.95 | 07/01/2002 | Non-institutional only | Purchase only | 2 per year | Limit-based | Bed size |
| E0190 | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES | Each | 5160-10-18 | Positioning cushion | \$100.00 | 04/01/2009 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0191 | HEEL OR ELBOW PROTECTOR | Each | 5160-10-18 | Pressure-reducing supply | \$9.00 | 04/01/2001 | Non-institutional only | Purchase only | 4 per 6 months | Limit-based | |
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | Day | 5160-10-18 | Bed | \$32.50 | 01/01/1992 | Non-institutional only | Rental only | 180 per year | Never required | |
| E0194 | AIR FLUIDIZED BED | Day | 5160-10-18 | Bed | \$38.00 | 01/01/1992 | Non-institutional only | Rental only | 180 per year | Always required | Bead bed |
| E0196 | GEL PRESSURE MATTRESS | Each | 5160-10-18 | Mattress | \$351.69 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0197 | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$199.42 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0198 | WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Mattress | \$177.26 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 4 years | Always required | |
| E0199 | DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Pad | \$20.00 | 05/25/1991 | Non-institutional only | Purchase only | 1 per year | Never required | (e.g. egg crate) |
| E0202 | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | Course of treatment | 5160-10-01 | Light therapy | \$55.00 | 07/16/2018 | Non-institutional only | Rental only | 1 per lifetime | Limit-based | |
| E0210 | ELECTRIC HEAT PAD, STANDARD | Each | 5160-10-01 | Heat / cold application | \$15.09 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | |
| E0215 | ELECTRIC HEAT PAD, MOIST | Each | 5160-10-01 | Heat / cold application | \$25.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | |
| E0235 | PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN) | Each | 5160-10-01 | Heat / cold application | \$133.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | Complete with wax |
| E0240 | BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE | Each | 5160-10-01 | Bath and toilet aids | \$35.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0240 U1 | BATHING CHAIR, BASIC SHOWER-COMMODE CHAIR | Each | 5160-10-07 | Bathing seats | \$53.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Modifier U1 differentiates this item. Description is located in the rule. |
| E0240 U2 | BATHING CHAIR, INTERMEDIATE NON-ASSISTED SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$755.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this item. Description is located in the rule. |
| E0240 U3 | BATHING CHAIR, INTERMEDIATE ASSISTED SINGLE POSITION SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U3 differentiates this item. Description is located in the rule. |
| E0240 U4 | BATHING CHAIR, INTERMEDIATE ASSISTED MULTI-POSITION SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$1,250.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U4 differentiates this item. Description is located in the rule. |
| E0240 U5 | BATHING CHAIR, COMPLEX POSITIONING SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$2,420.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U5 differentiates this item. Description is located in the rule. |
| E0241 | BATH TUB WALL RAIL | Each | 5160-10-01 | Bath and toilet aids | \$24.00 | 01/01/1997 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0243 | TOILET RAIL | Each | 5160-10-01 | Bath and toilet aids | \$40.00 | 04/01/1999 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0244 | RAISED TOILET SEAT | Each | 5160-10-01 | Bath and toilet aids | \$49.25 | 04/01/1999 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0245 | TUB STOOL OR BENCH | Each | 5160-10-07 | Bathing seats | \$30.00 | 01/01/1997 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0246 | TRANSFER TUB RAIL ATTACHMENT | Each | 5160-10-01 | Bath and toilet aids | \$57.90 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Limit-based | |
| E0247 | TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING | Each | 5160-10-07 | Bathing seats | \$60.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0247 U1 | BATHING CHAIR, BASIC SLIDING TRANSFER BATH BENCH | Each | 5160-10-07 | Bathing seats | \$100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | Modifier U1 differentiates this item. Description is located in the rule. |
| E0247 U2 | BATHING CHAIR, COMPLEX TRANSFER BATH OR SHOWER CHAIR | Each | 5160-10-07 | Bathing seats | \$3,300.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this item. Description is located in the rule. |
| E0248 | TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING | Each | 5160-10-07 | Bathing seats | \$100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0255 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$677.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0256 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$580.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Never required | |
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$791.20 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$892.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0271 | MATTRESS, INNERSPRING | Each | 5160-10-18 | Mattress | \$97.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0272 | MATTRESS, FOAM RUBBER | Each | 5160-10-18 | Mattress | \$92.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0275 | BED PAN, STANDARD, METAL OR PLASTIC | Each | 5160-10-01 | Bed pan | \$4.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0276 | BED PAN, FRACTURE, METAL OR PLASTIC | Each | 5160-10-01 | Bed pan | \$3.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | Each | 5160-10-18 | Mattress | \$3,046.08 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0292 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$567.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0293 | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$470.00 | 05/25/1991 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$703.20 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$625.60 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$1,677.44 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |

BR -- Payment by report
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| E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | Each | 5160-10-18 | Hospital bed | \$4,578.80 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$1,945.44 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | Each | 5160-10-18 | Hospital bed | \$4,932.32 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0305 | BED SIDE RAILS, HALF LENGTH | Each | 5160-10-18 | Hospital bed accessories | \$185.01 | 01/01/2010 | Non-institutional only | Purchase only | 2 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0310 | BED SIDE RAILS, FULL LENGTH | Each | 5160-10-18 | Hospital bed accessories | \$143.74 | 04/01/2009 | Non-institutional only | Purchase only | 2 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0325 | URINAL; MALE, JUG-TYPE, ANY MATERIAL | Each | 5160-10-01 | Urinal | \$2.50 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0326 | URINAL; FEMALE, JUG-TYPE, ANY MATERIAL | Each | 5160-10-01 | Urinal | \$3.50 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0328 | HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS | Each | 5160-10-18 | Hospital bed | \$5,560.00 | 09/01/2013 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted. |
| E0329 | HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS | Each | 5160-10-18 | Hospital bed | \$6,000.00 | 09/01/2013 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | Payment amount includes accessories. Adding accessories (e.g., higher side rails) to create a model different from the model authorized is not permitted. |
| E0371 | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Overlay | \$4,644.81 | 04/01/2006 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | Each | 5160-10-18 | Overlay | \$5,838.28 | 04/01/2006 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0373 | NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS | Each | 5160-10-18 | Mattress | \$5,321.02 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0445 | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY | Each | 5160-10-23 | Pulse oximeter | \$2,250.00 | 02/26/2010 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | |
| E0455 | OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS | Each | 5160-10-13 | Respiratory care supplies | \$8.00 | 05/01/1990 | Non-institutional only | Purchase only | 6 per month | Never required | Replacement for recipient owned equipment |
| E0457 | CHEST SHELL (CUIRASS) | Each | 5160-10-22 | Shell | \$450.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| E0459 | CHEST WRAP | Each | 5160-10-22 | Wrap | \$352.00 | 08/01/1998 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| E0465 | HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE) | Each | 5160-10-22 | Invasive ventilation | \$900.00 | 01/01/2016 | All | Rental only | 1 per month | Never required | |
| E0466 | HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL) | Each | 5160-10-22 | Non-invasive ventilation | \$900.00 | 01/01/2016 | All | Rental only | 1 per month | Never required | |
| E0467 | HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS | Each | 5160-10-22 | Non-invasive ventilation | \$1,000.00 | 07/01/2021 | All | Rental only | 1 per month | Always required | |
| E0470 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$1,900.00 | 08/01/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | |
| E0471 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$320.00 | 08/01/2006 | Non-institutional only | Rental only | 1 per month | Always required | |
| E0472 | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) | Each | 5160-10-19 | Respiratory assist device | \$320.00 | 08/01/2006 | Non-institutional only | Rental only | 1 per month | Never required | |
| E0480 | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL | Each | 5160-10-01 | Percussors | \$321.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 3 years | Never required | |
| E0481 | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES | Each | 5160-10-01 | Percussors | \$4,724.50 | 10/01/2004 | Non-institutional only | Rental / purchase | 1 per 8 years | Never required | |
| E0482 | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE | Each | 5160-10-01 | Percussors | \$3,956.00 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 8 years | Always required | |
| E0483 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES | Each | 5160-10-08 | HFCWO system | \$12,190.00 | 10/01/2004 | Non-institutional only | Rental / purchase | 1 per lifetime | Never required | |
| E0484 | OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE | Each | 5160-10-01 | Respiratory care equipment | \$27.70 | 09/01/2005 | Non-institutional only | Purchase only | 1 per 8 years | Never required | |
| E0500 | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE | Each | 5160-10-19 | IPPB machine | \$65.00 | 04/01/1992 | Non-institutional only | Rental only | 1 per month | Never required | |
| E0561 | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Humidifier | \$92.00 | 04/01/2009 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |
| E0562 | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | Each | 5160-10-19 | Humidifier | \$225.92 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 4 years | Always required | |
| E0565 | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN | Each | 5160-10-01 | Respiratory care equipment | \$525.00 | 04/01/1996 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0570 | NEBULIZER, WITH COMPRESSOR | Each | 5160-10-01 | Respiratory care equipment | \$133.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | This item is covered without prior authorization for individuals who have a documented, relevant respiratory system diagnosis. A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| E0575 | NEBULIZER, ULTRASONIC, LARGE VOLUME | Each | 5160-10-01 | Respiratory care equipment | \$430.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| E0580 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER | Each | 5160-10-01 | Respiratory care equipment | \$115.00 | 04/01/2006 | Non-institutional only | Purchase only | 2 per year | Limit-based | A nebulizer may be covered only in association with a prescribed medication; an applicable diagnosis and specific medications must be listed on the prescription. |
| E0600 | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC | Each | 5160-10-19 | Pump | \$379.75 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 4 years | Never required | |

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

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| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE | Each | 5160-10-19 | Nasal PAP device | \$775.00 | 04/01/1992 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0602 | BREAST PUMP, MANUAL, ANY TYPE | Each | 5160-10-25 | Breast pump | \$15.00 | 10/01/2004 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0603 | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE | Each | 5160-10-25 | Breast pump | \$202.50 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| E0604 | BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE | Day | 5160-10-25 | Breast pump | \$2.25 | 01/01/2002 | Non-institutional only | Rental only | 90 days | Never required | |
| E0605 | VAPORIZER, ROOM TYPE | Each | 5160-10-01 | Respiratory care supplies | \$20.00 | 05/01/1990 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |
| E0618 | APNEA MONITOR, WITHOUT RECORDING FEATURE | Each | 5160-10-09 | Monitor without recording feature | \$2,626.50 | 10/15/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | Including alarms, maintenance, and supplies |
| E0619 | APNEA MONITOR, WITH RECORDING FEATURE | Each | 5160-10-09 | Monitor with recording feature | \$2,833.65 | 10/15/2006 | Non-institutional only | Rental / purchase | 1 per 5 years | Always required | Including alarms, maintenance, and supplies |
| E0621 | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON | Each | 5160-10-01 | Portable lifts | \$89.70 | 01/01/1999 | Non-institutional only | Purchase only | 1 per 2 years | Never required | This item is covered only for a lift owned by the individual. |
| E0625 | PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED | Each | 5160-10-01 | Portable lifts | \$447.00 | 03/20/2009 | Non-institutional only | Purchase only | 1 per 6 years | Never required | |
| E0630 | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S) | Each | 5160-10-01 | Portable lifts | \$761.60 | 07/16/2018 | Non-institutional only | Purchase only | 1 per 6 years | Never required | |
| E0637 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| U1 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| U2 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| U3 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$5,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| U4 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$6,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0638 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| E0638 U1 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| E0638 U2 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| E0638 U3 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| E0638 U4 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0641 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base only, no accessories |
| U1 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 1-2 accessories |
| U2 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$3,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 3-6 accessories |
| U3 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$4,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 7-10 accessories |
| U4 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | Each | 5160-10-01 | Standing frames / gait trainers | \$5,000.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Stander base plus 11 or more accessories |
| E0650 | PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL | Each | 5160-10-15 | Home model | \$510.00 | 01/01/1994 | Non-institutional only | Rental / purchase | 1 per 5 years | Never required | |
| E0651 | PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE | Each | 5160-10-15 | Home model | \$776.80 | 07/01/2002 | Non-institutional only | Rental / purchase | 1 per 5 years | Never required | |
| E0655 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM | Each | 5160-10-15 | Half arm | \$77.50 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| E0660 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | Each | 5160-10-15 | Full leg | \$135.12 | 07/01/2002 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0665 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | Each | 5160-10-15 | Full arm | \$101.50 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Always required | |
| E0666 | NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | Each | 5160-10-15 | Half leg | \$95.00 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0667 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG | Each | 5160-10-15 | Full leg | \$172.30 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0668 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM | Each | 5160-10-15 | Full arm | \$150.00 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0669 | SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG | Each | 5160-10-15 | Half leg | \$143.75 | 01/01/1994 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0691 | ULTRAVIOLET LIGHT THERAPY SYSTEM, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS | Each | 5160-10-01 | Phototherapy system | \$809.08 | 07/01/2019 | Non-institutional only | Rental / purchase | 1 per 10 years | Always required | Biologic drugs may be used in treatment only after this item has been used appropriately for three full months. |
| E0692 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 4 FOOT PANEL | Each | 5160-10-01 | Phototherapy panel system | \$1,015.99 | 07/01/2019 | Non-institutional only | Rental / purchase | 1 per 10 years | Always required | Biologic drugs may be used in treatment only after this item has been used appropriately for three full months. |
| E0693 | ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, 6 FOOT PANEL | Each | 5160-10-01 | Phototherapy panel system | \$1,252.42 | 07/01/2019 | Non-institutional only | Rental / purchase | 1 per 10 years | Always required | Biologic drugs may be used in treatment only after this item has been used appropriately for three full months. |
| E0694 | ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION | Each | 5160-10-01 | Phototherapy cabinet system | \$3,986.35 | 07/01/2019 | Non-institutional only | Rental / purchase | 1 per 10 years | Always required | Biologic drugs may be used in treatment only after this item has been used appropriately for three full months. |
| E0700 | SAFETY EQUIPMENT, DEVICE OR ACCESSORY, ANY TYPE | Each | 5160-10-01 | Safety Equipment | \$10.82 | 05/01/1990 | Non-institutional only | Purchase only | 2 per year | Limit-based | (e.g. belt, harness, or vest) |
| E0705 | TRANSFER DEVICE, ANY TYPE, EACH | Each | 5160-10-01 | Transfer board | \$46.62 | 05/26/2006 | Non-institutional only | Purchase only | 1 per 2 years | Never required | |
| E0720 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION | Each | 5160-10-15 | Two lead | \$525.00 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Never required | All TENS units must include a battery charger and battery pack. |
| E0730 | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION | Each | 5160-10-15 | Four lead | \$564.18 | 07/16/2018 | Non-institutional only | Rental / purchase | 1 per 4 years | Limit-based | All TENS units must include a battery charger and battery pack. |

BR -- Payment by report
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| E0747 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS | Each | 5160-10-28 | Non-spinal | \$1,750.00 | 03/21/2007 | Non-institutional only | Purchase only | 1 per 8 years | Always required | |
| E0748 | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS | Each | 5160-10-28 | Spinal | \$1,750.00 | 03/21/2007 | Non-institutional only | Purchase only | 1 per 8 years | Always required | |
| E0760 | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE | Each | 5160-10-28 | Low intensity | \$1,750.00 | 03/21/2007 | Non-institutional only | Purchase only | 1 per 8 years | Always required | |
| E0770 | FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED | Each | 5160-10-28 | Low intensity | PA | 01/01/2009 | Non-institutional only | Purchase only | 1 per 8 years | Always required | |
| E0776 | IV POLE | Each | 5160-10-29 | Infusion pump (non-nutrition) equipment | \$75.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 8 years | Never required | If pump is authorized, payment for pole is included in pump rental |
| E0781 | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT | Each | 5160-10-29 | Infusion pump (non-nutrition) equipment | \$8.73 | 08/01/2006 | Non-institutional only | Rental only | 1 per day | Never required | |
| E0784 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN | Each | 5160-10-29 | Infusion pump (non-nutrition) equipment | \$4,000.00 | 08/01/2006 | Non-institutional only | Rental / purchase | 1 per 4 years | Always required | |
| E0787 | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING | Each | 5160-10-29 | Infusion pump (non-nutrition) equipment | BR | 01/01/2020 | Non-institutional only | Purchase only | 1 per 4 years | Always required | |
| E0791 | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL | Each | 5160-10-29 | Infusion pump (non-nutrition) equipment | \$8.73 | 08/01/2006 | Non-institutional only | Rental only | 1 per day | Never required | Includes pole |
| E0840 | TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$58.62 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0850 | TRACTION STAND, FREE STANDING, CERVICAL TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$84.05 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0860 | TRACTION EQUIPMENT, OVERDOOR, CERVICAL | Each | 5160-10-18 | Hospital bed accessories | \$30.82 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0870 | TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$93.05 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0880 | TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$100.43 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0890 | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$96.33 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0900 | TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S) | Each | 5160-10-18 | Hospital bed accessories | \$102.50 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0910 | TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR | Each | 5160-10-18 | Hospital bed accessories | \$208.00 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0912 | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR | Each | 5160-10-18 | Hospital bed accessories | \$1,190.49 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0920 | FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS | Each | 5160-10-18 | Hospital bed accessories | \$479.86 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0930 | FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS | Each | 5160-10-18 | Hospital bed accessories | \$475.17 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0935 | CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY | Day | 5160-10-27 | CPM device | \$18.18 | 08/01/2006 | Non-institutional only | Rental only | 21 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. For total knee replacement only. |
| E0940 | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR | Each | 5160-10-18 | Hospital bed accessories | \$361.61 | 07/26/2007 | Non-institutional only | Purchase only | 1 per 8 years | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0941 | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE | Each | 5160-10-18 | Hospital bed accessories | \$451.46 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per year | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0942 | CERVICAL HEAD HARNESS/HALTER | Each | 5160-10-18 | Hospital bed accessories | \$15.88 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0944 | PELVIC BELT/HARNESS/BOOT | Each | 5160-10-18 | Hospital bed accessories | \$36.70 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Never required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0945 | EXTREMITY BELT/HARNESS | Each | 5160-10-18 | Hospital bed accessories | \$35.46 | 07/26/2007 | Non-institutional only | Purchase only | 1 per medical event | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0946 | FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER) | Each | 5160-10-18 | Hospital bed accessories | \$615.26 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0947 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$485.17 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E0948 | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | Each | 5160-10-18 | Hospital bed accessories | \$469.27 | 07/26/2007 | Non-institutional only | Rental / purchase | 1 per medical event | Always required | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E1300 | WHIRLPOOL, PORTABLE (OVERTUB TYPE) | Each | 5160-10-01 | Whirlpool | \$170.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 8 years | Limit-based | |
| E1372 | IMMERSION EXTERNAL HEATER FOR NEBULIZER | Each | 5160-10-01 | Respiratory care equipment | \$118.00 | 04/01/2006 | Non-institutional only | Purchase only | 1 per 4 years | Limit-based | |

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

| Code | Description | Unit | HCPCS Code | Item | PA | Effective Date | Setting | Frequency | Event | Limit | Notes |
|----------|--|------|------------|--|------------|----------------|------------------------|-------------------|---------------------|-----------------|---|
| E1399 | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS | Each | 5160-10-01 | Miscellaneous DME item | PA | 01/01/2006 | Non-institutional only | | | Always required | E1399 is not to be used to represent labor or repair. |
| E1820 | REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE | Each | 5160-10-18 | Hospital bed accessories | \$65.39 | 04/01/2006 | Non-institutional only | Purchase only | 1 per medical event | Limit-based | Only one code may be reported in the categories of side rails, cervical traction frames/stands, pelvic traction frames/stands, trapeze bars, and fracture frames. |
| E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME | Each | 5160-10-24 | 8 minutes or less recording time | \$266.75 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Never required | |
| E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME | Each | 5160-10-24 | 8-20 minutes recording time | \$811.95 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Never required | |
| E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME | Each | 5160-10-24 | 20-40 minutes recording time | \$1,071.06 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME | Each | 5160-10-24 | 40+ minutes recording time | \$2,129.15 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE | Each | 5160-10-24 | Spell only messages | \$3,452.16 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2510 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS | Each | 5160-10-24 | Multiple message methods | \$6,565.20 | 01/01/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2511 | SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT | Each | 5160-10-24 | Software | \$645.00 | 07/01/2021 | All | Rental / purchase | 1 per 5 years | Limit-based | |
| E2512 | ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM | Each | 5160-10-24 | Accessory | \$652.16 | 12/07/2010 | All | Rental / purchase | 1 per 5 years | Always required | |
| E2599 | ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED | Each | 5160-10-24 | Accessory | PA | 10/01/2004 | All | Purchase only | 1 per 5 years | Always required | |
| E8000 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$550.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Mini or small size |
| E8000 U1 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U1 differentiates this as a medium sized item. |
| E8000 U2 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$1,500.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | Modifier U2 differentiates this as a large or extra large sized item. |
| E8001 | GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,100.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| E8002 | GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS | Each | 5160-10-01 | Standing frames / gait trainers | \$2,700.00 | 07/01/2021 | Non-institutional only | Purchase only | 1 per 5 years | Always required | |
| K0552 | SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE | Each | 5160-10-29 | Infusion pump (non-nutrition) supplies | \$2.65 | 10/15/2006 | Non-institutional only | Purchase only | 30 per month | Never required | |
| K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES. 1 MONTH SUPPLY = 1 UNIT OF SERVICE | Each | 5160-10-29 | Allowance | \$198.70 | 01/01/2018 | Non-institutional only | Purchase only | 1 per month | Always required | |
| K0554 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM | Each | 5160-10-29 | Monitor | \$209.03 | 01/01/2018 | Non-institutional only | Purchase only | PA | Always required | |
| K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE | Each | 5160-10-06 | Defibrillator | \$2,320.00 | 07/01/2021 | Non-institutional only | Rental only | PA | Limit-based | PA required after first three months |
| K0730 | CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM | Each | 5160-10-01 | Drug delivery system | \$1,379.20 | 10/15/2006 | Non-institutional only | Purchase only | 1 per 5 years | Never required | |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 | Each | 5160-10-01 | Labor | \$12.17 | 01/01/2017 | All | | | Limit-based | |
| K1005 | DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE | Each | 5160-10-01 | Supply | BR | 01/01/2020 | All | Purchase only | 120 per month | Limit-based | |
| L0120 | CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR) | Each | 5160-10-01 | Cervical spine | \$16.89 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L0140 | CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR) | Each | 5160-10-01 | Cervical spine | \$38.25 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L0170 | CERVICAL, COLLAR, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Cervical spine | \$513.69 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0172 | CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Cervical spine | \$90.48 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L0174 | CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Cervical spine | \$177.92 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L0180 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE | Each | 5160-10-01 | Cervical spine | \$288.26 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0190 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES) | Each | 5160-10-01 | Cervical spine | \$339.95 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0200 | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION | Each | 5160-10-01 | Cervical spine | \$394.31 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0220 | THORACIC, RIB BELT, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$82.55 | 01/01/2010 | All | Purchase only | 1 per year | Always required | |
| L0450 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Thoracic spine | \$155.00 | 07/16/2018 | All | Purchase only | 2 per year | Limit-based | |
| L0452 | TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$202.07 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0454 | TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Thoracic spine | \$195.52 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L0466 | TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Thoracic spine | \$242.40 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |

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

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| L0468 | TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN | Each | 5160-10-01 | Thoracic spine | \$303.78 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0470 | TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, | Each | 5160-10-01 | Thoracic spine | \$413.62 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0472 | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Thoracic spine | \$258.66 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0480 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$965.02 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0482 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED | Each | 5160-10-01 | Thoracic spine | \$1,077.94 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0484 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD- | Each | 5160-10-01 | Thoracic spine | \$1,164.14 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0486 | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM | Each | 5160-10-01 | Thoracic spine | \$1,307.38 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0488 | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Thoracic spine | \$727.15 | 12/07/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0621 | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Sacroiliac joints | \$55.09 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0625 | LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE- | Each | 5160-10-01 | Lumbar spine | \$39.90 | 12/07/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0626 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$56.46 | 12/07/2010 | All | Purchase only | 2 per year | Limit-based | |
| L0627 | LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$147.95 | 01/01/2006 | All | Purchase only | 2 per year | Limit-based | |
| L0628 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Lumbar spine | \$60.76 | 12/07/2010 | All | Purchase only | 2 per year | Never required | |
| L0629 | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN | Each | 5160-10-01 | Lumbar spine | \$164.66 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0630 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Lumbar spine | \$135.00 | 07/16/2018 | All | Purchase only | 2 per year | Never required | |

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| L0631 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN | Each | 5160-10-01 | Lumbar spine | \$143.51 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0632 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$143.51 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0633 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL | Each | 5160-10-01 | Lumbar spine | \$250.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0634 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED | Each | 5160-10-01 | Lumbar spine | \$246.18 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L0635 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN | Each | 5160-10-01 | Lumbar spine | \$271.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0636 | LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM | Each | 5160-10-01 | Lumbar spine | \$271.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L0639 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Lumbar spine | \$827.69 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0640 | LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM | Each | 5160-10-01 | Lumbar spine | \$757.98 | 12/07/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0700 | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE) | Each | 5160-10-01 | Cervical-thoracic-lumbar-sacral spine | \$1,271.88 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0710 | CTLSSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE) | Each | 5160-10-01 | Cervical-thoracic-lumbar-sacral spine | \$1,398.16 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0810 | HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST | Each | 5160-10-01 | Halo procedure | \$1,707.70 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0859 | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL | Each | 5160-10-01 | Halo procedure | \$750.27 | 01/01/2006 | All | Purchase only | 1 per medical event | Limit-based | |
| L0970 | TLSSO, CORSET FRONT | Each | 5160-10-01 | Spine, addition to orthosis | \$68.28 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L0972 | LSO, CORSET FRONT | Each | 5160-10-01 | Spine, addition to orthosis | \$62.14 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0974 | TLSSO, FULL CORSET | Each | 5160-10-01 | Spine, addition to orthosis | \$111.85 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L0976 | LSO, FULL CORSET | Each | 5160-10-01 | Spine, addition to orthosis | \$95.52 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L0978 | AXILLARY CRUTCH EXTENSION | Each | 5160-10-01 | Spine, addition to orthosis | \$120.22 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L0980 | PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR | Each | 5160-10-01 | Spine, addition to orthosis | \$10.93 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L0984 | PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Spine, addition to orthosis | \$43.25 | 01/01/2010 | All | Purchase only | 6 per year | Limit-based | |
| L0999 | ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Spine, addition to orthosis | PA | 09/01/2005 | All | Purchase only | | Always required | |
| L1000 | CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | \$1,295.56 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1010 | ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING | Each | 5160-10-01 | Spine, scoliosis, cervical-thoracic-lumbar-sacral spine (Milwaukee) | \$53.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |

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

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| L1280 | ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC) | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile) | \$55.80 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1290 | ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD | Each | 5160-10-01 | Spine, scoliosis, thoracic-lumbar-sacral spine (low profile) | \$49.64 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1300 | OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Spine, scoliosis, other | \$1,101.13 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1310 | OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET | Each | 5160-10-01 | Spine, scoliosis, other | \$1,146.93 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1499 | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Spine, scoliosis, other | PA | 10/01/1988 | All | Purchase only | | Always required | |
| L1600 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Hip | \$82.33 | 01/01/2010 | All | Purchase only | 1 per lifetime | Never required | |
| L1620 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Hip | \$100.40 | 01/01/2010 | All | Purchase only | 1 per lifetime | Never required | |
| L1630 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip | \$134.98 | 01/01/2010 | All | Purchase only | 1 per lifetime | Always required | |
| L1640 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED | Each | 5160-10-01 | Hip | \$302.44 | 01/01/2010 | All | Purchase only | 1 per lifetime | Never required | |
| L1650 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Hip | \$157.56 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L1660 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Hip | \$115.46 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L1680 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip | \$727.88 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1685 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED | Each | 5160-10-01 | Hip | \$710.59 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1686 | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Hip | \$598.67 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1690 | COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Hip | \$1,438.91 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1720 | LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip, Legg-Calvé-Perthes disease | \$942.49 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L1730 | LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip, Legg-Calvé-Perthes disease | \$795.67 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L1755 | LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Hip, Legg-Calvé-Perthes disease | \$1,143.95 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L1810 | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$65.77 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1820 | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Knee | \$90.80 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1830 | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Knee | \$53.13 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1832 | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$473.52 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1834 | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED | Each | 5160-10-01 | Knee | \$463.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1840 | KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee | \$600.83 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L1843 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$345.00 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1844 | KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee | \$972.95 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1845 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$535.18 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1846 | KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee | \$716.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1847 | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBERS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Knee | \$427.98 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1850 | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Knee | \$182.02 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1851 | KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Knee | \$689.10 | 01/01/2017 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1852 | KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Knee | \$643.33 | 01/01/2017 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1860 | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK) | Each | 5160-10-01 | Ankle-foot | \$796.69 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |

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| L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$182.28 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1902 | ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Ankle-foot | \$47.69 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Ankle-foot | \$71.85 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L1907 | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$364.11 | 04/01/2009 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$262.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1930 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Ankle-foot | \$197.76 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1932 | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Ankle-foot | \$570.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1940 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$311.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1945 | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$717.14 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1951 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Ankle-foot | \$430.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$396.02 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$442.20 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1971 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Ankle-foot | \$360.00 | 07/16/2018 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$257.98 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L1990 | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED | Each | 5160-10-01 | Ankle-foot | \$298.57 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2000 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$714.72 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2010 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$557.47 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2020 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$704.06 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$692.05 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$1,419.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2035 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Knee-ankle-foot | \$110.68 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$1,184.49 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2037 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$1,059.50 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED | Each | 5160-10-01 | Knee-ankle-foot | \$854.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L2040 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED | Each | 5160-10-01 | Hip-knee-ankle-foot | \$129.25 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L2050 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED | Each | 5160-10-01 | Hip-knee-ankle-foot | \$311.34 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L2060 | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED | Each | 5160-10-01 | Hip-knee-ankle-foot | \$389.41 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-01 | Lower limb, fracture | \$503.59 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED | Each | 5160-10-01 | Lower limb, fracture | \$734.51 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$322.32 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2114 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$403.71 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2116 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$492.44 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2126 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED | Each | 5160-10-01 | Lower limb, fracture | \$815.82 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L2128 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED | Each | 5160-10-01 | Lower limb, fracture | \$1,024.38 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L2132 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$621.78 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L2134 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$736.26 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L2136 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Lower limb, fracture | \$805.72 | 01/01/2010 | All | Purchase only | 1 per medical event | Always required | |
| L2180 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS | Each | 5160-10-01 | Lower limb, fracture, addition to orthosis | \$84.69 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L2182 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT | Each | 5160-10-01 | Lower limb, fracture, addition to orthosis | \$73.00 | 01/01/2010 | All | Purchase only | 2 per orthosis | Never required | |
| L2184 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT | Each | 5160-10-01 | Lower limb, fracture, addition to orthosis | \$74.00 | 01/01/2010 | All | Purchase only | 2 per orthosis | Always required | |

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

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

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

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

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| L3670 | SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Shoulder | \$66.10 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3674 | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder | \$778.74 | 01/01/2011 | All | Purchase only | 1 per medical event | Never required | |
| L3675 | SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Shoulder | \$118.84 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3710 | ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Elbow | \$83.03 | 01/01/2010 | All | Purchase only | 2 per year | Never required | |
| L3720 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED | Each | 5160-10-01 | Elbow | \$397.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3730 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED | Each | 5160-10-01 | Elbow | \$526.97 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3740 | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED | Each | 5160-10-01 | Elbow | \$624.77 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3760 | ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Elbow | \$285.67 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3763 | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Elbow | \$493.34 | 12/07/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3764 | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Elbow | \$516.30 | 12/07/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3807 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Wrist-hand-finger | \$147.26 | 04/01/2009 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3808 | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Wrist-hand-finger | \$168.26 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L3809 | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE | Each | 5160-10-01 | Wrist-hand-finger | \$155.00 | 07/01/2021 | All | Purchase only | 1 per 2 years | Never required | |
| L3900 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Wrist-hand-finger | \$941.93 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3901 | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED | Each | 5160-10-01 | Wrist-hand-finger | \$1,234.46 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3906 | WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Wrist-hand-finger | \$294.66 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3908 | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$43.66 | 01/01/2010 | All | Purchase only | 1 per 180 days | Never required | |
| L3912 | HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$61.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L3923 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Wrist-hand-finger | \$27.65 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3924 | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$69.82 | 07/01/2021 | All | Purchase only | 1 per medical event | Never required | |
| L3925 | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Wrist-hand-finger | \$39.04 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3929 | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Wrist-hand-finger | \$66.19 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3931 | WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Wrist-hand-finger | \$142.53 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3956 | ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL, PER JOINT | Each | 5160-10-01 | Wrist-hand-finger | \$187.75 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L3960 | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder-elbow-wrist-hand | \$463.75 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3971 | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Shoulder-elbow-wrist-hand | \$975.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L3980 | UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Upper limb, fracture | \$224.94 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3982 | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Upper limb, fracture | \$228.40 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3984 | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT | Each | 5160-10-01 | Upper limb, fracture | \$201.21 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L3995 | ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL | Each | 5160-10-01 | Upper limb, fracture | \$23.88 | 01/01/2010 | All | Purchase only | 3 per medical event | Limit-based | |
| L3999 | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED | Each | 5160-10-01 | Upper limb, fracture | PA | 10/01/1988 | All | Purchase only | | Always required | |
| L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO) | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$844.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L4010 | REPLACE TRILATERAL SOCKET BRIM | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$513.16 | 01/01/2010 | All | Purchase only | 1 per lifetime | Always required | |
| L4020 | REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$616.43 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |

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| L4030 | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$391.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L4040 | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$265.30 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4045 | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$195.96 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4050 | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$262.73 | 01/01/2010 | All | Purchase only | 1 per 2 years | Always required | |
| L4055 | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$159.70 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4060 | REPLACE HIGH ROLL CUFF | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$211.11 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4070 | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$183.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4080 | REPLACE METAL BANDS KAFO, PROXIMAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$64.32 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4090 | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$53.98 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4100 | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$64.88 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$50.66 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L4130 | REPLACE PRETIBIAL SHELL | Each | 5160-10-01 | Specific repair or replacement, including parts and labor | \$306.22 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L4205 | REPAIR OF ORTHOTIC DEVICE, LABOR, PER 15 MINUTES | Each | 5160-10-01 | Labor | \$12.17 | 07/01/2021 | All | | 1 per 120 days | Limit-based | |
| L4210 | REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS) | Each | 5160-10-01 | Labor | \$12.17 | 07/01/2021 | All | | 2 or more per 120 days | Always required | PA for minor repairs occurring prior to 120 days |
| L4210 | REPAIR OR REPLACE MINOR PARTS OF ORTHOTIC DEVICE, PER 15 MINUTES (IN ADDITION TO PARTS) | Each | 5160-10-01 | Labor | \$12.17 | 07/01/2021 | All | | 1 per 120 days | Never required | PA not required for minor repairs occurring after 120 days |
| L4350 | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Splint | \$61.83 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Splint | \$165.41 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF | Each | 5160-10-01 | Splint | \$150.37 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L4386 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Splint | \$99.06 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L4392 | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO | Each | 5160-10-01 | Splint | \$15.04 | 01/01/2010 | All | Purchase only | 1 per medical event | Never required | |
| L4396 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE | Each | 5160-10-01 | Splint | \$107.22 | 01/01/2010 | All | Purchase only | 1 per medical event | Limit-based | |
| L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED | Each | 5160-10-01 | Splint | \$1,066.77 | 01/01/2011 | All | Purchase only | 1 per medical event | Always required | |
| L5000 | PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER | Each | 5160-10-01 | Lower limb | \$366.87 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5010 | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER | Each | 5160-10-01 | Lower limb | \$1,025.10 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5020 | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER | Each | 5160-10-01 | Lower limb | \$1,605.99 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5050 | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT | Each | 5160-10-01 | Lower limb | \$1,754.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5060 | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT | Each | 5160-10-01 | Lower limb | \$2,162.23 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |

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| L5100 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$1,746.54 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5105 | BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT | Each | 5160-10-01 | Lower limb | \$2,464.74 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5150 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$2,740.21 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5160 | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,008.61 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5200 | ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$2,326.94 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5210 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS | Each | 5160-10-01 | Lower limb | \$1,847.59 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5220 | ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH | Each | 5160-10-01 | Lower limb | \$2,035.24 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5230 | ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,052.57 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5250 | HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,579.21 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5280 | HEMIPLECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT | Each | 5160-10-01 | Lower limb | \$3,876.41 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5301 | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM | Each | 5160-10-01 | Lower limb | \$2,073.45 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5321 | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE | Each | 5160-10-01 | Lower limb | \$2,764.88 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5331 | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT | Each | 5160-10-01 | Lower limb | \$4,049.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5341 | HEMIPLECTOMY, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT | Each | 5160-10-01 | Lower limb | \$4,304.60 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5400 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE | Each | 5160-10-01 | Immediate post-surgery or early fitting | \$1,021.32 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5410 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT | Each | 5160-10-01 | Immediate post-surgery or early fitting | \$282.16 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5420 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION | Each | 5160-10-01 | Immediate post-surgery or early fitting | \$1,289.89 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5430 | IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT | Each | 5160-10-01 | Immediate post-surgery or early fitting | \$350.13 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5510 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$1,377.79 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5530 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET | Each | 5160-10-01 | Preparatory prosthesis | \$1,513.49 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5540 | PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$1,603.02 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5560 | PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$1,826.51 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5580 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,200.15 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5585 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET | Each | 5160-10-01 | Preparatory prosthesis | \$2,576.61 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5590 | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,293.95 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5595 | PREPARATORY, HIP DISARTICULATION-HEMIPLECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$2,933.02 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5600 | PREPARATORY, HIP DISARTICULATION-HEMIPLECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Preparatory prosthesis | \$3,338.21 | 01/01/2010 | All | Purchase only | 1 per amputation | Always required | |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM | Each | 5160-10-01 | Addition to lower limb | \$1,610.00 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5611 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,025.44 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,559.75 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,080.22 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$940.49 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5617 | ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$358.18 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5618 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES | Each | 5160-10-01 | Addition to lower limb | \$213.89 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5620 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$189.77 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |

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| L5622 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$255.66 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5624 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE | Each | 5160-10-01 | Addition to lower limb | \$255.59 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5626 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$404.60 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5628 | ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMPELVECTOMY | Each | 5160-10-01 | Addition to lower limb | \$409.72 | 01/01/2010 | All | Purchase only | 1 per preparatory prosthesis, 2 per definitive prosthesis | Limit-based | |
| L5629 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET | Each | 5160-10-01 | Addition to lower limb | \$202.26 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Limit-based | |
| L5630 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET | Each | 5160-10-01 | Addition to lower limb | \$351.43 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5631 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET | Each | 5160-10-01 | Addition to lower limb | \$279.65 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Limit-based | |
| L5632 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET | Each | 5160-10-01 | Addition to lower limb | \$172.35 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5634 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET | Each | 5160-10-01 | Addition to lower limb | \$215.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5636 | ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET | Each | 5160-10-01 | Addition to lower limb | \$164.75 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5637 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT | Each | 5160-10-01 | Addition to lower limb | \$245.16 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5638 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET | Each | 5160-10-01 | Addition to lower limb | \$412.99 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5639 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET | Each | 5160-10-01 | Addition to lower limb | \$713.58 | 01/01/2010 | All | Purchase only | 1 per prosthesis | Always required | |
| L5640 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET | Each | 5160-10-01 | Addition to lower limb | \$469.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5642 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET | Each | 5160-10-01 | Addition to lower limb | \$434.79 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5643 | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME | Each | 5160-10-01 | Addition to lower limb | \$1,282.40 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5645 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME | Each | 5160-10-01 | Addition to lower limb | \$623.61 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5646 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET | Each | 5160-10-01 | Addition to lower limb | \$398.77 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5647 | ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET | Each | 5160-10-01 | Addition to lower limb | \$506.27 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5648 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET | Each | 5160-10-01 | Addition to lower limb | \$475.45 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5649 | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET | Each | 5160-10-01 | Addition to lower limb | \$1,569.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5650 | ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET | Each | 5160-10-01 | Addition to lower limb | \$310.70 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5651 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME | Each | 5160-10-01 | Addition to lower limb | \$910.35 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5652 | ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET | Each | 5160-10-01 | Addition to lower limb | \$277.48 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5653 | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET | Each | 5160-10-01 | Addition to lower limb | \$432.93 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5654 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBL0, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$250.96 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5655 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBL0, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$181.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5656 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBL0, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$275.31 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5658 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBL0, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$290.59 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5661 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES | Each | 5160-10-01 | Addition to lower limb | \$416.91 | 01/01/2010 | All | Purchase only | 1 per year | Always required | |
| L5665 | ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$370.67 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5666 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION | Each | 5160-10-01 | Addition to lower limb | \$49.07 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5668 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION | Each | 5160-10-01 | Addition to lower limb | \$73.12 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5670 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION (PTS' OR SIMILAR) | Each | 5160-10-01 | Addition to lower limb | \$172.71 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5671 | ADD LOWER EXTREMITY, SUSPENS LOCKING MECH, EXCL SOCKET INSERT | Each | 5160-10-01 | Addition to lower limb | \$358.93 | 04/01/2009 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5672 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION | Each | 5160-10-01 | Addition to lower limb | \$228.53 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |

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| L5673 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM | Each | 5160-10-01 | Addition to lower limb | \$745.00 | 07/16/2018 | All | Purchase only | 2 per year | Always required | |
| L5676 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR | Each | 5160-10-01 | Addition to lower limb | \$230.63 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5677 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR | Pair | 5160-10-01 | Addition to lower limb | \$353.23 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5678 | ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR | Pair | 5160-10-01 | Addition to lower limb | \$25.27 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5679 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM | Each | 5160-10-01 | Addition to lower limb | \$625.00 | 07/16/2018 | All | Purchase only | 2 per year | Always required | |
| L5680 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED | Each | 5160-10-01 | Addition to lower limb | \$193.72 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5681 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679) | Each | 5160-10-01 | Addition to lower limb | \$1,029.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5682 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED | Each | 5160-10-01 | Addition to lower limb | \$398.03 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5683 | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679) | Each | 5160-10-01 | Addition to lower limb | \$1,029.21 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5684 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP | Each | 5160-10-01 | Addition to lower limb | \$30.63 | 01/01/2010 | All | Purchase only | 1 per 2 years | Limit-based | |
| L5685 | ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL | Each | 5160-10-01 | Addition to lower limb | \$55.13 | 01/01/2010 | All | Purchase only | 6 per year | Never required | |
| L5686 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL) | Each | 5160-10-01 | Addition to lower limb | \$36.84 | 01/01/2010 | All | Purchase only | 1 per 2 years | Never required | |
| L5688 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING | Each | 5160-10-01 | Addition to lower limb | \$39.13 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5690 | ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED | Each | 5160-10-01 | Addition to lower limb | \$79.87 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5692 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT | Each | 5160-10-01 | Addition to lower limb | \$84.57 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5694 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED | Each | 5160-10-01 | Addition to lower limb | \$115.47 | 01/01/2010 | All | Purchase only | 1 per year | Never required | |
| L5695 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL | Each | 5160-10-01 | Addition to lower limb | \$103.79 | 01/01/2010 | All | Purchase only | 2 per year | Limit-based | |
| L5696 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT | Each | 5160-10-01 | Addition to lower limb | \$125.38 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5697 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND | Each | 5160-10-01 | Addition to lower limb | \$59.55 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5698 | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE | Each | 5160-10-01 | Addition to lower limb | \$76.38 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5699 | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS | Each | 5160-10-01 | Addition to lower limb | \$130.54 | 01/01/2010 | All | Purchase only | 1 per year | Limit-based | |
| L5700 | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Addition to lower limb | \$1,983.56 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5701 | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Addition to lower limb | \$2,435.96 | 01/01/2010 | All | Purchase only | Medical necessity | Always required | |
| L5702 | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL | Each | 5160-10-01 | Addition to lower limb | \$3,070.16 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5704 | CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE | Each | 5160-10-01 | Addition to lower limb | \$400.36 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5705 | CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE | Each | 5160-10-01 | Addition to lower limb | \$733.99 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5706 | CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$715.93 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5707 | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION | Each | 5160-10-01 | Addition to lower limb | \$961.85 | 01/01/2010 | All | Purchase only | Medical necessity | Limit-based | |
| L5710 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK | Each | 5160-10-01 | Addition to lower limb | \$228.91 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5711 | ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL | Each | 5160-10-01 | Addition to lower limb | \$384.17 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5712 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE) | Each | 5160-10-01 | Addition to lower limb | \$274.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5714 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$279.04 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5716 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK | Each | 5160-10-01 | Addition to lower limb | \$551.77 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5718 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$590.02 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5722 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$717.50 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5724 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,105.92 | 01/01/2010 | All | Purchase only | 1 per 4 years | Always required | |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL | Each | 5160-10-01 | Addition to lower limb | \$1,542.94 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5785 | ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$330.67 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |
| L5790 | ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) | Each | 5160-10-01 | Addition to lower limb | \$477.25 | 01/01/2010 | All | Purchase only | 1 per 4 years | Limit-based | |

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

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

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

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

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

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

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

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

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

5160-10-06

DMEPOS: wearable cardioverter-defibrillators.

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

(B) Coverage.

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

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

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

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

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

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

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

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

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

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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

5160-10-07

DMEPOS: bathing seats.

(A) Definitions and explanations.

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

(B) Providers.

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

(e) A physical therapist; or

(f) An occupational therapist.

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

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

(C) Coverage.

(1) Principles.

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

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

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

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

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

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

(a) Basic bathing seats.

(i) Basic bath/shower chair.

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

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

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

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

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

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

(ii) Basic bath/shower bench.

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

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

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

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

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

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

(iii) Basic stationary transfer bath/shower bench.

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

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

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

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

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

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

(iv) Basic sliding transfer bath/shower bench.

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

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

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

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

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

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

(v) Basic shower chair commode.

(a) Appearance: It looks like a standard wheelchair (two large rear wheels and two eight-inch front casters) or transport chair (four small casters or two small front casters and two slightly larger rear wheels). It generally has a back and may have footrests. It does not have a separate base.

(b) Construction: The frame may be made either of metal such as steel or aluminum or of a polymer such as polyvinyl chloride (PVC).

(c) Positioning: It may recline but does not have tilt-in-space capability. It may have securement straps.

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

(e) Commode capability: It is used as a commode.

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

(b) Intermediate shower seats.

(i) Intermediate non-assisted shower chair.

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

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

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

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

(e) Commode capability: It should be used as a commode if a commode is needed. (A request for a separate commode

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

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

(ii) Intermediate assisted single-position shower chair.

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

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

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

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

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

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

(iii) Intermediate assisted multi-position shower chair.

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

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

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

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

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

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

(c) Complex bathing seats.

(i) Complex positioning shower chair.

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

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

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

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

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

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

(ii) Complex transfer bath/shower chair.

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

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

(3) Purchase.

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

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

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

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

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

(d) No payment is made for routine maintenance.

(5) Evaluation and management.

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

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

(6) Additional provisions and specifications.

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

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

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

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

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

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

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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

TO BE RESCINDED

5160-10-10

DMEPOS: home dialysis equipment and supplies.

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

| | |
|------------------------|---|
| Promulgated Under: | 119.03 |
| Statutory Authority: | 5164.02 |
| Rule Amplifies: | 5164.02 |
| Prior Effective Dates: | 03/01/1984, 09/01/2002, 04/16/2007, 01/01/2008, 07/16/2018 |

5160-10-13

DMEPOS: oxygen.

(A) Definitions.

- (1) "Blood gas study" is the measurement of such characteristics of blood as the partial pressure of oxygen (PO₂) or oxygen saturation. The term applies either to pulse oximetry or to an arterial blood gas (ABG) study.
- (2) "Group I" and "group II" criteria are sets of clinical indicators used to determine the coverage of oxygen without prior authorization.

(a) Group I criteria.

- (i) If the individual is tested while awake and at rest, either of the following measures applies: ~~(a) arterial PO₂ of fifty-five millimeters of mercury (mm Hg) or less; or (b) arterial oxygen saturation at or below eighty-eight per cent.~~

(a) Arterial PO₂ of fifty-five millimeters of mercury (mm Hg) or less; or

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

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

(a) Arterial PO₂ of fifty-five mm Hg or less during ambulation without oxygen, with documented improvement during ambulation with oxygen; or

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

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

(a) Arterial PO₂ of fifty-five mm Hg or less;

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

(c) A decrease in arterial PO₂ of more than ten mm Hg, associated with symptoms of or signs reasonably attributable to hypoxemia; or

(d) A decrease in arterial oxygen saturation of more than five per cent, associated with symptoms of or signs reasonably attributable to hypoxemia.

(b) Group II criteria.

(i) Either of the following measures applies:

(a) Arterial PO₂ of at least fifty-six mm Hg and not more than fifty-nine mm Hg; or

(b) Arterial oxygen saturation at or above eighty-nine per cent.

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

(a) Dependent edema suggestive of congestive heart failure;

(b) Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or the presence of P pulmonale on an EKG; or

(c) Erythrocythemia with a hematocrit greater than fifty-six per cent.

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

(B) Providers.

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

(a) A physician;

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

(c) A physician assistant.

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

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

(C) Certification of medical necessity.

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

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

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

(D) Coverage.

- (1) Payment may be made for oxygen supplied in the following forms:
- (a) Stationary gaseous oxygen system (private residence only);
 - (b) Portable gaseous oxygen system (private residence only);
 - (c) Stationary liquid oxygen system (private residence only);
 - (d) Portable liquid oxygen system (private residence only);
 - (e) Oxygen contents, gaseous, including supplies (LTCHF only);
 - (f) Oxygen contents, liquid, including supplies (LTCHF only);
 - (g) Oxygen concentrator, single delivery port;
 - (h) Oxygen concentrator, dual delivery port;
 - (i) Portable oxygen concentrator (private residence only); and
 - (j) Transfill unit (private residence only).

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

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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

Appendix to rule 5160-10-13

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

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

| Modifier | Description | Applicable Procedure Codes | Payment Multiplier |
|----------|---|--|--------------------|
| QF | Prescribed oxygen flow greater than 4 LPM, both stationary and portable | E0424, E0431, E0434, E0439, E0441, E0442 | 1.50 |
| QG | Prescribed oxygen flow greater than 4 LPM, stationary only | E0424, E0439, E0441, E0442 | 1.50 |
| U1 | Oxygen concentrator used in a private residence | E1390, E1391 | N/A |

RESCINDED
Appendix
5160-10-13

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

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

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

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

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

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

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| E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE | Each | Power controller | | \$1,331.70 | 07/01/2020 | 1 per 5 years | Always required | | this was a correction, leaving at 7.1.20 |
| E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE | Each | Power controller | | \$3,736.43 | 07/01/2020 | 1 per 5 years | Always required | | this was a correction, leaving at 7.1.20 |
| E2331 | POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE | Each | Power controller | | \$600.00 | 07/01/2021 | 1 per 5 years | Always required | | |
| E2340 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES | Each | Frame configuration | | \$357.98 | 01/01/2017 | 1 per 5 years | Limit-based | | |
| E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES | Each | Frame configuration | | \$537.02 | 01/01/2017 | 1 per 5 years | Limit-based | | |
| E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES | Each | Frame configuration | | \$447.52 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES | Each | Frame configuration | | \$716.03 | 01/01/2017 | 1 per 5 years | Limit-based | | |
| E2351 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE | Each | Power controller | | \$526.78 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2358 | POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY | Each | Battery | | \$150.00 | 07/01/2021 | 2 per year | Always required | | |
| E2359 | POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$173.96 | 01/01/2017 | 2 per year | Never required | | |
| E2360 | POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY | Each | Battery | | \$102.06 | 01/01/2017 | 2 per year | Limit-based | | |
| E2361 | POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$139.32 | 01/01/2017 | 2 per year | Never required | | |
| E2362 | POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY | Each | Battery | | \$91.89 | 01/01/2017 | 2 per year | Never required | | |
| E2363 | POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$185.80 | 01/01/2017 | 2 per year | Never required | | |
| E2364 | POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY | Each | Battery | | \$102.06 | 01/01/2017 | 2 per year | Never required | | |
| E2365 | POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$112.04 | 01/01/2017 | 2 per year | Never required | | |
| E2366 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED | Each | Charger | | \$223.84 | 01/01/2017 | 2 per year | Never required | | |
| E2367 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED | Each | Charger | | \$418.64 | 01/01/2017 | 2 per year | Never required | | |
| E2368 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY | Each | Motor or drive system | | \$516.02 | 01/01/2017 | 1 per 5 years | Never required | | |
| E2369 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY | Each | Motor or drive system | | \$449.48 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2370 | POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY | Each | Motor or drive system | | \$802.00 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2371 | POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$150.58 | 01/01/2017 | 2 per year | Never required | | |
| E2372 | POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY | Each | Battery | | \$150.00 | 07/01/2021 | 2 per year | Always required | | |
| E2373 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE | Each | Power controller | | \$614.99 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only | Each | Power controller | | \$402.67 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2375 | POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY | Each | Power controller | | \$855.66 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2376 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY | Each | Power controller | | \$1,012.10 | 06/01/2014 | 1 per 5 years | Always required | | |
| E2377 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE | Each | Power controller | | \$366.24 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2378 | POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY | Each | Power controller | | \$447.62 | 01/01/2017 | 1 per 5 years | Always required | | |
| E2381 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$76.10 | 01/01/2017 | 4 per year | Never required | | |
| E2382 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$20.75 | 01/01/2017 | 4 per year | Never required | | |
| E2383 | POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$151.71 | 01/01/2017 | 4 per year | Never required | | |
| E2384 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$80.85 | 01/01/2017 | 4 per year | Never required | | |
| E2385 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$49.46 | 01/01/2017 | 4 per year | Never required | | |
| E2386 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$150.35 | 01/01/2017 | 4 per year | Never required | | |
| E2387 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$64.86 | 01/01/2017 | 4 per year | Never required | | |
| E2388 | POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$50.35 | 01/01/2017 | 4 per year | Never required | | |
| E2389 | POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$27.34 | 01/01/2017 | 4 per year | Never required | | |
| E2390 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$42.75 | 01/01/2017 | 4 per year | Never required | | |
| E2391 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$20.49 | 01/01/2017 | 4 per year | Never required | | |
| E2392 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$53.81 | 01/01/2017 | 4 per year | Never required | | |
| E2394 | POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$76.67 | 01/01/2017 | 4 per year | Never required | | |
| E2395 | POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY | Each | Wheel or tire | | \$54.49 | 01/01/2017 | 4 per year | Never required | | |

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

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| K0011 | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING | Each | Power wheelchair | Standard duty | \$4,481.60 | 01/01/2017 | 1 per 5 years | Always required | |
| K0012 | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR | Each | Power wheelchair | Lightweight | \$2,842.56 | 01/01/2017 | 1 per 5 years | Always required | |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE | Each | Power wheelchair | | Determined by PA | 01/01/2017 | 1 per 5 years | Always required | |
| K0014 | OTHER MOTORIZED/POWER WHEELCHAIR BASE | Each | Power wheelchair | | Determined by PA | 01/01/2017 | 1 per 5 years | Always required | |
| K0015 | DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY | Each | Armrest | | \$181.15 | 01/01/2017 | 2 per year | Never required | |
| K0017 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY | Each | Armrest | | \$51.07 | 01/01/2017 | 2 per year | Always required | |
| K0018 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY | Each | Armrest | | \$28.52 | 01/01/2017 | 2 per year | Never required | |
| K0019 | ARM PAD, REPLACEMENT ONLY | Each | Armrest | | \$14.30 | 01/01/2017 | 2 per year | Never required | |
| K0020 | FIXED, ADJUSTABLE HEIGHT ARMREST | Pair | Armrest | | \$46.40 | 01/01/2017 | 1 per 2 years | Never required | |
| K0037 | HIGH MOUNT FLIP-UP FOOTREST | Each | Footrest | | \$40.89 | 01/01/2017 | 2 per 5 years | Never required | |
| K0038 | LEG STRAP | Each | Positioning aid | | \$24.23 | 01/01/2017 | 2 per year | Never required | |
| K0039 | LEG STRAP, H STYLE | Each | Positioning aid | | \$53.81 | 01/01/2017 | 2 per year | Never required | |
| K0040 | ADJUSTABLE ANGLE FOOTPLATE | Each | Footrest | | \$74.58 | 01/01/2017 | 2 per 5 years | Always required | |
| K0041 | LARGE SIZE FOOTPLATE | Each | Footrest | | \$52.86 | 01/01/2017 | 2 per 5 years | Never required | |
| K0042 | STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY | Each | Footrest | | \$34.61 | 01/01/2017 | 2 per 5 years | Never required | |
| K0043 | FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY | Each | Footrest | | \$19.51 | 01/01/2017 | 2 per 5 years | Never required | |
| K0044 | FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY | Each | Footrest | | \$16.61 | 01/01/2017 | 2 per 5 years | Never required | |
| K0045 | FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY | Each | Footrest | BEP item | \$56.57 | 01/01/2017 | 2 per 5 years | Always required | |
| K0046 | ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY | Each | Legrest | | \$19.51 | 01/01/2017 | 2 per 5 years | Always required | |
| K0047 | ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY | Each | Legrest | | \$76.40 | 01/01/2017 | 2 per 5 years | Always required | |
| K0050 | RATCHET ASSEMBLY, REPLACEMENT ONLY | Each | Footrest or legrest | | \$32.47 | 01/01/2017 | 2 per 5 years | Always required | |
| K0051 | CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY | Each | Footrest or legrest | | \$52.54 | 01/01/2017 | 2 per 5 years | Never required | |
| K0052 | SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY | Each | Footrest | | \$92.34 | 01/01/2017 | 1 per 5 years per side | Never required | |
| K0053 | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING) | Each | Footrest | | \$101.90 | 01/01/2017 | 2 per 5 years | Never required | |
| K0056 | SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR | Each | Frame configuration | | \$95.00 | 01/01/2017 | 1 per 5 years | Never required | |
| K0065 | SPOKE PROTECTORS | Each | Wheel-related item | | \$44.41 | 01/01/2017 | 4 per year | Never required | |
| K0069 | REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY | Each | Wheel or tire | | \$99.83 | 01/01/2017 | 4 per year | Always required | |
| K0070 | REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$182.96 | 01/01/2017 | 4 per year | Always required | |
| K0071 | FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$109.13 | 01/01/2017 | 4 per year | Never required | |
| K0072 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY | Each | Wheel or tire | BEP item | \$65.70 | 01/01/2017 | 4 per year | Never required | |
| K0073 | CASTER PIN LOCK | Each | Lock | | \$33.43 | 01/01/2017 | 2 per 5 years | Never required | |
| K0077 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY | Each | Wheel or tire | | \$58.80 | 01/01/2017 | 4 per year | Never required | |
| K0098 | DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY | Each | Motor or drive system | | \$26.38 | 01/01/2017 | 1 per 5 years | Always required | |
| K0105 | IV HANGER, EACH | Each | Carrier | | \$99.32 | 01/01/2017 | 1 per 5 years | Never required | |
| K0108 | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED | Each | Miscellaneous item | | PA | 01/01/2017 | 1 per 5 years | Limit-based | |
| K0195 | ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE) | Each | Legrest | | \$100.00 | 07/01/2021 | | Always required | Short-term rental only |
| K0733 | POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT) | Each | Battery | | \$30.19 | 01/01/2017 | 2 per year | Always required | |
| K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES | Each | Labor | | \$12.17 | 01/01/2017 | | | |
| K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | Each | Power operated vehicle 1 | Standard duty | \$974.78 | 01/01/2017 | 1 per 5 years | Never required | |
| K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | Each | Power operated vehicle 1 | Heavy duty | \$1,200.00 | 01/01/2017 | 1 per 5 years | Always required | |
| K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | Each | Power operated vehicle 1 | Very heavy duty | \$1,528.40 | 01/01/2017 | 1 per 5 years | Always required | |
| K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | Each | Power operated vehicle 2 | Standard duty | \$1,179.22 | 01/01/2017 | 1 per 5 years | Never required | |
| K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | Each | Power operated vehicle 2 | Heavy duty | \$1,789.34 | 01/01/2017 | 1 per 5 years | Always required | |
| K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | Each | Power operated vehicle 2 | Very heavy duty | \$2,768.48 | 01/01/2017 | 1 per 5 years | Always required | |

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

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

5160-10-16

DMEPOS: wheelchairs.

(A) Definitions and explanations.

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

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

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

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

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

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

(B) Providers.

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

(C) Coverage.

(1) Principles.

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

(2) Purchase.

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

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

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

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

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

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

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

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

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

(4) Rental.

- (a) Custom manual wheelchairs. PA is ~~required~~ needed.

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

- (c) PMDs. PA is ~~required~~ needed.

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

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

(5) Evaluation and management.

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

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

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

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

(E) Claim payment.

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

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

Effective:

Five Year Review (FYR) Dates:

Certification

Date

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5160-10-19

DMEPOS: positive airway pressure devices.

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

(B) Coverage.

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

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

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

(c) An estimated length of need.

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

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

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

(i) An AHI of at least fifteen; or

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

(a) Excessive sleepiness during waking hours;

(b) Insomnia;

(c) Mood disorder;

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

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

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

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5160-10-22

DMEPOS: ventilators.

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

(B) Coverage.

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

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

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

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

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

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

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

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5160-10-29

DMEPOS: insulin pumps.

(A) Definitions.

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

(B) Coverage.

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

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

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

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

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

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