



Common Sense Initiative

Mike DeWine, *Governor*
Jon Husted, *Lt. Governor*

Joseph Baker, *Director*

Business Impact Analysis

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

Rule Contact Name and Contact Information: Tommi Potter, Rules Administrator, Rules@medicaid.ohio.gov, 614-752-3877

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

Medicaid DMEPOS rule 5160-10-01

Rule Number(s): 5160-10-01

Date of Submission for CSI Review: 08/22/2023

Public Comment Period End Date: 08/29/2023

Rule Type/Number of Rules:

New/___ rules

No Change/___ rules (FYR? ___)

Amended/___ rules (FYR? ___)

Rescinded/ 1 rules (7/1/2026)

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.

77 SOUTH HIGH STREET | 30TH FLOOR | COLUMBUS, OHIO 43215-6117

CSIPublicComments@governor.ohio.gov

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 an appendix to the rule.

For the sake of readability, the existing version of OAC rule 5160-10-01 is being rescinded and replaced with a new rule of the same number and tagline.

- Changes are made in the body of the rule to clarify coverage and payment policy.
 - The entire text is restructured.
 - The definition and accompanying description of the term 'certificate of medical necessity (CMN)' are revised.
 - Definitions of the terms 'date of service', 'medical supplies', 'prior authorization (PA)', and 'starting date for dispensing' are added.
 - A statement is added that the validity period of a prescription is assumed to be one year.

- The description 'custom or specialized' is dropped from the list of characteristics that always subject a DMEPOS item to prior authorization (PA).
- The terms 'medical practitioner' and 'medical practitioner's Office' are replaced by 'healthcare practitioner' and 'appropriate healthcare setting' respectively.
- Provisions involving CMNs, prescriptions, PA, requests for need verification, and information to be kept on file are streamlined and gathered into a single documentation section.
- An arithmetical formula is specified for establishing payment amounts for enteral nutrition products for which payment is determined through PA.
- Several significant changes are made in the appendix to the rule.
 - More than 50 DMEPOS items are transferred from the temporary CPT and HCPCS Level II Procedure Code Changes table.
 - Frequency limits are adjusted for several DMEPOS items. For certain ostomy items in particular, the quantity per period is increased.
 - The PA status for certain items is brought into alignment.
 - Two other documents are incorporated: the appendix to OAC rule 5160-10-13 and the published schedule that represents the payment policy set forth in OAC rule 5160-10-16.
 - A list is added of "atypical" items that are not covered routinely but may be covered with PA.
 - Maximum payment amounts are increased in accordance with provisions of H.B. 33 (135th G.A.).

In addition, several improvements have been made to form ODM 01913, which is referenced in the body of the rule.

Only the rescinded rule is addressed in this business impact analysis.

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 the rule 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 the rule are not mandated by a federal requirement.

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

The rule does 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)?**

The rule involves 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 the rule 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

Some of the changes made to the appendix to OAC rule 5160-10-01 are being made in response to requests from individual providers, from the Ohio Association of Medical Equipment Services (OAMES), the Ohio Orthotics and Prosthetics Association, and from Medicaid managed care organizations (MCOs).

Rule changes were first shared with the Ohio Association of Medical Equipment Services (OAMES) during a presentation in September 2020. The project was reviewed at subsequent OAMES conference and discussed in e-mail conversations and in meetings during the past year. The information was also shared with the

Ohio Orthotics and Prosthetics Association in March 2022 through emails and meetings. Individual providers and the Medicaid managed care organizations contacted ODM via email.

Since April 2021, some two dozen meetings have been held with OAMES representatives and other DMEPOS stakeholders to discuss various topics of concern. Beginning in late 2022, the meetings focused specifically on proposed changes to the administrative rules.

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

Any changes and needed modifications that came to light in the course of discussion were accepted by both OAMES and ODM and incorporated into the payment schedule. The body of the rule has been restructured largely in response to recommendations concerning prescriptions and certificates of medical necessity (CMNs).

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 the rule.

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? *Alternative regulations may include performance-based regulations, which define the required outcome, but do not dictate the process the regulated stakeholders must use to comply.*

ODM is required to adopt rules to establish Medicaid coverage of and payment for items and services. Regardless of the item or service, the basic structure of the rule is the same; no alternative is readily apparent. In particular, performance-based regulation does not generally apply to Medicaid provider rules.

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

In the process of revising the rule, 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.

14. 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 the rule will be incorporated into the Medicaid electronic claim-processing system as of the effective date of the rule. They therefore will be applied automatically and consistently whenever an appropriate provider submits a claim for an applicable service.

Adverse Impact to Business

15. Provide a summary of the estimated cost of compliance with the rule(s). Specifically, please do the following:

- a. Identify the scope of the impacted business community, and**
- b. Quantify and identify the nature of all adverse impact (e.g., fees, fines, employer time for compliance, etc.).**

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. 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.

In its definition section, current rule 5160-10-01 includes the phrase 'licensure or certification'. Paragraph (B)(5) of OAC rule 5160-10-01, to be rescinded, defines the term 'DMEPOS provider' as a Medicaid-enrolled entity that already holds appropriate licensure from its respective regulatory authority. Chapter 4752 of the Revised Code requires DMEPOS providers to possess the appropriate licensure for their line of business. Our OAC rule does not impose any additional requirements that would be considered an adverse impact in the new rule to be proposed.

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, text message, e-mail message, or other basic form of contact. Such communication is a general administrative expense, and the cost of transmission is minimal. The cost of the staff time involved depends on the job classification. According to the most recent (2021) Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, the median statewide hourly wage for a receptionist is \$14.08; for an executive secretary or administrative assistant, it is \$29.34. With an additional 30% for fringe benefits, sixty seconds of communication costs between \$0.31 and \$0.64.

Both the mention of licensure and the notification requirement have been omitted from the new version of rule 5160-10-01.

16. Are there any proposed changes to the rules that will reduce a regulatory burden imposed on the business community? Please identify. (*Reductions in regulatory burden may include streamlining reporting processes, simplifying rules to improve readability, eliminating requirements, reducing compliance time or fees, or other related factors*).

Many of the changes made to OAC rule 5160-10-01 stem from efforts to minimize the number of items and services for which prior authorization (PA) is needed; others are being made in response to requests from individual providers or from the DME provider association. In the new version, the body of the rule has been significantly reorganized to improve clarity and readability.

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

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.

Paragraph (B)(5) of OAC rule 5160-10-01, to be rescinded, defines the term 'DMEPOS provider' as a Medicaid-enrolled entity that already holds appropriate licensure from its respective regulatory authority. Chapter 4752 of the Revised Code requires DMEPOS providers to possess the appropriate licensure for their line of business.

Our proposed OAC 5160-10-01 rule has removed this provision from the rule.

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. 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?

The rule imposes 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.

(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) "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 (ICFIID).
- (9) "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.
- (10) "Private residence" is a recipient's place of residence other than a long-term care facility (LTCF).
- (11) "Provider cost" is the amount paid for an item by a DMEPOS provider to a supplier or manufacturer, exclusive of discounts, rebates, and situation-specific adjustments. Documentation of provider cost is subject to approval by the department; a figure that has been entered, superimposed, modified, obscured, or obliterated by the provider will not be accepted. Suitable documents for substantiating provider cost include but are not limited to the following examples:
- (a) An invoice submitted by the supplier or manufacturer to the provider;
 - (b) A bona fide quotation (quote) submitted by the supplier or manufacturer to the provider; or
 - (c) A standard supplier or manufacturer price list that can be independently verified by the department.

(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. 7/2021).
- (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 provider cost 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) The amount listed in the appendix to this rule;
 - (b) For a "by report" DMEPOS item or service, an amount determined on a case-by-case basis;
 - (c) For a supply item for which payment is determined by PA, one hundred forty-seven per cent of the provider cost (minus discounts or rebates);
 - (d) For a non-supply DMEPOS item or service for which payment is determined by PA, an amount determined on a case-by-case basis;
 - (e) For a bulk item having an overall payment limit per period, the submitted charge;
 - (f) For the authorized purchase of a DMEPOS item in used condition, eighty per cent of the payment amount for the item in new condition;
 - (g) For monthly payment for a "rental/purchase" DME item, ten per cent of the medicaid maximum specified for purchase; or
 - (h) 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.
- (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.

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.),
07/01/2021

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
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

HCPCS 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 PHISOEX 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 HYDROPHILIC)	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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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 ELASTOMERIC, 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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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 SWATH 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 RECIPIENT-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	
A4633	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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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 MULTIPLE 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	1 per 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, GEL/PASTE, 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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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, GEL/PASTE, 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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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.

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

A7521	TRACHEOSTOMY/LARYNGECTOMY 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	TRACHEOSTOMY/LARYNGECTOMY 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	TRACHEOSTOMY/LARYNGECTOMY 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	TRACHEOSTOMY/LARYNGECTOMY 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	TRACHEOSTOMY/LARYNGECTOMY 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 trill tape. Only one type of tracheostomy tube 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.
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.

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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
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.

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	COMMODOE 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	COMMODOE 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 COMMODOE CHAIR, REPLACEMENT ONLY	Each	5160-10-33	Pail	\$5.25	05/01/1990	Non-institutional only	Purchase only	1 per year	Limit-based	
E0168	COMMODOE 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
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 Bed	\$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	Bed 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	\$75.00	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 COMMODOE OPENING	Each	5160-10-07	Bathing seats	\$60.00	07/01/2021	Non-institutional only	Purchase only	1 per 5 years	Never required	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	\$989.00	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	
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)	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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	\$2,833.85	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
E0637 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
E0637 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
E0637 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
E0637 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
E0641 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
E0641 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
E0641 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
E0641 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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	TRANS CUTANEOUS 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	TRANS CUTANEOUS 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.
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, TRANS CUTANEOUS 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	Purchase only	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, A/K/A 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.

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	
K1006	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM	Each	5160-10-32	Catheter	\$299.00	10/01/2020	Non-institutional only	Purchase only	1 per 5 years	Always required	
K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	Each	5160-10-24	Speech modulation	\$2,495.00	10/01/2020	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	\$39.25	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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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-8 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 WITH EXPERTISE	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 WITH EXPERTISE	Each	5160-10-01	Thoracic spine	\$242.40	01/01/2010	All	Purchase only	1 per 2 years	Limit-based	
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 INDIVIDUAL WITH EXPERTISE	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-CAM MODEL, CUSTOM	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-SHELF	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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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 DESIGN, CUSTOM FABRICATED	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 WITH EXPERTISE	Each	5160-10-01	Lumbar spine	\$135.00	07/16/2018	All	Purchase only	2 per year	Never required	
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	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 WITH EXPERTISE	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 DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	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 FABRICATED	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 FABRICATED	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-ORTHOSES (CTLSO), 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	CTLSO, 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	TLSO, 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	TLSO, FULL CORSET	Each	5160-10-01	Spine, addition to orthosis	\$111.65	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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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
L1020	ADDITION TO CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO 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 CTLSSO, 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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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, (PAVLK 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 CHAMBER(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	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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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, MULTILIGAMENTOUS 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	\$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	\$73.00	01/01/2010	All	Purchase only	2 per orthosis	Never required	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	Each	5160-10-01	Lower limb, fracture, addition to	\$74.00	01/01/2010	All	Purchase only	2 per orthosis	Always required	
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	Each	5160-10-01	Lower limb, fracture, addition to	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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' ORTHOSIS)	Each	5160-10-01	Lower limb, fracture, addition to	\$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	\$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	\$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	\$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	\$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	\$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	\$65.39	01/01/2010	All	Purchase only	2 per orthosis	Never required	
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	Each	5160-10-01	Lower limb, fracture, addition to	\$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	\$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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	\$114.06	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 (ORTHOISIS)	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 (ORTHOISIS)	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
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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

L3695	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	
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	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 (C/TLSO 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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	\$1,985.89	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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	HEMIPELVECTOMY, 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	HEMIPELVECTOMY, 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
L5535	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-HEMIPELVECTOMY, 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-HEMIPELVECTOMY, 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
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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPLECTOMY	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	\$1,589.04	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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	\$1,963.56	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	
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 MINIMATURE 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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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 SENSOR(S), ANY TYPE	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 CONTROL	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
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	\$1,610.39	01/01/2010	All	Purchase only	1 per 4 years	Limit-based
L6110	BELOW ELBOW, MOLDED SOCKET, (MUEENSTER 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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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
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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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
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	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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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	

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	
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??	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??	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??	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??	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
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	Each	5160-10-11	Contralateral	1??	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??	07/01/2021	All	Purchase only	1 per 4 years	Always required	Less than 21 years of age
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	\$339.50	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	\$339.50	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

BR -- Payment by report
 Limit-based -- PA is required when the frequency limit is exceeded
 Frequency limits may be exceeded on the basis of medical necessity
 PA -- Payment by prior authorization

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	

Key to CATEGORY indicator**By DMEPOS category:**

DME: ambulation aids	5160-10-30
DME: apnea monitors	5160-10-09
DME: bathing seats	5160-10-07
DME: commodes	5160-10-33
DME: compression burn garments	5160-10-14
DME: compression garments	5160-10-14
DME: continuous passive motion (CPM) devices	5160-10-27
DME: equipment and supplies categorized with oxygen	5160-10-13
DME: HFCWO devices	5160-10-08
DME: home dialysis equipment and supplies	5160-10-10
DME: hospital beds and bed accessories	5160-10-18
DME: insulin pumps	5160-10-29
DME: lactation pumps	5160-10-25
DME: osteogenesis stimulators	5160-10-28
DME: pneumatic compression devices and accessories	5160-10-17
DME: positive airway pressure devices	5160-10-19
DME: pressure-reducing support surfaces	5160-10-18
DME: pulse oximeters	5160-10-23
DME: speech generating devices	5160-10-24
DME: transcutaneous electrical nerve stimulation (TENS) units	5160-10-15
DME: ventilators	5160-10-22
DME: wearable cardioverter-defibrillators	5160-10-06
DME: other equipment items	5160-10-01
Orthotic devices and prostheses: cranial remolding devices	5160-10-35
Orthotic devices and prostheses: foot orthoses	5160-10-31
Orthotic devices and prostheses: hearing aids	5160-10-11
Orthotic devices and prostheses: orthopedic shoes	5160-10-31
Orthotic devices and prostheses: other orthotic devices	5160-10-01
Orthotic devices and prostheses: other prostheses	5160-10-01
Medical supplies: incontinence garments and related supplies	5160-10-21
Medical supplies: nutrition supplies	5160-10-26
Medical supplies: ostomy supplies	5160-10-32
Medical supplies: urological supplies	5160-10-32
Medical supplies: wound dressings and related supplies	5160-10-34
Medical supplies: other supply items	5160-10-01
DMEPOS: labor	5160-10-01

By OAC rule number:

5160-10-01	DME: other equipment items
5160-10-01	Orthotic devices and prostheses: other prostheses
5160-10-01	Orthotic devices and prostheses: other orthotic devices
5160-10-01	Medical supplies: other supply items
5160-10-01	DMEPOS: labor
5160-10-06	DME: wearable cardioverter-defibrillators
5160-10-07	DME: bathing seats
5160-10-08	DME: HFCWO devices
5160-10-09	DME: apnea monitors
5160-10-10	DME: home dialysis equipment and supplies
5160-10-11	Orthotic devices and prostheses: hearing aids
5160-10-13	DME: equipment and supplies categorized with oxygen
5160-10-14	DME: compression garments
5160-10-14	DME: compression burn garments
5160-10-15	DME: transcutaneous electrical nerve stimulation (TENS) units
5160-10-17	DME: pneumatic compression devices and accessories
5160-10-18	DME: hospital beds and bed accessories
5160-10-18	DME: pressure-reducing support surfaces
5160-10-19	DME: positive airway pressure devices
5160-10-21	Medical supplies: incontinence garments and related supplies
5160-10-22	DME: ventilators
5160-10-23	DME: pulse oximeters
5160-10-24	DME: speech generating devices
5160-10-25	DME: lactation pumps
5160-10-26-	Medical supplies: nutrition supplies
5160-10-27	DME: continuous passive motion (CPM) devices
5160-10-28	DME: osteogenesis stimulators
5160-10-29	DME: insulin pumps
5160-10-30	DME: ambulation aids
5160-10-31	Orthotic devices and prostheses: orthopedic shoes
5160-10-31	Orthotic devices and prostheses: foot orthoses
5160-10-32	Medical supplies: ostomy supplies
5160-10-32	Medical supplies: urological supplies
5160-10-33	DME: commodes
5160-10-34	Medical supplies: wound dressings and related supplies
5160-10-35	Orthotic devices and prostheses: cranial remolding devices