



Medical Assistance Program Bulletin

Colorado Title XIX

Fiscal Agent



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Medical Assistance Program
Fiscal Agent Information
on the Internet
www.chcpf.state.co.us

Click on the Provider Services tab at the top of the web page

Medical Assistance Program bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medical Assistance Program Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medical Assistance Program Provider Services.

Distribution: Supply and Pharmacy Providers December 2004

Reference: B0400190

Equipment, Supply, Orthotic & Prosthetic CMS Codes

The Colorado Medical Assistance Program uses the Centers for Medicare and Medicaid (CMS), formerly the Health Care Financing Administration's (HCFA), Common Procedural Coding System (HCPCS) to identify Medical Assistance Program services.

This is the CMS code bulletin for Supply and Durable Medical Equipment (DME) services. The codes in this bulletin are **effective for services provided on and after January 1, 2005. This document replaces Medical Assistance Program Bulletin B04000172 (3/04).** Keep this bulletin with the Provider Manual for reference. Coding updates and revisions will also be published in Medical Assistance Program bulletins.

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USE OF THE HCPCS LISTING & SPECIAL BILLING INSTRUCTIONS

The following list of HCPCS (Healthcare Common Procedural Coding System) codes has been approved by the Colorado Department of Health Care Policy and Financing for use in submitting claims for medical supplies and durable medical equipment (DME) to the Colorado Medical Assistance Program. Use this list when completing Medical Assistance Program claims. Updates and revisions will be made available through future Medical Assistance Program Bulletins. Product classification appendices are no longer being provided with this manual. Please refer to the Palmetto website www.palmettogba.com, for the most updated and complete information for product classification for formulas, wheelchairs, wheelchair cushions, disposable supplies etc.

Read the following information carefully:

A. General Billing Information

Electronic media claims: Supply/DME services are submitted on the electronic Colorado 1500/837P format.

Pharmacies billing for supplies/equipment submit on the electronic Colorado 1500/837P format.

Paper claims: Supply/DME services are submitted on the Colorado 1500 claim form.

Pharmacies billing for supplies/equipment submit on the Colorado 1500 claim form.

Coding: Use procedure codes and modifiers as instructed in the most recent Medical Assistance Program bulletin. Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions.

Most DME and medical supplies provided to hospitalized individuals, persons residing in nursing facilities and dialysis facilities must be provided by the facility and cannot be submitted for direct payment to the medical supplier or pharmacy. Charges for oxygen contents and certain oxygen delivery systems for nursing facility and group home residents must be billed by the supply provider. Procedure codes for oxygen services provided to nursing facility residents are included in this bulletin.

B. Capped Rental

1. The Medical Assistance Program does not pay for any charges after Medicare has paid for purchase or capped rental of durable medical equipment.

2. Rebates: If a rebate is available for any product, the provider is responsible for doing one of the following:

- Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.
- Mail-in: Obtainable by mail shall indicate the purchaser to be the:
Colorado Medical Assistance Program
1570 Grant Street
Denver CO 80203-1714

3. The Medical Assistance Program processes maintenance charges for capped rental or purchased items approved by Medicare.

C. Billing for "Fee Schedule" Services

Under Federal Law and State Regulations, providers are reminded that the Medical Assistance Program shall not be billed amounts in excess of that charged to non- Medical Assistance Program clients (42 CFR 447).

Providers are requested to submit their Usual and Customary charges to the Medical Assistance Program.

D. Billing for "By Invoice" Services

Providers submitting claims for which acquisition costs will be utilized as a basis for reimbursement are subject to the following requirements:

- Billed amounts may not exceed the actual acquisition costs of the item.
- Actual acquisition costs are defined as the manufacturer's list price for the item less any standard trade discount applied to lower the actual cost to the provider but excluding any time sensitive or otherwise conditional discounts available to the provider.
- Copies of invoices documenting actual acquisition costs shall be maintained in the provider's files in accordance with Department regulations. Providers cannot bill for state sales tax collection.

Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.

REQUIREMENTS FOR WHEELCHAIR PURCHASE & EQUIPMENT REPAIRS

Important - prior authorization requests and claims for wheelchair purchase and equipment repair require the following:

1. Prior authorization requests (PARs) for wheelchair purchase (manual, power or 3-wheeled) must identify the model and manufacturer in field 16 on the PAR form.
2. PARs for equipment repair must identify the serial number of the equipment in field 12 on the PAR form.

Wheelchair purchase or equipment repair claims must either identify the serial number in field 30 on the paper claim, or if billing electronically, the serial number must be kept in the provider records. A physician's prescription is no longer required for wheelchair repairs, and no physician signature is required on repair PARs.

HCPCS CODING INFORMATION

Code column: CMS HCPCS codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Codes authorized for the Medical Assistance Program may not correspond to codes approved for Medicare billing. This list contains the approved Medical Assistance Program CMS HCPCS codes. Codes that do not appear in this listing are not benefits of the Medical Assistance program. Providers are instructed to submit the HCPCS code most closely describing the item being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item.

Modifiers: Modifiers are used with HCPCS codes to describe circumstances that may change or alter payment. The following modifiers are approved for use with DME procedure codes and must be used when applicable:

Mod	Description												
-UB	<p>Manufacturer's Invoice Price</p> <p>Use with supply/DME codes & special procedure codes for invoiced tax, shipping & handling fees when the billed charge represents the manufacturer's invoice price to a retail provider. Use UB modifier to identify invoiced shipping, invoiced tax, and the 19% Medical Assistance Program allowed handling fee.</p> <p>For example:</p> <table> <tbody> <tr> <td>MM/DD/YY</td> <td>K0002--UB</td> <td>Wheelchair (Cost from invoice)</td> <td>\$450.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>K0115-UB</td> <td>Orthotic seating system (Cost from invoice)</td> <td>\$800.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>A9901-UB</td> <td>Handling (19% of cost for both items)</td> <td>\$237.50</td> </tr> </tbody> </table>	MM/DD/YY	K0002--UB	Wheelchair (Cost from invoice)	\$450.00	MM/DD/YY	K0115-UB	Orthotic seating system (Cost from invoice)	\$800.00	MM/DD/YY	A9901-UB	Handling (19% of cost for both items)	\$237.50
MM/DD/YY	K0002--UB	Wheelchair (Cost from invoice)	\$450.00										
MM/DD/YY	K0115-UB	Orthotic seating system (Cost from invoice)	\$800.00										
MM/DD/YY	A9901-UB	Handling (19% of cost for both items)	\$237.50										
-KH	<p>1st month DME rental</p> <p>Use with DME codes to identify non-prior authorized 1st month equipment rental provided while obtaining prior authorization for continued rental or for purchase. When purchased, reduce the billed amount for purchase by rental reimbursements received.</p>												
-KR	Daily rental. Utilize only for those items indicated as a Medical Assistance Program benefit on a daily rental basis.												
-RR	<p>DME rental on a per month basis.</p> <p>Unless otherwise noted in the Medical Assistance Program CMS Code Bulletin, one item represents one-month rental period. The claim dates of service should represent the span dates of the rental period being billed.</p> <p>Note: Some items are available as a rental or purchase only. If the item is only available for rental, the HCPCS procedure code includes the –RR modifier as part of the listed code.</p>												
-BO	Orally administered nutrition, not by feeding tube												

Narrative column: A description of the service. When possible and appropriate, the description of the item includes a notation of the billing unit. Example: A4246 Betadine, per pint. One item represents one pint of Betadine. If the item description does not identify the billing unit for miscellaneous items, add sufficient information on the claim form to identify the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted. Example: A box of 200 lancets would be billed as 200 items.

PAR column: The prior authorization status of the identified item.

Yes A request for prior authorization should be submitted & approved **before the item/service is provided**. Claims for items that have not received prior authorization approval will be denied.

Note: Procedures identified by * (asterisk) are reviewed by CFMC (Colorado Foundation for Medical Care). Prior Authorizations for these items should be sent directly to CFMC at:

CFMC
Attention: Medical Assistance Program/DME PARs
P.O. Box 17300
Denver, CO 80217-0300

No The identified item is a regular Medical Assistance Program benefit that does not require special authorization when provided to an eligible Medical Assistance Program client.

Conditional The item requires prior authorization under certain circumstances. See the Comments section next to the item for an explanation of the circumstances.

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medical Assistance Program payment and does not serve as a timely filing waiver. PAR approval only assures that the service has been identified as medically necessary. All of the requirements for eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Prior authorization requirements apply to all items reimbursed through any source other than Medicare X-overs.

Prior authorization does not apply to Medicare X-over claims. If Medicare approves benefits, The Medical Assistance Program does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medical Assistance Program billing requirements including prior authorization, if applicable.

Maximum allowable purchase column:

- Any dollar amount: Purchase benefit is available up to the identified dollar amount maximum. No additional handling, shipping, or tax charges may be billed.
- BI: Benefit payment is available and based upon a manufacturer's invoice to be maintained in the provider's files. With proper claim completion, payment may include the cost of acquisition from a manufacturer or a wholesale vendor, and an allowance of up to 19% handling. By invoice codes require the -UB modifier.
- n/a: Benefit for purchase of the identified item is not allowed.

Maximum allowable rental column:

- Any dollar amount: Rental benefit is available up to the identified dollar amount maximum. Accessories, maintenance, and repairs are inclusive in the cost of the rental item.
- n/a: Benefit for rental of the identified item is not allowed.
- Per PAR: Rental payment is based upon attachment of a manufacturer's invoice to the Prior Authorization Request (PAR). Reimbursement will be determined at the time of PAR approval as a percentage of invoice cost. A copy of the PAR must be attached to each submitted claim only if the PAR indicates the amount of reimbursement allowable in the Comments field. Otherwise, they can be billed through the electronic media system. All approved prior authorized miscellaneous codes approved for rental must have a copy of the approved PAR attached to each submitted claim.
- Comments column: Expands on the description and identifies any required special billing instruction and procedures requiring prior authorization. The notation "DELETED" means that the code is invalid effective the day following the date shown in the "COMMENTS" column. Newly added codes become effective on the date shown. Procedure codes deleted effective 12/31/04 can be used only for non-prior authorized services provided prior to 01/01/05 or on PARs approved prior to 01/01/05.

The following listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medical Assistance Program Provider Services.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<u>MISCELLANEOUS CODES</u>					
A4649	Surgical supply; miscellaneous	Yes	BI	n/a	Use for disposable supplies such as dressings, etc.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	BI	n/a	Use for accessories or parts for DME other than wheelchairs.
E1399	Durable medical equipment, miscellaneous	Yes	BI	Per PAR	Use for durable reusable equipment other than wheelchairs.
K0108	Other accessories	Yes	BI	n/a	Use for wheelchair parts and accessories only when an appropriate code is not available.
T5999	Supply, not otherwise specified	No	BI	Manually Priced	Use for disposable humidifier bottles, Type B oxygen cylinder tanks, and large compressed air cylinders only. Submit on paper and, in remarks, identify the Item being billed. Claims for rental will be manually priced.
<u>AMBULATION DEVICES – GENERAL USE</u>					
<u>Canes</u>					
E0100	Cane, all materials, adjustable or fixed with tip	No	17.71	n/a	
E0105	Cane, quad or three prong, all materials, adjustable or fixed with tips	No	37.06	10.52	
<u>Crutches</u>					
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	No	92.48	n/a	1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	No	48.49	n/a	1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	No	32.92	12.94	1 item = 1 pair

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	No	16.46	6.47	1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	No	36.06	12.94	1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, each with pad, tip and handgrips	No	18.02	n/a	1 item = 1 crutch
E0117	Crutch, underarm, articulating, spring assisted, each	Yes	BI	BI	1 item = 1 crutch.
E0118	Crutch substitute, lower leg platform, with or without wheels, each	No	BI	n/a	
	<u>Walkers</u>				
E0130	Walker, rigid (pickup), adjustable or fixed height, each	No	49.38	n/a	
E0135	Walker, folding (pickup), adjustable or fixed height, each	No	68.94	n/a	
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes	BI	n/a	
E0141	Walker, rigid, wheeled, adjustable or fixed height	No	103.43	n/a	
E0143	Walker, folding, wheeled, adjustable or fixed height	No	107.86	n/a	
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	Yes	285.67	n/a	
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Yes	224.78	n/a	
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes	BI	n/a	
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Yes	BI	n/a	
	<u>Accessories for ambulation devices</u>				
A4635	Underarm pad replacement, crutch, each	No	4.31	n/a	
A4636	Handgrip replacement, cane, crutch or walker, each	No	3.77	n/a	
A4637	Tip replacement, cane, crutch or walker, each	No	1.88	n/a	
E0153	Platform attachment, forearm crutch, each	No	76.81	n/a	
E0154	Platform attachment, walker, each	No	79.94	n/a	
E0155	Wheel attachment, rigid pick-up walker, per pair	No	48.79	n/a	1 unit = 1 pair
E0156	Seat attachment, walker, each	No	31.04	n/a	
E0157	Crutch attachment, walker, each	No	65.75	n/a	
E0158	Leg extensions for walker, per set of four (4)	No	33.86	n/a	1 unit = 1 set of four (4)
E0159	Brake attachment for wheeled walker, replacement, each	No	42.32	n/a	
	<u>BATH AND BATHROOM EQUIPMENT - GENERAL USE</u>				
	<u>Bath equipment</u>				
E0160	Sitz type bath, portable, fits over commode seat, each	Yes	20.24	Per PAR	Limited to EPSDT program, up to age 20.
E0163	Commode chair, stationary, with fixed arms, each	No	75.24	n/a	
E0164	Commode chair, mobile, with fixed arms, each	Yes	162.74	18.81	
E0166	Commode chair, mobile, with detachable arms, each	Yes	237.57	19.75	
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes	BI	n/a	
E0169	Commode chair with seat lift mechanism	Yes	BI	n/a	
E0167	Pail or pan for use with commode chair, each	No	11.76	n/a	Purchase for client owned equipment only.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0175	Foot rest, for use with commode chair, each	No	75.54	n/a	Purchase for client owned equipment only.
E0240	Bath/shower chair, with or without wheels, any size	Yes	BI	n/a	
E0241	Bathtub wall rail, each	Yes	19.12	n/a	
E0242	Bathtub rail, floor base, each	Yes	117.56	n/a	
E0243	Toilet rail, each	Yes	31.61	n/a	
E0244	Toilet seat, raised, each	Yes	26.33	n/a	
E0244-22	Toilet seat, raised, each	Yes	114.00	n/a	Use for padded raised toilet seat.
E0245	Tub stool or bench, each	Yes	47.03	n/a	
E0245-22	Tub stool or bench, each	Yes	159.60	n/a	Use for padded tub stool or bench.
E0246	Transfer tub rail attachment, each	Yes	45.14	n/a	
E0247	Transfer bench for tub or toilet with or without commode opening	Yes	88.83	n/a	
E0247-22	Transfer bench for tub or toilet with or without commode opening	Yes	166.25	n/a	Use for padded transfer bench for tub or toilet with or without commode opening.
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes	BI	na	
E0248-22	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes	BI	na	Use for padded transfer bench, heavy duty, for tub or toilet with or without commode opening
E1399	Durable medical equipment, miscellaneous	Yes	BI or Per Par	Per PAR	Effective 01/01/05, use for hand held shower, shower commode chair, and other miscellaneous bath equipment. Clearly identify on par and on claim the particular item being requested or billed.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes	252.49	56.93	Lift for bathtub, includes seat
	<u>Whirlpool equipment</u>				
E1300	Whirlpool, portable (over tub type)	Yes	173.99	n/a	
<u>BED AND BEDROOM EQUIPMENT - GENERAL USE</u>					
	<u>Beds</u>				
E0194- KR	Bed, powered air flotation (low air loss therapy), per day	Yes	n/a	85.16	Air Fluidized, Clinitron. 1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2. See Appendices A & B.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes	705.38	70.54	Requires Questionnaire # 1. See Appendix A.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes	705.38	70.54	Requires Questionnaire # 1. See Appendix A.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes	987.53	105.34	Requires Questionnaire # 1. See Appendix A.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	Yes	987.53	105.34	Requires Questionnaire # 1. See Appendix A.
E0270	Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress	Yes	BI	164.59	Requires Questionnaire # 1. See Appendix A.
E0300	Pediatric crib, hospital grade, fully enclosed	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Yes	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0462- KR	Rocking bed with or without side rails, per day	Yes	n/a	91.23	1 item = 1 day rental
E0280	Bed, cradle, any type	Yes	94.05	15.05	
	<u>Mattresses & pads</u>				
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes	51.98	n/a	Purchase for client owned equipment only.
E0179	Dry pressure pad or cushion, non-positioning	Deleted			Deleted 12/31/04.
E0180	Pressure pad, alternating, with pump	Yes	178.20	33.87	Requires Questionnaire #2. See Appendix B.
E0181	Pressure pad, alternating, with pump, heavy duty	Yes	193.05	39.60	Requires Questionnaire #2. See Appendix B.
E0182	Pump for alternating pressure pad	Yes	148.50	33.87	
E0271	Mattress, innerspring	Yes	183.40	13.17	Purchase for client owned hospital bed only.
E0272	Mattress, foam rubber	Yes	176.64	13.17	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B.
E0277	Powered pressure-reducing air mattress	Yes	BI	Per PAR	Requires Questionnaire #2. See Appendix B
E0184	Mattress, dry flotation	Yes	148.46	12.23	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B. Flexicare
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes	235.13	12.23	Requires Questionnaire #2. See Appendix B.
E0186	Mattress, air pressure	Yes	BI	12.23	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0187	Mattress, water pressure	Yes	BI	12.23	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0188	Sheepskin pad, synthetic	Yes	15.70	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
E0190	Positioning cushion/pillow/wedge, any shape or size	Yes	BI	n/a	
E0191	Heel or elbow protector, each	Yes	11.12	n/a	
E0192	Low pressure and positioning equalization pad for wheelchair	Deleted			Deleted 12/31/04.
E0193- KR	Air fluidized bed, per day	Yes	n/a	61.13	Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes	329.18	12.23	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes	235.13	n/a	Requires Questionnaire #2. See Appendix B.
E0370	Air pressure elevator for heel	Yes	BI	n/a	Requires Questionnaire #2. See Appendix B.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes	BI	n/a	Acucair, 1" step. Requires Questionnaire #2. See Appendix B.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes	BI	n/a	Jay, Roho, Rik. Requires Questionnaire #2. See Appendix B.
E0373	Non-powered advanced pressure reducing mattress	Yes	BI	n/a	Requires Questionnaire #2. See Appendix B. Maxifloat
E0198	Water pressure pad for mattress, standard mattress length and width	Yes	BI	n/a	Geo mattress

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0199	Dry pressure pad for mattress, standard mattress length and width	No	BI	n/a	Egg crate for bed or wheelchair.
E1399	Durable medical equipment miscellaneous	Yes	BI	Per PAR	Must submit manufacturer's invoice with PAR. Rental is based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Claim and PAR must be submitted on paper. Requires Questionnaire #2 if used for pressure relief mattresses. See Appendix B.
	<u>Accessories/safety equipment</u>				
E0273	Bedboard	Yes	94.05	n/a	
E0275	Bedpan, standard, metal or plastic	No	9.41	n/a	
E0276	Bedpan, fracture, metal or plastic	No	4.94	n/a	
E0305	Bed side rails, half length, pair	Yes	164.59	15.99	
E0310	Bed side rails, full length, pair	Yes	164.99	15.99	
E0315	Bed accessory: board, table, or support device any type	Yes	94.05	15.99	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes	BI	n/a	
E0325	Urinal, male, jug-type, any material, each	No	4.24	n/a	
E0326	Urinal, female, jug-type, any material, each	No	7.52	n/a	
E0700	Safety equipment (e.g., belt, harness or vest)	Yes	BI	n/a	Not for use as wheelchair accessory. See E0960, E0978, E0980 for wheelchairs.
E0710	Restraints, any type (body, chest, wrist or ankle)	Yes	BI	n/a	
	<u>Lifts</u>				
E0621	Sling or seat, patient lift, canvas or nylon	Yes	BI	n/a	Purchase for client owned equipment only.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes	752.40	56.93	Lift for bathtub, includes seat.
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes	540.79	n/a	Requires Questionnaire # 4. See Appendix D.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0630	Patient lift, hydraulic, with seat or sling	Yes	900.06	56.93	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0635	Patient lift, electric, with seat or sling	Yes	BI	51.73	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Yes	BI	56.93	Effective 01/01/05. Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E1035	Multi-positional patient transfer system, with integrated seat operated by caregiver	Yes	BI	n/a	Requires Questionnaire # 3. See Appendix C.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Repairs/labor</u>				
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.35	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	148.50	n/a	E1340-MS Quick minor repairs to DME products. In addition to labor the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$148.50 every 6 months. Paper claims must include serial number.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	15.35	n/a	Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product.

CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, www.palmettogba.com, for the most updated and complete information for product classification for wheelchairs and wheelchair cushions, etc.

Follow Medicare procedures regarding weight and measurements to code appropriately.

Note: Deleted procedure codes effective 12/31/04 can only be used for services provided prior to 01/01/05.

Requests for Prior Authorization of chairs and wheelchairs must include in Field 16 the manufacturer and the model number being requested. If not included, the PAR shall be considered incomplete, and will be returned to the provider for the missing information. If the PAR does not identify special billing instructions, the claim can be billed electronically. If billing electronically for an approved item, the provider must keep the serial number of the item provided in their records. If billing on a paper claim, the provider must include the serial number in Field 30 of the Colorado 1500 claim form. Requests for wheelchair accessories and wheelchair replacement parts and attachments must be sent to the Medical Assistance Program fiscal agent.

Chairs

E1037	Transport chair, pediatric size	Yes	BI	n/a	
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	Yes	BI	n/a	
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	Yes	BI	n/a	Effective 01/01/05.

Wheelchairs - motorized/powered vehicles

K0010	Standard - weight frame motorized/power wheelchair	Yes*	4158.00	133.65	
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes*	5001.48	133.65	
K0012	Lightweight portable motorized/power wheelchair	Yes*	4059.00	133.65	
K0014	Other motorized/power wheelchair base	Yes*	BI	n/a	
E1230	Power operated vehicle, three or four wheel non-highway	Yes*	2079.00	122.27	Must indicate brand name & model number in field 16 of the PAR. Paper claims must include serial number.
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes*	BI	133.65	Effective 01/01/05.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<u>Manual Wheelchair codes</u>					
On the Prior Authorization Request form, providers are instructed to submit the HCPCS code that most closely describes the requested wheelchair or related equipment. The Department reserves the right to amend the coding for any approved item.					
K0001	Standard wheelchair	Yes	566.01	49.50	
K0002	Standard Hemi (low seat) wheelchair	Yes	612.72	49.50	
K0003	Lightweight wheelchair	Yes	738.54	49.50	
K0004	High strength, lightweight wheelchair	Yes	792.00	54.45	
K0005	Ultra lightweight wheelchair	Yes	1485.00	54.45	
K0006	Heavy duty wheelchair	Yes	946.44	57.42	Client greater than 200 lbs.
K0007	Extra heavy duty wheelchair	Yes	BI	57.42	Client greater than 300 lbs.
K0009	Other manual wheelchair/base	Yes	BI	n/a	Tilt in Space.
E1161	Manual adult size wheelchair, includes tilt-in- space	Yes	BI	n/a	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes	BI	n/a	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes	BI	n/a	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes	BI	n/a	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes	BI	n/a	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes	BI	n/a	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes	BI	n/a	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes	BI	49.50	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes	BI	49.50	
E1229	Wheelchair, pediatric size, not otherwise specified	Yes	BI	49.50	Effective 01/01/05.
<u>Wheelchair accessories</u>					
<i>Send PARs to the Medical Assistance Program Fiscal Agent for these items.</i>					
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	Yes	BI	n/a	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes	BI	n/a	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes	BI	n/a	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes	BI	n/a	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes	BI	n/a	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	Yes*	BI	n/a	
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes*	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes*	BI	n/a	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes*	BI	n/a	
E0176	Air pressure pad or cushion, non-positioning	Deleted			Deleted 12/31/04.
E0177	Water pressure pad or cushion, non-positioning	Deleted			Deleted 12/31/04.
E0178	Gel or gel-like pressure pad or cushion, non-positioning	Deleted			Deleted 12/31/04.
E0180	Pressure pad, alternating with pump	Yes	178.20	33.87	
E0181	Pressure pad, alternating with pump, heavy duty	Yes	193.05	39.60	
E0182	Pump for alternating pressure pad	Yes	148.50	33.87	
E0188	Sheepskin pad, synthetic	Yes	15.70	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes	BI	n/a	
E0192	Low pressure & positioning equalization pad for wheelchair	Deleted			Deleted 12/31/04.
K0668	Replacement cover for wheelchair seat cushion or back cushion, each	Yes	47.03	n/a	Effective 07/01/04 to 12/31/04 only. See E2619.
K0650	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2601.
K0651	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2602.
K0652	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2603.
K0653	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2604.
K0654	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2605.
K0655	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2606.
K0656	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2607.
K0657	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2608.
K0658	Custom fabricated wheelchair seat cushion, any size	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2609.
K0659	Wheelchair seat cushion, powered	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2610.
K0660	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2611.
K0661	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2612.
K0662	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2613.
K0663	Positioning wheelchair back cushion, posterior, width 22 inches or greater, an height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2614.
K0664	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2615.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0665	Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2616.
K0666	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only. See E2617.
K0667	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base	Yes	BI	n/a	Effective 07/01/04 to 12/31/04 only.
K0669	Wheelchair accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Yes	BI	n/a	Effective 07/01/04.
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2610	Wheelchair seat cushion, powered	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E2618	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	Yes	BI	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes	47.03	n/a	Effective 01/01/05. Identify specific brand/name of cushion requested on prior authorization request.
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes	BI	n/a	
E0962	Cushion, 1" for wheelchair	Deleted			Deleted 12/31/04.
E0963	Cushion, 2" for wheelchair	Deleted			Deleted 12/31/04.
E0964	Cushion, 3" for wheelchair	Deleted			Deleted 12/31/04.
E0965	Cushion, 4" for wheelchair	Deleted			Deleted 12/31/04.
K0038	Leg strap, each	Yes	26.09	n/a	1 item = 1 leg strap
K0039	Leg strap, H style, each	Yes	44.55	n/a	1 item = 1 leg strap
E0951	Heel loop/holder, any type, with or without ankle strap, each	Yes	14.11	n/a	1 item = 1 heel loop
E0952	Toe loop/holder, any type, each	Yes	14.11	n/a	1 item = 1 toe loop/holder.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes	BI	n/a	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes	479.66	63.49	1 item = 1 attachment
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes	79.94	n/a	
K0102	Crutch and cane holder, each	Yes	56.55	n/a	1 item = 1 crutch and cane holder
K0104	Cylinder tank carrier, each	Yes	134.64	n/a	1 item = 1 carrier
K0105	IV hanger, each	Yes	123.75	n/a	1 item = 1 IV hanger
K0106	Arm trough, each	Yes	101.19	n/a	1 item = 1 arm trough
E0950	Wheelchair accessory, tray, each	Yes	BI	n/a	
E1020	Residual limb support system for wheelchair	Yes	BI	n/a	
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes	79.94	n/a	
E0966	Manual wheelchair accessory, headrest extension, each	Yes	61.13	n/a	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes	14.11	n/a	
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes	28.22	n/a	
E0968	Commode seat, wheelchair	Yes	BI	n/a	
E0969	Narrowing device, wheelchair	Yes	180.18	n/a	For positioning.
E0971	Anti-tipping device, wheelchair	Yes	30.10	n/a	1 item = 1 device
E0972	Wheelchair accessory, transfer board or device, each	Yes	3.74	n/a	
E0977	Wedge cushion for wheelchair	Yes	52.50	n/a	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	BI	n/a	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Yes	27.27	n/a	
E0980	Safety vest, wheelchair	Yes	79.20	n/a	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees)	Yes	BI	n/a	
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes	BI	n/a	
E1014	Reclining back, addition to pediatric size wheelchair	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0992	Manual wheelchair accessory, solid seat insert	Yes	BI	n/a	
E0992-22	Manual wheelchair accessory, solid seat insert	Yes	BI	n/a	Use for hook-in solid seat insert.
K0023	Solid back insert, planar back, single density foam, attached with straps	Deleted			Deleted 12/31/04.
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	Deleted			Deleted 12/31/04.
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0985	Wheelchair accessory, seat lift mechanism	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E0986	Manual wheelchair accessory, push activated power assist, each	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1002	Wheelchair accessory, power seating system, tilt only	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O. One unit = one pair.
E1019	Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1021	Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds	Yes*	BI	n/a	Questionnaire #15 required. See Appendix O.
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes*	BI	n/a	
E1029	Wheelchair accessory, ventilator tray, fixed	Yes	BI	n/a	
E1030	Wheelchair accessory, ventilator tray, gimbale	Yes	BI	20.25	
K0108	Wheelchair component or accessory, not otherwise specified	Yes	BI	n/a	Specific accessory must be identified on PAR. Claim must be submitted on paper. Use for wheelchair parts and accessories only when an appropriate code is not available.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	15.50	n/a	Labor, dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	BI	Per PAR	Use for accessories or parts for DME <u>other</u> than wheelchairs.
E1399	Miscellaneous durable medical equipment	Yes	BI	Per PAR	Important , please note: Use for durable reusable equipment <u>other</u> than wheelchairs. Charges over \$35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper
Wheelchair replacement parts and attachments					
<i>Send PARs to the Medical Assistance Program fiscal agent for these items.</i>					
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.35	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	148.50	N/	E1340-MS Quick minor repairs to DME products. In addition to labor the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$148.50 every 6 months. Paper claims must include serial number.
K0462-RR	Temporary replacement for patient owned equipment being repaired, any type	Yes	n/a	141.08	Do not use when there is an appropriate code available for the rental equipment being provided.
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Yes	BI	n/a	1 item = 1 armrest
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes	67.60	n/a	For repair only.
E0982	Wheelchair accessory, back upholstery replacement only, each	Yes	63.21	n/a	For repair only.
E0997	Caster with fork	Conditional	BI	n/a	PAR required for purchase but not required for repair.
E0998	Caster without fork	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0015	Detachable, non-adjustable height armrest, each	Yes	171.58	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes	91.87	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes	49.99	n/a	1 item = 1 armrest
K0019	Arm pad, each	Yes	13.86	n/a	For repair only. 1 item = 1 arm pad
K0020	Fixed, adjustable height armrest, pair	Yes	97.22	n/a	1 item = 1 pair
E0971	Anti-tipping device, wheelchair	Yes	30.10	n/a	1 item 1 device
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes	68.28	n/a	For repair only.
K0037	High mount flip-up footrest, each	Yes	168.30	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Yes	79.40	n/a	1 item = 1 footplate
K0041	Large size footplate, each	Yes	49.97	n/a	1 item = 1 footplate
K0042	Standard size footplate, each	Yes	34.65	n/a	1 item = 1 footplate
K0043	Footrest, lower extension tube, each	Yes	18.88	n/a	For repair only.
K0044	Footrest, lower extension bracket, each	Yes	BI	n/a	For repair only.
K0045	Footrest, complete assembly	Yes	130.83	n/a	
K0046	Elevating leg rest, lower extension tube, each	Yes	18.36	n/a	For repair only.
K0047	Elevating leg rest, upper hanger bracket, each	Yes	164.11	n/a	For repair only.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes	75.24	6.77	
E0995	Wheelchair accessory, calf rest/pad, each	Yes	18.81	n/a	For repair only.
K0050	Ratchet assembly	Yes	24.16	n/a	For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes	10.82	n/a	For repair only.
K0052	Swing away, detachable footrests, each	Yes	61.68	n/a	New or repair.
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Yes	BI	n/a	Use for repair only.
E2205	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	Yes	BI	n/a	Effective 01/01/05. Use for repair only.
K0059	Plastic coated hand rim, each	Deleted			Deleted 12/31/04. See E0967, E2205.
K0060	Steel hand rim, each	Deleted			Deleted 12/31/04. See E0967, E2205.
K0061	Aluminum hand rim, each	Deleted			Deleted 12/31/04. See E0967, E2205.
K0064	Zero pressure tube (flat free inserts), any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0065	Spoke protectors, each	Yes	86.06	n/a	1 item = 1 spoke protector
K0066	Solid tire, any size, each	Conditional	49.50	n/a	PAR required for purchase but not required for repair.
K0067	Pneumatic tire, any size, each	Conditional	22.28	n/a	PAR required for purchase but not required for repair.
K0068	Pneumatic tire tube, each	Conditional	10.40	n/a	PAR required for purchase but not required for repair.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional	148.50	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional	185.73	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0071	Front caster assembly, complete, with pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0073	Caster pin lock, each	No	86.79	n/a	1 item = 1 pin.
K0074	Pneumatic caster tire, any size, each	Conditional	17.82	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0075	Semi-pneumatic caster tire, any size, each	Conditional	27.03	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0076	Solid caster tire, any size, each	Conditional	14.62	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0077	Front caster assembly, complete, with solid tire, each	Conditional	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
K0078	Pneumatic caster tire tube, each	Conditional	7.97	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube.
K0081	Wheel lock assembly, complete, each	Deleted			Deleted 12/31/04. See E2206.
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes	BI	n/a	Effective 01/01/05.
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Conditional	71.93	n/a	PAR required for purchase but not for repair.
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat)	Conditional	127.91	n/a	PAR required for purchase but not for repair.
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Conditional	86.87	n/a	PAR required for purchase but not for repair.
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Conditional	156.52	n/a	PAR required for purchase but not for repair.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Conditional	71.28	n/a	PAR required for purchase but not for repair.
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Conditional	101.18	n/a	PAR required for purchase but not for repair.
E2366	Power wheelchair accessory, battery charger,, single mode, for use with only one battery type, sealed or non-sealed, each	Conditional	248.94	n/a	PAR required for purchase but not for repair.
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Conditional	456.76	n/a	PAR required for purchase but not for repair.
K0090	Rear wheel tire for power wheelchair, any size, each	Conditional	33.66	n/a	PAR required for purchase but not required for repair.
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	Conditional	11.88	n/a	
K0092	Rear wheel assembly for power wheelchair, complete each	Yes	29.70	n/a	For repair only.
K0093	Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each	Conditional	29.70	n/a	
K0094	Wheel tire for power base, any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0095	Wheel tire tube other than zero pressure for each base, any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0096	Wheel assembly for power base, complete, each	Yes	BI	n/a	For repair only.
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	Conditional	BI	n/a	PAR required for purchase but not required for repair.
K0098	Drive belt for power wheelchair	Yes	26.98	n/a	For repair only.
K0099	Front caster for power wheelchair, each	Yes	BI	n/a	For repair only. 1 item = 1 caster.
K0452	Wheelchair bearings, any type	Conditional	9.16	n/a	PAR required for purchase but not required for repair.
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes	BI	n/a	For modification of an existing wheelchair only.
E1015	Shock absorber for manual wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1016	Shock absorber for power wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes	BI	n/a	1 item = 1 shock absorber
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Yes	BI	n/a	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Yes	BI	n/a	
E2320	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware	Yes	BI	n/a	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes	BI	n/a	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes	BI	n/a	
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes	BI	n/a	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Yes	BI	n/a	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes	BI	n/a	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes	BI	n/a	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes	BI	n/a	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes	BI	n/a	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes	BI	n/a	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Yes	BI	n/a	
E2368	Power wheelchair component, motor, replacement only	Yes	BI	n/a	Effective 01/01/5.
	Power wheelchair component, gear box, replacement only	Yes	BI	n/a	Effective 01/01/5.
E2369					
	Power wheelchair component, motor and gear box combination, replacement only	Yes	BI	n/a	Effective 01/01/5.
E2370					
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes	BI	n/a	Use only when appropriate and specific procedure codes are not available.
	<u>Support systems</u>				
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	Deleted			Deleted 12/31/04.
K0115	Orthotic seating system, back module, posterior/lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base	Deleted			Deleted 12/31/04.
K0116	Orthotic seating system, combined back and seat module, custom fabricated for attachment to wheelchair base	Deleted			Deleted 12/31/04.
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes	BI	n/a	
E1012	Integrated seating system, planar, for pediatric wheelchair	Deleted			Deleted 12/31/04. See E2291, E2292.
E1013	Integrated seating system, contoured, for pediatric wheelchair	Deleted			Deleted 12/31/04. See E2293, E2294.
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	Effective 01/01/05.
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	Effective 01/01/05.
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	Effective 01/01/05.
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes	BI	n/a	Effective 01/01/05.
E1025	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)	Yes	BI	n/a	
E1026	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)	Yes	BI	n/a	
E1027	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)	Yes	BI	n/a	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes	BI	n/a	Effective 01/01/05.

Note: Deleted procedure codes effective 12/31/04 can only be used for non-prior authorized services provided prior to 01/01/05 and PARs approved prior to 01/01/05.

COCHLEAR EQUIPMENT & SUPPLIES

L8615	Headset/headpiece for use with cochlear implant device, replacement	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8616	Microphone for use with cochlear implant device, replacement	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8617	Transmitting coil for use with cochlear implant device, replacement	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8618	Transmitter cable for use with cochlear implant device, replacement	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8619	Cochlear implant external speech processor, replacement	Yes*	BI	n/a	
L8620	Lithium ion battery for use with cochlear implant device, replacement, each	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8621	Zinc air battery for use with cochlear implant device, replacement, each	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Yes	BI	n/a	Effective 01/01/05. Updated 08/01/05
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Yes	BI	n/a	
A4638	Replacement battery for patient-owned ear pulse generator, each	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
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DIABETIC MONITORING EQUIPMENT & SUPPLIES

Glucometers – Benefit is limited to a basic model.

Providers are requested to submit their Usual and Customary charge to the Medical Assistance Program.

Under Federal Law and State Regulations, providers are reminded that the Medical Assistance Program shall not be billed in excess of that charged to non-Medical Assistance Program clients.

Rebates: If a rebate is available, the provider is responsible for doing one of the following:

Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.

Mail-In: Rebate obtainable by mail shall indicate the purchaser to be the: Colorado Medical Assistance Program
1570 Grant Street
Denver CO 80203-1714

A4206	Syringe with needle, sterile, 1 cc, each	No	.14	n/a	Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe.
A4215	Needle (only), sterile, any size, each	Yes	.24	n/a	Use for diabetic pen needles. Indicate frequency of administration.
A4230	Infusion set for external insulin pump, non needle cannula type	Yes	BI	n/a	
A4231	Infusion set for external insulin pump, needle type	Yes	BI	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes	BI	n/a	
E0607	Home blood glucose monitor	No	47.03	n/a	
E2100	Blood glucose monitor with integrated voice synthesizer	Yes	BI	n/a	
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes	BI	n/a	
A4250	Urine test or reagent strips or tablets, each	No	.48	n/a	1 item = 1 strip/tablet. Albustix
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	No	31.19	n/a	1 item = 50 strips.
A4254	Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	No	BI	n/a	1 item = 1 replacement battery.
A4255	Platforms for home blood glucose monitor, 50 per box	No	BI	n/a	1 item = 50 per box.
A4258	Spring-powered device for lancet, each	No	BI	n/a	1 item = 1 device.
A4259	Lancets, each	No	.10	n/a	1 item = 1 lancet.
A4772	Blood glucose test strips, for dialysis, per 50	No	.70	n/a	1 item = per 50. Also for diabetic use.
E0784	External ambulatory infusion pump, insulin	Yes	5052.11	n/a	1 item = 1 system
A4211	Supplies for self administered injection	No	9.41	n/a	Use specific codes when available. Charges greater than \$9.41 must attach manufacturer's invoice, description & amounts. Must be submitted on paper.

DISPOSABLE SUPPLIES – GENERAL USE

Disposable supplies

Disposable supplies, including gloves, are a benefit of the Medical Assistance Program for use by the client in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the OSHA universal precaution requirement during a visit.

Bill only per information in Comments column. Example A4245 per wipe equals one wipe =unit of service.

Antiseptics/solutions

A4216	Sterile water/saline, 10 ml	Yes	10.96	n/a	
A4217	Sterile water/saline, 500 ml	Yes	BI	n/a	
A4244	Alcohol or peroxide, per pint	Yes	.48	n/a	1 item = 1 pint.
A4245	Alcohol wipes, each	No	.03	n/a	1 item = 1 wipe.
A4246	Betadine, per pint	Yes	3.30	n/a	1 item = 1 pint.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4247	Betadine or Iodine swabs/wipes, each	Yes	.12	n/a	1 item = 1 swab/wipe.
A6250	Skin sealants, protectants, moisturizers, ointment	No	BI	n/a	
S8301	Infection control supplies, not otherwise specified	Yes	BI	n/a	Effective 07/01/04. Use for masks, disposable gowns, etc.
	First aid/dressings				Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, www.palmettogba.com , for the most updated and complete information for product classification for disposable supplies etc.
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Yes	BI	n/a	1 item = 1 sheet.
A6154	Wound pouch, each	Yes	BI	n/a	1 item = 1 pouch.
A6257	Transparent film, 16 sq. in. or less, each dressing	Yes	1.33	n/a	
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	2.51	n/a	
A6259	Transparent film, more than 48 sq. in., each dressing	Yes	BI	n/a	
K0620	Tubular elastic dressing, any width, per linear yard	Yes	BI	n/a	
A6010	Collagen based wound filler, dry form, per gram of collagen	Yes	BI	n/a	
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Yes	BI	n/a	
A6021	Collagen dressing, pad size 16 sq. in. or less, each	Yes	BI	n/a	
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes	BI	n/a	
A6023	Collagen dressing, pad size more than 48 sq. in., each	Yes	BI	n/a	
A6024	Collagen dressing wound filler, per 6 inches	Yes	BI	n/a	
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	BI	n/a	
A6201	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	.06	n/a	
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	.94	n/a	
A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	.12	n/a	
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	.43	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6407	Packing strips, non-impregnated, up to 2 inches in width, per linear yard	Yes	BI	n/a	
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	1.13	n/a	
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.46	n/a	Vaseline gauze
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	1.27	n/a	
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	BI	n/a	
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.98	n/a	
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	Yes	BI	n/a	
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	BI	n/a	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	Yes	1.89	n/a	
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	5.74	n/a	
A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	9.21	n/a	
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	7.17	n/a	
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	9.89	n/a	
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Yes	9.79	n/a	
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	5.98	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	9.69	n/a	Duoderm
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	4.92	n/a	
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	16.23	n/a	
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	Yes	9.61	n/a	
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	Yes	BI	n/a	
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	Yes	4.00	n/a	
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	16.23	n/a	
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	Yes	BI	n/a	
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	Yes	5.21	n/a	
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	BI	n/a	
A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing	Yes	BI	n/a	
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6206	Contact layer, 16 sq. in. or less, each dressing	Yes	BI	n/a	
A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes	7.25	n/a	
A6208	Contact layer, more than 48 sq. in., each dressing	Yes	BI	n/a	
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	6.23	n/a	
A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	10.23	n/a	
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	6.40	n/a	
A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6215	Foam dressing, wound filler, per gram	Yes	BI	n/a	Gelfoam
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes	1.97	n/a	
A6252	Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes	1.04	n/a	
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes	BI	n/a	
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes	1.21	n/a	
A6255	Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes	BI	n/a	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6456	Zinc paste impregnated bandage, non-elastic, knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Yes	BI	n/a	One unit equals one yard.
A6260	Wound cleansers, any type, any size	Yes	BI	n/a	
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	Yes	BI	n/a	
A6262	Wound filler, dry form, per gram, not elsewhere classified	Yes	BI	n/a	
A4450	Tape, non-waterproof, per 18 square inches	Yes	BI	n/a	
A4452	Tape, waterproof, per 18 square inches	Yes	BI	n/a	
A4455	Adhesive remover or solvent, each	No	7.01	n/a	
A4462	Abdominal dressing holder, each	No	3.24	n/a	1 item = 1 holder. Montgomery straps
A4565	Sling, each	No	17.89	n/a	
A4570	Splint	No	16.37	n/a	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	No	BI	n/a	
S8451	Splint, prefabricated, wrist or ankle	No	BI	n/a	
S8452	Splint, prefabricated, elbow	No	BI	n/a	
L4350	Pneumatic ankle control splint, prefabricated, includes fitting and adjustment	No	47.81	n/a	
L4360	Pneumatic walking splint ankle orthosis, with or without joints, prefabricated, includes fitting and adjustment	No	159.82	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	No	121.83	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	No	63.20	n/a	
L0210	Thoracic rib belt, custom fitted	No	15.34	n/a	
A4649	Miscellaneous surgical supply not otherwise classified	Yes	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A4561	Pessary, rubber, any type	No	28.22	n/a	
A4562	Pessary, non-rubber, any type	No	29.70	n/a	
A4927	Gloves, non-sterile, per 100	Yes	11.88	n/a	1 item = 100 gloves.
A4930	Gloves, sterile, per pair	Yes	1.23	n/a	1 item = 1 pair. Limit 5 pair per day.
Compression burn garment					
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Yes	BI	n/a	
A6502	Compression burn garment, chin strap, custom fabricated	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A6503	Compression burn garment, facial hood, custom fabricated	Yes	BI	n/a	
A6504	Compression burn garment, glove to wrist, custom fabricated	Yes	BI	n/a	
A6505	Compression burn garment, glove to elbow, custom fabricated	Yes	BI	n/a	
A6506	Compression burn garment, glove to axilla, custom fabricated	Yes	BI	n/a	
A6507	Compression burn garment, foot to knee length, custom fabricated	Yes	BI	n/a	
A6508	Compression burn garment, foot to thigh length, custom fabricated	Yes	BI	n/a	
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Yes	BI	n/a	
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Yes	BI	n/a	
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Yes	BI	n/a	
A6512	Compression burn garment, not otherwise classified	Yes	BI	n/a	
	<u>Ostomy care</u>				
A4361	Ostomy face plate, all sizes, each	No	6.99	n/a	1 item = 1 faceplate.
A4384	Ostomy faceplate equivalent, silicone ring, each	No	BI	n/a	1 item = 1 faceplate, silicone ring
A4372	Ostomy skin barrier; solid 4x4 or equivalent, with built-in convexity, each	No	4.00	n/a	1 item = 1 skin barrier.
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	No	6.40	n/a	1 item = 1 skin barrier.
A4362	Skin barrier, solid, 4x4 or equivalent, each	No	2.93	n/a	
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	No	4.28	n/a	1 item = 1 skin barrier.
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	No	BI	n/a	
A4364	Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce	No	2.35	n/a	Silicone, latex. 1 item = 1 ounce.
A4365	Adhesive remover wipes, any type, per 50	No	9.79	n/a	1 item = 1 box of 50.
A4366	Ostomy vent, any type, each	No	BI	n/a	
A4367	Ostomy belt, each	No	7.10	n/a	1 item = 1 belt.
A4368	Ostomy filter, any type, each	No	BI	n/a	1 item = 1 filter.
A4398	Ostomy irrigation supply; bag, each	No	15.14	n/a	1 item = 1 bag.
A4399	Ostomy irrigation supply; cone/catheter, including brush	No	3.30	n/a	1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	No	21.36	n/a	1 item = 1 set.
A4402	Lubricant, per ounce	No	.31	n/a	KY Gel, Vaseline. 1 item = 1 ounce.
A4404	Adhesive rings (washers, wafers, discs, etc.), each	No	3.67	n/a	1 item = 1 ring.
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	No	BI	n/a	1 item = 1 ounce.
A4406	Ostomy skin barrier, pectin based, paste, per ounce	No	BI	n/a	1 item = 1 ounce.
A4407	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = 1 skin barrier.
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = 1 skin barrier.
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 inches or smaller, each	No	BI	n/a	1 item = 1 skin barrier.
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 X 4 inches, each	No	BI	n/a	1 item = 1 skin barrier.
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	No	2.78	n/a	1 unit = 1 pouch.
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter(1 piece), each	No	3.76	n/a	1 unit = 1 pouch.
A4418	Ostomy pouch , closed, without barrier attached, with filter (1 piece), each	No	1.83	n/a	1 unit = 1 pouch.
A4419	Ostomy pouch, closed, for use on barrier with non-locking flange, with filter (2 piece), each	No	1.76	n/a	1 unit = 1 pouch.
A4420	Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each	No	BI	n/a	1 unit = 1 pouch.
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	No	BI	n/a	1 item = 1 packet.
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each	No	BI	n/a	1 unit = 1 pouch.
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	No	4.80	n/a	1 unit = 1 pouch.
A4425	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	No	3.62	n/a	1 unit = 1 pouch.
A4426	Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each	No	2.39	n/a	1 unit = 1 pouch.
A4427	Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each	No	2.39	n/a	1 unit = 1 pouch.
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	No	6.58	n/a	1 unit = 1 pouch.
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	8.34	n/a	1 unit = 1 pouch.
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	No	8.61	n/a	1 unit = 1 pouch.
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each	No	6.29	n/a	1 unit = 1 pouch.
A4432	Ostomy pouch, urinary, for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	No	3.63	n/a	1 unit = 1 pouch.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each	No	3.38	n/a	1 unit = 1 pouch.
A4434	Ostomy pouch, urinary, for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	No	3.80	n/a	1 unit = 1 pouch.
A4421	Miscellaneous ostomy supply not otherwise classified	No	23.51	n/a	Charges greater than \$23.51 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper.
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	No	2.31	n/a	
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	No	.38	n/a	1 item = 1 tablet
A5051	Pouch, closed; with barrier attached (1 piece), each	No	2.41	n/a	1 item = 1 pouch.
A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	No	2.72	n/a	1 item = 1 pouch.
A5053	Ostomy pouch, closed; for use on faceplate, each	No	1.89	n/a	1 item = 1 pouch.
A5054	Ostomy pouch, closed; for use on barrier with flange, (2 piece) each	No	1.05	n/a	1 item = 1 pouch (2 piece system) each.
A5055	Stoma cap, each	No	1.14	n/a	1 item = 1 cap.
A5061	Pouch, drainable, with barrier attached (1 piece), each	No	3.47	n/a	1 item = 1 pouch.
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	No	3.11	n/a	1 item = 1 pouch.
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	No	3.11	n/a	1 item = 1 pouch.
A5063	Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each	No	2.26	n/a	1 item = 1 pouch (2 piece system) each
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	No	BI	n/a	1 item = 1 pouch.
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.
A5071	Ostomy pouch; urinary; with barrier attached (1 piece), each	No	2.97	n/a	1 item = 1 pouch.
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	No	6.44	n/a	1 item = 1 pouch.
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	No	BI	n/a	1 item = 1 pouch.
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	No	8.04	n/a	1 item = 1 pouch.
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	No	2.96	n/a	1 item = 1 pouch.
A5073	Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each	No	3.20	n/a	1 item = 1 pouch.
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	No	5.37	n/a	1 item = 1 pouch.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	No	BI	n/a	1 item = 1 pouch.
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	No	BI	n/a	1 item = 1 pouch.
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	No	BI	n/a	1 item = 1 pouch.
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	No	BI	n/a	1 item = 1 pouch.
A5081	Continent device, plug for continent stoma, each	No	2.74	n/a	1 item = 1 device.
A5082	Continent device, catheter for continent stoma, each	No	6.58	n/a	1 item = 1 catheter.
A5093	Ostomy accessory, convex insert, each	No	6.59	n/a	1 item = 1 insert.
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	No	7.47	n/a	1 item = 1 bottle.
A5105	Urinary suspensory, with leg bag, with or without tube, each	No	52.72	n/a	1 item = 1 suspensory.
A5112	Urinary leg bag, latex, each	No	32.17	n/a	1 item = 1 bag.
A5113	Leg strap; latex, replacement only, per set	No	.74	n/a	1 item = 1 pair
A5114	Leg strap; foam or fabric, replacement only, per set	No	6.55	n/a	1 item = 1 set.
A5119	Skin barrier, wipes or swabs, per box of 50	No	8.50	n/a	1 item = 1 box of 50.
A5121	Skin barrier, solid, 6x6 or equivalent, each	No	10.63	n/a	1 item = 1 skin barrier.
A5122	Skin barrier, solid, 8x8 or equivalent, each	No	10.63	n/a	1 item = 1 skin barrier.
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	No	1.64	n/a	1 item = 1 ounce.
A4371	Ostomy skin barrier; powder, per ounce	No	3.50	n/a	1 item = 1 ounce.
A5126	Adhesive or non-adhesive disc or foam pad	No	6.12	n/a	1 item = 1 pad.
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	No	.76	n/a	1 item = 1 ounce.
	<u>Syringes & needles</u>				
A4206	Syringe with needle, sterile, 1 cc, each	No	.14	n/a	Use for diabetic syringes. 1 item = 1 syringe.
A4207	Syringe with needle, sterile, 2 cc, each	Yes	.25	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4208	Syringe with needle, sterile, 3 cc, each	Yes	.25	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4209	Syringe with needle, sterile, 5 cc up to 20 cc, each	Yes	.33	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4213	Syringe, sterile, 20 cc or greater, each	Yes	1.79	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4215	Needle (only), sterile, any size, each	Yes	.24	n/a	1 item = 1 needle. Use for diabetic pen needles. Indicate frequency of administration.
S8490	Insulin syringes (100 syringes, any size)	No	19.80	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Urinary care</u>				
A4310	Insertion tray without drainage bag & without catheter (accessories only), each	No	6.12	n/a	
A4311	Insertion tray without drainage bag, with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	11.62	n/a	1 item = 1 set.
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	No	14.74	n/a	1 item = 1 set.
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	No	19.82	n/a	1 item = 1 set.
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	No	19.82	n/a	1 item = 1 set.
A4320	Irrigation tray with bulb or piston syringe, each	No	3.91	n/a	1 item = 1 set.
A4322	Irrigation syringe, bulb or piston, each	No	2.02	n/a	1 item = 1 syringe.
A4324	Male external catheter, with adhesive coating, each	Deleted			Deleted 12/31/04. See A4349.
A4325	Male external catheter, with adhesive strip, each	Deleted			Deleted 12/31/04. See A4349.
A4349	Male external catheter, with or without adhesive, disposable, each	No	BI	n/a	Effective 01/01/05.
A4326	Male external catheter specialty type with integral collection chamber, each	No	6.58	n/a	Inflatable, faceplate, etc., 1 item = 1 catheter.
A4327	Female external urinary collection device, metal cup, each	No	6.58	n/a	1 item = 1 cup.
A4328	Female external urinary collection device, pouch, each	No	7.90	n/a	1 item = 1 pouch.
A4330	Perianal fecal collection pouch with adhesive, each	No	5.73	n/a	1 item = 1 pouch.
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	No	1.82	n/a	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, each	No	.10	n/a	1 item = 1 packet
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	No	2.82	n/a	1 item = 1 device
A4334	Urinary catheter anchoring device, leg strap, each	No	4.34	n/a	1 item = 1 device
A4335	Miscellaneous incontinence supply not otherwise classified	Conditional	23.51	n/a	Claim must be submitted on paper. No PAR required if used for urinary tubing, clamps, connectors, and adapters. Billing must include specific reference to urinary item. Charges greater than \$23.51 must attach manufacturer's invoice description & amounts.
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each	No	9.63	n/a	1 item = 1 catheter.
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	No	14.57	n/a	1 item = 1 catheter.
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	No	8.08	n/a	1 item = 1 catheter.
A4347	Male external catheter with or without adhesive, with or without anti-reflux device, each	Deleted			Deleted 12/31/04. See A4349.
A4348	Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)	No	2.01	n/a	1 item = 1 catheter.
A4354	Insertion tray with drainage bag, without catheter, each	No	3.79	n/a	1 item = 1 tray & bag.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	No	35.81	n/a	1 item = 1 clamp.
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, per set	No	8.07	n/a	1 item = 1 set.
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	No	4.86	n/a	1 item = 1 bag
A4359	Urinary suspensory without leg bag, each	No	40.44	n/a	1 item = 1 suspensory.
A4396	Ostomy belt with peristomal hernia support	No	BI	n/a	1 item = 1 belt.
A4397	Irrigation supply, sleeve, each	No	2.35	n/a	1 item = 1 sleeve.
A4554	Underpads, disposable, each	Yes	.39	n/a	Chux. 1 item = 1 pad.
A4860	Disposable catheter tips for peritoneal dialysis, per 10	No	.60	n/a	1 item = per 10. When medically necessary, may be used for other diagnoses.
A4927	Gloves, nonsterile, per 100	Yes	11.88	n/a	1 item = 100 gloves.
A4930	Gloves, sterile, per pair	Yes	1.23	n/a	1item = 1 pair.
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	1.23	n/a	1 item = 1 catheter.
A4351-22	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	No	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter.
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	1.90	n/a	1 item = 1 catheter.
A4352-22	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	No	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter.
A4353	Intermittent urinary catheter, with insertion supplies	No	7.34	n/a	1 item = 1 catheter and supplies.
<u>Incontinence Products or Briefs</u>					
Diapers or briefs are not available for clients under the age of 3 years. Products are limited to 10 per day in any combination of diapers, liners, and undergarments. Medically necessary usage above that amount requires prior authorization.					
A4529	Child-sized incontinence product, diaper, small/medium size, each	Deleted			Deleted 12/31/04.
A4533	Youth sized incontinence product, diaper, each	Deleted			Deleted 12/31/04.
A4535	Disposable liner/shield for incontinence, each	Deleted			Deleted 12/31/04.
A4531	Child –sized incontinence product, brief, small/medium size, each	Deleted			Deleted 12/31/04.
A4532	Child –sized incontinence product, brief, large size, each	Deleted			Deleted 12/31/04.
A4534	Youth-sized incontinence product, brief, each	Conditional	.55	n/a	1 item = 1 youth brief. Use for children’s, extra large diapers. Do not bill extra large children’s diapers as an adolescent or child pull-up brief.
A4525	Adult-sized incontinence product, brief, small size, each	Deleted			Deleted 12/31/04.
A4526	Adult-sized incontinence product, brief, medium size, each	Deleted			Deleted 12/31/04.
A4527	Adult-sized incontinence product, brief, large size, each	Deleted			Deleted 12/31/04.
A4528	Adult-sized incontinence product, brief, extra-large size, each	Deleted			Deleted 12/31/04.
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Conditional	.63	n/a	Effective 01/01/05. Diaper.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Conditional	.73	n/a	Effective 01/01/05. Diaper.
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Conditional	.86	n/a	Effective 01/01/05. Diaper.
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Conditional	.88	n/a	Effective 01/01/05. Diaper.
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Conditional	.63	n/a	Effective 01/01/05. Pull-up.
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Conditional	.81	n/a	Effective 01/01/05. Pull-up.
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional	.99	n/a	Effective 01/01/05. Pull-up.
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Conditional	.98	n/a	Effective 01/01/05. Pull-up.
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Conditional	.43	n/a	Effective 01/01/05. Diaper
T4530	Pediatric size disposable incontinence product brief/diaper, large size, each	Conditional	.43	n/a	Effective 01/01/05. Diaper
T4531	Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each	Conditional	.61	n/a	Effective 01/01/05. Pull-up.
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional	.61	n/a	Effective 01/01/05. Pull-up.
T4533	Youth sized disposable incontinence product, brief/diaper, each	Conditional	.56	n/a	Effective 01/01/05. Diaper
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Conditional	.99	n/a	Effective 06/01/05. Pull-up.
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Conditional	.41	n/a	Effective 01/01/05.
A4522	Adult-sized incontinence product, diaper, medium size, each	Deleted			Deleted 12/31/04. See T4522.
A4523	Adult-sized incontinence product, diaper, large size, each	Deleted			Deleted 12/31/04. See T4523.
A4524	Adult-sized incontinence product, diaper, extra-large size, each	Deleted			Deleted 12/31/04. See T4524.
	Miscellaneous				
A4265	Paraffin, per pound	Yes	3.39	n/a	1 item = 1 pound.
E0235	Paraffin bath unit, portable, each	Yes	122.15	11.76	1 item = 1 unit.
A6410	Eye pad, sterile, each	No	BI	n/a	1 item = 1 eye pad.
A6411	Eye pad, non-sterile, each	No	BI	n/a	1 item = 1 eye pad.
A6412	Eye patch, occlusive, each	No	BI	n/a	1 item = 1 eye patch.
	ELASTIC SUPPORTS & STOCKINGS – GENERAL USE				
A4490	Surgical stocking, above knee length, each	No	6.12	n/a	1 item = 1 stocking.
A4495	Surgical stocking, thigh length, each	No	8.00	n/a	1 item = 1 stocking.
A4500	Surgical stocking, below knee length, each	No	5.77	n/a	1 item = 1 stocking.
A4510	Surgical stocking, full length, each	No	13.08	n/a	1 item = 1 stocking.
L8100	Elastic support/stocking, below knee, medium weight, each	No	16.05	n/a	1 item = 1 stocking.
L8110	Elastic support/stocking, below knee, heavy weight, each	No	53.09	n/a	1 item = 1 stocking.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8120	Elastic support/stocking, below knee, surgical weight (Linton type or equal), each	No	27.29	n/a	1 item = 1 stocking.
L8130	Elastic support/stocking, above knee, medium weight, each	No	17.09	n/a	1 item = 1 stocking.
L8140	Elastic support/stocking, above knee, heavy weight, each	No	26.67	n/a	1 item = 1 stocking.
L8150	Elastic support/stocking, above knee, surgical weight (Linton type or equal), each	No	17.33	n/a	1 item = 1 stocking.
L8160	Elastic support/stocking, full length, medium weight, each	No	27.77	n/a	1 item = 1 stocking.
L8170	Elastic support/stocking, full length, heavy weight, each	No	29.01	n/a	1 item = 1 stocking.
L8180	Elastic support/stocking, full length, surgical weight (Linton type or equal), each	No	64.88	n/a	1 item = 1 stocking.
L8190	Elastic support/stocking, leotards, medium weight, each	No	31.87	n/a	1 item = 1 leotard.
L8195	Gradient compression stocking, waist length, 30-40 MMHG, each	No	BI	n/a	1 item = 1 stocking.
L8200	Elastic support/stocking, leotards, surgical weight (Linton type), each	No	49.06	n/a	1 item = 1 leotard.
L8210	Elastic support/stocking, custom made, each	No	BI	n/a	1 item = 1 stocking.
L8220	Elastic support/stocking, lymphedema, each	No	40.55	n/a	1 item = 1 stocking.
L8230	Elastic support/stocking, garter belt, each	No	BI	n/a	1 item = 1 stocking.
<u>HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE</u>					
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes	BI	4.70	
E0215	Electric heat pad, moist	Yes	57.42	n/a	Benefit under very limited circumstances.
E0217	Water circulating heat pad with pump	Yes	BI	n/a	
E0218	Water circulating cold pad with pump	Yes	BI	n/a	
E0221	Infrared heating pad system	Yes	BI	n/a	
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Yes	BI	n/a	
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Yes	BI	n/a	
E0236	Pump for water circulating pad, each	Yes	BI	35.74	
E0249	Pad for water circulating heat unit, each	Yes	16.93	n/a	Purchase for client owned equipment only.
<u>MONITORING EQUIPMENT & SUPPLIES – GENERAL USE</u>					
E0607	Home blood glucose monitor, each	No	47.03	n/a	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Yes	37.62	n/a	Requires Questionnaire #5. See Appendix E.
A4663	Blood pressure cuff only	Yes	19.75	n/a	1 item = 1 cuff only.
A4670	Automatic blood pressure monitor	Yes	66.55	n/a	Digital. Requires Questionnaire #5. See Appendix E.
E0619-RR	Apnea monitor, with recording feature	Yes	n/a	159.89	Includes cardiac monitoring (belts included). 1 unit = 1 month. Beyond 6 months requires Questionnaire #7. See Appendix G.
E0445-RR	Oximeter device for measuring blood oxygen levels non-invasively	Yes	n/a	352.69	1 unit = 1 month. Beyond 3 months requires Questionnaire # 6. See Appendix F.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0445-KR	Oximeter device for measuring blood oxygen levels non-invasively	Yes	n/a	47.03	1 unit = 1 day. Limited to overnight or 24 hour test period.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each	Yes	BI	n/a	
E0615	Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes	BI	n/a	
A4556	Electrodes (e.g., apnea monitor), per pair	No	7.52	n/a	1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4557	Lead wires or cables, per pair	No	20.13	n/a	1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4558	Electrodes gel, per tube	No	4.70	n/a	1 item = 1 tube of gel.
S9001	Home uterine monitor with or without associated nursing services	Yes	n/a	Per PAR	Equipment only. Limited to 1 unit per day- no more than 31 days at a time. NAB without essential nursing services. Telephonic transmission & interpretation are not benefits.
PHOTOTHERAPY – GENERAL USE					
E0202-KR	Phototherapy (bilirubin) light with photometer, per day	No	n/a	49.45	1 item = 1 day rental.
E0691-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Yes	n/a	49.45	1 item = 1 day rental.
E0692-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes	n/a	49.45	1 item = 1 day rental.
E0693-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes	n/a	49.45	1 item = 1 day rental.
E0694-KR	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes	n/a	49.45	1 item = 1 day rental.
OXYGEN & RESPIRATORY CARE- GENERAL USE - Respiratory care equipment requires a physician's prescription. The supplier must maintain a copy of the prescription on file at all times.					
Humidifiers					
E0550	Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	No	255.35	7.52	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	No	48.68	27.19	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	No	50.74	6.47	
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes	98.75	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes	225.72	n/a	Purchase for client owned equipment only.
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes	BI	n/a	1 item = 1 bottle.
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes	3.06	n/a	
E1405	Oxygen & water vapor enriching system with heated delivery	Yes	BI	279.51	
E1406	Oxygen & water vapor enriching system without heated delivery	Yes	BI	246.98	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>IPPB machines</u>				
E0500-RR	IPPB machine(s), all types, with built in nebulization, manual or automatic valves, internal or external power source (Manual valves external power source includes cylinder regulator built-in nebulization) <i>Many revisions were made to the oxygen section of the HCPCS listing in 2004. Oxygen services for nursing facility clients no longer have distinct local codes. Reimbursement is determined by Place Of Service (POS). Reimbursement for a service provided in a nursing facility may vary from the same service provided in a home. Providers must use the correct POS and modifiers when billing. See comments section for detailed information.</i> <i>Providers may be instructed to bill a different procedure code for Medicare/Medical Assistance Program dually eligible clients than for Medical Assistance Program-only clients, for the same service. Please review the following information carefully to identify the correct code. After Medicare payment, Colorado Medical Assistance Program pays based on the current lower of payment logic.</i>	No	n/a	65.84	1 item = 1 month rental.
	<u>Oxygen contents: Medical Assistance Program-Only Client, POS- Home</u>				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.78	n/a	1 unit = 1 lb.
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	No	3.33	n/a	1 unit = 50 cubic ft.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit.	No	7.79	n/a	1 unit = 10 lbs.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	8.24	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	No	.78	n/a	1 unit = 1 lb.
	<u>Oxygen contents: Dually Eligible Medicare/Medical Assistance Program Client, POS- Home</u>				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.78	n/a	1 unit = 1 lb.
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	No	3.33	n/a	1 unit = 50 cubic ft.
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit.	No	7.79	n/a	1 unit = 10 lbs.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	8.24	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used).	No	.78	n/a	1 unit = 1 lb.
	<u>Oxygen contents: Medical Assistance Program-Only Client, POS- Nursing Facility</u>				
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.78	n/a	1 unit = 1 lb.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	6.74	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<u>Oxygen contents: Dually Eligible Medicare/Medical Assistance Program Client, POS- Nursing Facility</u>					
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	No	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	No	.78	n/a	1 unit = 1 lb.
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used).	No	.74	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
<u>Oxygen systems: Medical Assistance Program-Only Client, POS- Home</u>					
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	37.62	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	26.33	Provider must use RR modifier.
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	77.12	Providers must include RR modifier.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	42.32	Providers must include RR modifier.
<u>Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS- Home</u>					
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	36.21	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	26.33	Provider must use RR modifier.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	31.22	Use for Medicare/Medical Assistance Program dually eligible clients. Providers must include RR modifier.
<u>Oxygen systems: Medical Assistance Program-Only Client, POS-Nursing Facility</u>					
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	No	n/a	32.92	Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	26.33	Providers must include RR modifier.
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	77.12	Providers must include RR modifier.
E0435-TT-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	No	n/a	53.61	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	23.51	Providers must include RR modifier.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0440-TT-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	No	n/a	Manually Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
<u>Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS-Nursing Facility</u>					
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	32.92	Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	No	n/a	26.33	Providers must include RR modifier.
E0434-RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	No	n/a	77.12	Provider must use RR modifier.
E0434-TT-RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	No	n/a	53.61	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	23.51	Providers must include RR modifier.
E0439-TT-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	No	n/a	Manually Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
<u>Ventilators, percussors, & respirators</u>					
E0450-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	Yes	n/a	613.21	LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental.
E0461-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	n/a	613.21	1 item = 1 month rental.
E0454	Pressure ventilator with pressure control, pressure support and flow triggering features	Deleted			Deleted 12/31/04. See E0463, E0464.
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	Yes	n/a	1386.00	Effective 01/01/05.
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	Yes	n/a	1386.00	Effective 01/01/05.
A9280	Alert or alarm device, not otherwise classified	Yes	BI	37.62	Purchase only for client owned equipment.
E0457	Chest Shell (cuirass)	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0459	Chest wrap	Yes	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes	n/a	446.74	Porta-Lung

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0480	Percussor, electric or pneumatic, home model	Yes	BI	32.92	
E0601	Continuous positive airway pressure (CPAP) device, nasal	Yes	744.88	97.81	Requires sleep study with PAR. Rental includes <u>mask & headgear</u> . Use A7030 for mask purchase. Use A0735 for headgear purchase. Requires Questionnaire #8. See Appendix H.
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	1146.47	221.96	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A0735 for headgear purchase. Requires Questionnaire #8. See Appendix H.
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes	2118.09	446.74	Requires sleep study with PAR. Requires Questionnaire #8. See Appendix H.
E0472	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Yes	BI	Per PAR	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A0735 for headgear purchase. Requires Questionnaire #8. See Appendix H.
A7030	Full face mask used with positive airway pressure device, each	Yes	43.87	n/a	Purchase for client owned equipment only.
A7031	Face mask interface, replacement for full face mask, each	Yes	BI	n/a	Purchase for client owned equipment only.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Yes	70.54	n/a	Purchase for client owned equipment only.
A7032	Replacement cushion for nasal application device, each	Yes	23.51	n/a	Purchase for client owned equipment only.
A7033	Replacement pillows for nasal application device, pair	Yes	23.51	n/a	Purchase for client owned equipment only.
A7035	Headgear used with positive airway pressure device	Yes	33.62	n/a	Purchase for client owned equipment only.
A7036	Chinstrap used with positive airway pressure device	Yes	16.83	n/a	Purchase for client owned equipment only.
A7037	Tubing used with positive airway pressure device	No	30.10	n/a	Purchase for client owned equipment only.
A7038	Filter, disposable, used with positive airway pressure device	Yes	4.46	n/a	Purchase for client owned equipment only.
A7039	Filter, non disposable, used with positive airway pressure device	Yes	BI	n/a	Purchase for client owned equipment only.
A7044	Oral interface used with positive airway pressure device, each	Yes	BI	n/a	Purchase for client owned equipment only.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Yes	BI	n/a	Effective 01/01/05. Purchase for client owned equipment only.
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes	98.75	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes	225.72	n/a	Purchase for client owned equipment only.
S8182	Humidifier, heated, used with ventilator, non-servo-controlled	Yes	BI	94.05	Purchase for client owned equipment only. Conchatherm.
S8183	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring	Yes	BI	173.99	Purchase for client owned equipment only.
S8185	Flutter device	Yes	BI	n/a	
S8186	Swivel adapter	Yes	BI	n/a	
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes	BI	n/a	
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each.	Yes*	8911.24	799.43	Requires Questionnaire #14. See Appendix N. IVP percussor.
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Yes*	282.15	n/a	i.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix N.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	No	BI	n/a	Purchase for client owned equipment only.
<u>Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dually Eligible Client, POS-Home</u>					
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	n/a	164.59	
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	No	n/a	196.03	
<u>Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dually Eligible Client, POS-Nursing Facility</u>					
E1390-TT	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	No	n/a	.23	1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment.
E1391-TT	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	No	n/a	.23	1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment.
<u>NEBULIZERS, VAPORIZERS, SUCTION</u>					
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	No	396.14	n/a	
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	No	BI	n/a	1 unit = 1 nebulizer
E0570	Nebulizer with compressor	No	103.46	n/a	Devilbiss, Pulmo-Aid.
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	No	BI	n/a	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	No	BI	n/a	
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer	No	BI	n/a	
E0575	Nebulizer, ultrasonic, large volume	No	540.79	n/a	Mistogen.
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	No	4.70	n/a	
E0585	Nebulizer with compressor & heater	No	188.10	n/a	
E0600	Respiratory suction pump, home model, portable or stationary, electric	No	279.24	24.45	Rental includes suction tubing.
A7000	Canister, disposable, used with suction pump	No	.48	n/a	1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	No	BI	n/a	1 unit = 1 canister
A7002	Tubing, used with suction pump	No	2.82	n/a	1 unit = 1 tubing
A7004	Small volume non-filtered pneumatic nebulizer, disposable	No	1.50	n/a	1 unit = 1 nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	No	5.27	n/a	1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	No	BI	n/a	1 unit = 1 nebulizer
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	No	48.91	n/a	1 unit = 1 reservoir bottle

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	No	3.30	n/a	1 unit = 100 feet
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	No	11.29	n/a	1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	No	1.64	n/a	1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor	No	2.21	n/a	1 unit = 1 filter
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	No	3.76	n/a	1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	No	.94	n/a	1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	No	7.29	n/a	1 unit = dome and mouthpiece
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	No	7.25	n/a	1 unit = 1,000 ml.
	<u>Respiratory care accessories, supplies & related services</u>				
	Note: All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for client-owned equipment. Medication for use with respiratory equipment must be provided by a pharmacy and may require prior authorization and billing on pharmacy claim format with NDC number.				
E0455	Oxygen tent excluding croup or pediatric tents, each	No	7.52	n/a	
A4606	Oxygen probe for use with oximeter device, replacement	Yes	BI	n/a	1 unit = 1 probe. Non-disposable.
A4615	Cannula, nasal, each	No	2.36	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4616	Tubing (oxygen), per foot	No	.24	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
E1353	Regulator, each	No	46.08	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4617	Mouthpiece, each	No	.48	n/a	
E1355	Stand/rack, each	No	27.27	n/a	Purchase for client owned equipment only.
A4618	Breathing circuits, each	No	15.51	n/a	
A4619	Face tent, each	No	4.70	n/a	
A4620	Variable concentration mask, each	No	7.06	n/a	
S8210	Mucus trap	No	BI	n/a	
A4614	Peak expiratory flow rate meter, hand held	No	10.35	n/a	
A4609	Tracheal suction catheter, closed system, for less than 72 hours of use, each	Deleted			Deleted 12/31/04. See A4605.
A4610	Tracheal suction catheter, closed system, for 72 or more hours of use, each	Deleted			Deleted 12/31/04. See A4605.
A4605	Tracheal suction catheter, closed system, each	No	11.64	n/a	Effective 01/01/05.
L8501	Tracheostomy, speaking valve, each	No	60.23	n/a	
A4623	Tracheostomy, inner cannula (replacement only), each	No	4.60	n/a	
A4624	Tracheal suction catheter, any type other than closed system, each	No	1.18	n/a	1 item = 1 catheter
A4628	Oropharyngeal suction catheter, each	No	1.30	n/a	1 item = 1 catheter.
A4481	Tracheostomy filter, any type, any size, each	No	BI	n/a	1 item = 1 filter.
A4629	Tracheostomy care kit for established tracheostomy	No	3.25	n/a	1 item = 1 kit.
A7501	Tracheostoma valve, including diaphragm, each	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	No	BI	n/a	
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	No	BI	n/a	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	No	BI	n/a	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	No	BI	n/a	
A7520	Tracheostomy,/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	No	BI	n/a	1 unit = 1 tube.
A7521	Tracheostomy,/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	No	BI	n/a	1 unit = 1 tube.
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	No	BI	n/a	1 unit = 1 tube.
A7523	Tracheostomy shower protector, each	No	BI	n/a	1 unit = 1 protector.
A7524	Tracheostoma stent/stud/button, each	No	BI	n/a	1 unit = 1 stent/stud/button.
A7525	Tracheostomy mask, each	No	4.70	n/a	
A7526	Tracheostomy tube collar/holder, each	No	BI	n/a	
A7527	Tracheostomy/laryngectomy tube plug/stop, each	No	BI	n/a	Effective 01/01/05.
S8189	Tracheostomy supply, not otherwise classified	No	BI	n/a	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	No	33.66	n/a	Includes aerochamber.
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	No	31.98	n/a	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	No	BI	n/a	
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	No	BI	n/a	
A4612	Battery cables, replacement for patient owned ventilator, each	No	BI	n/a	
A4613	Battery charger, replacement for patient owned ventilator, each	No	311.31	n/a	
E0755	Electronic salivary reflex stimulator, intra oral/non-invasive, each	Yes	BI	n/a	
A4608	Transtracheal oxygen catheter, each	No	124.15	n/a	1 item = 1 catheter.
S8301	Infection control supplies, not otherwise specified	Yes	BI	n/a	Effective 01/0105. Use for cleaning solutions for respiratory equipment.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
S8999	Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event)	No	104.62	n/a	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes	15.35	n/a	Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) See also E1340-MS.
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	No	148.50	n/a	E1340-MS Quick minor repairs to DME products. In addition to labor the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$148.50 every 6 months. Paper claims must include serial number
<u>TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT & SUPPLIES – GENERAL USE</u>					
Note: TENS or NMES require 2-month trial rental before purchase. Requires Questionnaire #9. See Appendix I.					
A4630	Batteries, rechargeable, replacement for medically necessary, patient owned TENS, each	No	14.11	n/a	Limited to maximum of 4 per year.
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	No	BI	n/a	Purchase for client owned equipment only. Must be provided for rental equipment. Use for 4 lead also.
E0720	TENS, two lead, localized stimulation, each	Yes	BI	32.92	
E0720-KH	TENS, two lead, localized stimulation, each	Yes	BI	32.92	Use for 1 st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0720-KI	TENS, two lead, localized stimulation, each	Yes	BI	32.92	Use for 2 nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes	BI	32.92	
E0730-KH	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes	BI	32.92	Use for 1 st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730-KI	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes	BI	32.92	Use for 2 nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0731	Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each	Yes	BI	n/a	
E0744	Neuromuscular stimulator for scoliosis, each	Yes	BI	94.05	
E0745	Neuromuscular stimulator electronic shock unit, each	Yes	395.01	87.16	
E0747-RR	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes	Per PAR	Per PAR	
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes	Per PAR	Per PAR	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes	BI	n/a	
A4245	Alcohol wipes, each	No	.03	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<u>TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE</u>					
K0627	Traction equipment, cervical, free-standing, pneumatic, applying traction force to other than mandible	Yes	BI	n/a	Effective 04/01/04-12/31/04.
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Yes	365.87	36.59	Effective 01/01/05.
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes	111.91	17.90	
E0920	Fracture frame, attached to bed, includes weights	Yes	BI	32.92	
E0930	Fracture frame, free standing, includes weights	Yes	BI	32.92	
E0935-KR	Passive motion exercise device, per day	Yes	BI	20.45	Rental per day. First 7 days post-op.
E0940	Trapeze bar, free standing, complete with grab bar	Yes	197.51	23.51	
E0941	Traction device, gravity assisted, any type	Yes	208.61	32.92	
E0942	Cervical head harness or halter, each	Yes	17.80	n/a	
E0944	Pelvic belt, harness or boat, each	Yes	42.32	n/a	
E0945	Extremity belt or harness, each	Yes	39.77	n/a	
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes	BI	32.92	Balken, 4-poster.
E0947	Fracture frame, attachments for complex pelvic traction	Yes	BI	32.92	
E0948	Fracture frame, attachments for complex cervical traction	Yes	BI	32.92	
E0830	Ambulatory traction device, all types, each	Yes	BI	Per PAR	
E0840	Traction frame, attached to headboard, cervical traction	Yes	58.79	16.46	
E0850	Traction stand, free standing, cervical traction	Yes	BI	16.46	
E1841-KR	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs	Yes	BI	Per PAR	Effective 01/01/05. Rental is per day.
E0855	Cervical traction equipment not requiring additional stand or frame	Yes	BI	n/a	
E0860	Traction equipment, over door, cervical	Yes	34.56	n/a	
E0870	Traction frame, attached to footboard, extremity traction	Yes	88.69	15.99	Bucks.
E0880	Traction stand, free standing, extremity traction	Yes	95.72	32.92	Bucks.
E0890	Traction frame, attached to footboard, pelvic traction	Yes	91.81	15.99	
E0900	Traction stand, free standing, pelvic traction	Yes	97.70	15.99	Bucks.
<u>LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE</u>					
E0650	Pneumatic compressor, non-segmental home model	Yes	648.95	47.03	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes	1585.48	47.03	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes	1980.69	47.03	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes	BI	n/a	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	81.82	n/a	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes	264.28	47.03	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes	BI	47.03	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes	BI	n/a	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	Yes	BI	Per PAR	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes	BI	n/a	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes	BI	n/a	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes	BI	n/a	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes	BI	n/a	
S8424	Gradient pressure aid (sleeve), ready made	Yes	BI	n/a	
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes	BI	n/a	
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes	BI	n/a	
S8427	Gradient pressure aid (glove), ready made	Yes	BI	n/a	
S8428	Gradient pressure aid (gauntlet), ready made	Yes	BI	n/a	
S8429	Gradient pressure exterior wrap	Yes	BI	n/a	
S8430	Padding for compression bandage, roll	Yes	BI	n/a	
S8431	Compression bandage, roll	Yes	BI	n/a	
<u>WOUND THERAPY EQUIPMENT</u>					
E2402-KR	Negative pressure wound therapy electrical pump, stationary or portable	Yes	n/a	Per PAR	Price includes equipment & all supplies. 1 unit = one day rental. Requires Questionnaire #12. See Appendix L.
<u>REHABILITATION EQUIPMENT – SPECIALIZED USE</u>					
E0701	Helmet with face guard and soft interface material, prefabricated	Yes	BI	n/a	1 unit = 1 helmet. Not for prevention of sports related injuries.
E0638	Standing frame system, any size, with or without wheels	Yes	BI	n/a	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes	BI	Per PAR	Effective 01/01/05. Use for adults also.
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes	BI	Per PAR	Effective 01/01/05. Use for adults also.
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes	BI	Per PAR	Effective 01/01/05. Use for adults also.
E0235	Paraffin bath unit, portable, each	Yes	122.15	11.76	Use A4265 for paraffin.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
<u>ORAL & ENTERAL NUTRITION, FORMULAE, EQUIPMENT & SUPPLIES – SPECIALIZED USE</u>					
Equipment, supplies & nutrients for enteral feeding or food supplements are a benefit when prescribed by a physician and prior authorized.					
Items for oral & enteral formulae are based on caloric values unless otherwise noted. One item (unit) represents 100 calories. If a client requires 1,200 calories per day, total units for one month equals 360 (12 units per day times 30 days). If one can of formula contains 1,200 calories, a case of 12 cans represents 144 units (12 units per can times 12 cans per case). Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, complete Questionnaire #10, Appendix J. Product classification appendices are no longer being provided with this bulletin. Please refer to the Palmetto website, www.palmettogba.com , for the most updated and complete information for product classification for formulas.					
When submitting claims, be sure to calculate & enter the number of items correctly.					
	<u>Enteral formulae</u>				
B4100	Food thickener, administered orally, per ounce	Yes	BI	n/a	1 unit = 1 ounce. Use modifier BO.
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes	BI	n/a	Effective 06/01/05 Bill one unit = one can, regardless of the size of the can or number of calories in the can. If attaching a paper invoice for pricing purposes and billing unit on the invoice indicates 'cases' as units, enter the number of cans per case on the acquisition cost invoice.
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes	BI	n/a	Effective 06/01/05. Pedialyte Bill one unit = one can, regardless of the size of the can or number of calories in the can. If attaching a paper invoice for pricing purposes and billing unit on the invoice indicates 'cases' as units, enter the number of cans per case on the acquisition cost invoice.
B4104	Additive for enteral formula (e.g. fiber)	Yes	BI	n/a	Effective 01/01/05. Polycose, Procell
B4149	Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes	1.21	n/a	Effective 01/01/05.
B4150	Enteral formulae; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	.56	n/a	For oral administration use modifier -BO.
B4151	Enteral formulae; category I; Natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit	Deleted			Deleted 12/31/04.
B4152	Enteral formulae, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 calories = 1 unit	Yes	.48	n/a	For oral administration use modifier -BO.
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.60	n/a	For oral administration use modifier -BO.
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.54	n/a	For oral administration use modifier -BO.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	2.74	n/a	For oral administration use modifier -BO.
B4156	Enteral formula, nutritionally complete category VI; Standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit	Deleted			Deleted 12/31/04.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	1.54	n/a	Effective 01/01/05.
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories= 1 unit	Yes	1.14	n/a	Effective 01/01/05.
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories=1 unit	Yes	1.14	n/a	Effective 01/01/05.
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense(equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes	1.60	n/a	Effective 01/01/05.
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes	2.74	n/a	Effective 01/01/05.
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes	BI	n/a	Effective 01/01/05.
<u>Enteral equipment & supplies</u>					
Note: See the feeding tube/changes and modifications in descriptions, and quantities specific to skin level devices. Quantities exceeding the allowed amount will require additional supporting documentation					
B9000-RR	Enteral nutrition infusion pump, without alarm, each	Yes	BI	70.54	
B9002-RR	Enteral nutrition infusion pump, with alarm, each	Yes	BI	70.54	
E0776	IV pole	Yes	94.05	14.11	
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes	BI	n/a	
B4034	Enteral feeding supply kit: Syringe type, to include syringes, tape and wipes, per day	Yes	4.70	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4035	Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day	Yes	8.62	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
B4036	Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day	Yes	6.12	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4081	Nasogastric tubing with stylet, each	Yes	15.75	n/a	
B4082	Nasogastric tubing without stylet, each	Yes	12.21	n/a	
B4083	Stomach tube, Levine type, each	Yes	1.79	n/a	
B4086	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	Yes	BI	n/a	1 unit = tube. Quantity allowed: one per month. Mickey.
B4086-52	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	Yes	14.11	n/a	1 unit = tube. Quantity allowed: 5-8 per month. Bolus feeding tubes, decompression tubes, Mickey extension sets.
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	No	BI	n/a	1 unit = 1 device.
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one time use only as stated by manufacturer).	Yes	BI	Per PAR	Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits. Quantity Allowed: 30 per month
E0602	Breast Pump, manual, any type	No	18.81	n/a	Includes kit and all supplies. Only available for use with premature infants and infants in critical care.
E0603-KR	Breast Pump, electric (AC and/or DC), any type	Yes	40.44	2.12	Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 27 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 27 days. When renting: 1 unit = 1 day.
A4281	Tubing for breast pump, replacement	No	BI	n/a	Purchase for client owned equipment only.
A4282	Adapter for breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4283	Cap for breast pump bottle, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4284	Breast shield and splash protector for use with breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
A4286	Locking ring for breast pump, replacement	Yes	BI	n/a	Purchase for client owned equipment only.
S8265	Haberman feeder for cleft lip/palate	No	Manually Priced	n/a	Use this code also for glass bottle, nipple, membrane, disc or collar replacements. Must be billed on a paper claim. Bill one line for multiple components. Describe individual components and units of each item in comment section of the claim. It is not necessary to submit acquisition cost invoice with claim.

HOME IV THERAPY – SPECIALIZED USE

Home IV therapy, when utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration is a benefit of the Colorado Medical Assistance Program. Services must be prescribed by a physician and prior authorization is required. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.

Home IV therapy equipment & supplies may be provided by pharmacies or suppliers.

Biological preparation (IV nutrients, drug or other solutions), antibiotic solutions, and TPN solutions must be provided by a pharmacy & are billed on the Pharmacy claim form using NDC numbers. Prior authorization requests must reflect the appropriate NDC numbers.

Parenteral equipment & supplies

B9004-RR	Parenteral nutrition infusion pump, portable	Yes	BI	235.13	1 unit = 1 month rental.
B9006-RR	Parenteral nutrition infusion pump, stationary	Yes	BI	136.37	1 unit = 1 month rental.
E0791	Parenteral infusion pump, stationary, single or multi channel	Yes	BI	136.67	1 unit = 1 month rental.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes	323.68	n/a	1 unit = 1 month supply.
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes	BI	n/a	1 item = 1 system. Elastomeric
A4306	Disposable Drug Delivery System, flow rate of 5 ml or less per hour	Yes	BI	n/a	1 item = 1 system. Elastomeric
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Yes	BI	Per PAR	1 item = 1 pump. 8 hours or greater. Prior authorization must substantiate the necessity for the use of an ambulatory pump.
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	Yes	BI	Per PAR	1 item = 1 pump. Less than 8 hours. Prior authorization must substantiate the necessity for the use of an ambulatory pump.
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g. epoprostenol or treprostinol)	Yes	BI	Per PAR	1 item = 1 system. 1 item = 1 month rental.
S5035	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)	Yes	14.58	n/a	For client owned equipment only. Cannot be billed with E1340 or E1340-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups. 1 unit = 15 minutes
A4632	Replacement battery for external infusion pump, any type, each	No	BI	n/a	Purchase for client owned equipment only.
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes	14.58	n/a	For client owned equipment only. Cannot be billed with E1340 or E1340-MS. Do not use for skilled nursing visits for initial or subsequent pump set-ups.
B4220	Parenteral nutrition supply kit: Premix, including gloves, wipes, alcohol, acetone, providone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destruclick, per day	Yes	5.74	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes	18.81	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Yes	BI	n/a	1 unit = 1 cartridge.
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	No	BI	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	No	BI	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	No	BI	n/a	For client owned equipment only.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	No	BI	n/a	For client owned equipment only.
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	No	BI	n/a	For client owned equipment only.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	No	BI	n/a	For client owned equipment only.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	No	BI	n/a	For client owned equipment only.
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
PROSTHETICS & ORTHOTICS					
Prostheses and orthoses are a covered Medical Assistance Program benefit for the child and adult Medical Assistance Program population. The benefit includes such items as breast prostheses, braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered. Prior authorization requests must be submitted to CFMC for review. The request must include the completed Questionnaire #11 (Appendix K), or Questionnaire #13 (Appendix M). Refer to DMERC orthotic and prosthetic list or HCPCS book 2005 for a complete listing of procedure codes. Medical Assistance Program coverage generally follows Medicare coverage.					
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	No	BI	n/a	1 unit = 1 attachment.
<u>Diabetic Shoes, Fitting, and Modifications</u>					
A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	No	59.25	n/a	
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	No	177.75	n/a	
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	No	30.10	n/a	
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	No	30.10	n/a	
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	No	30.10	n/a	
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	No	30.10	n/a	
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe	No	BI	n/a	
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	No	BI	n/a	
A5509	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe	No	BI	n/a	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe	No	BI	n/a	
A5511	For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe	No	BI	n/a	
K0628	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 ¼ inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 (or higher), prefabricated, each	No	17.20	n/a	Effective 04/01/04.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0629	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	No	25.66	n/a	Effective 04/01/04.
	<u>Orthotic Devices – Spinal</u>				
	<i><u>Cervical</u></i>				
S1040	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Yes*	BI	n/a	
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	Yes*	372.56	n/a	
L0110	Cranial orthosis (helmet), with or without soft-interface, non-molded	Yes*	84.53	n/a	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes*	BI	n/a	
L0120	Cervical, flexible, nonadjustable (foam collar)	No	15.61	n/a	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Yes*	71.26	n/a	
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Yes*	42.53	n/a	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Yes*	66.90	n/a	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	Yes*	78.18	n/a	
L0170	Cervical, collar, molded to patient model	Yes*	353.75	n/a	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece	Yes*	77.60	n/a	
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	Yes*	189.50	n/a	
	<i><u>Multiple post collar</u></i>				
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	Yes*	218.01	n/a	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Yes*	302.63	n/a	
L0200	Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension	Yes*	332.73	n/a	
	<i><u>Thoracic</u></i>				
L0210	Thoracic rib belt	Yes*	15.34	n/a	
L0220	Thoracic rib belt, custom fabricated	Yes*	70.75	n/a	
	<u>Thoracic-Lumbar-Sacral Orthosis (TLSO)</u>				
	<i><u>Flexible</u></i>				
K0618	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0619	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (Dewall posture protector only)	No	BI	n/a	Effective 01/01/05.
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	No	BI	n/a	
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L0476	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	Deleted			Deleted 12/31/04.
L0478	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated	Deleted			Deleted 12/31/04.
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	No	BI	n/a	
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	No	BI	n/a	
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	No	BI	n/a	
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	No	BI	n/a	
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	No	BI	n/a	
	<u>Lumbar-Sacral Orthosis (LSO)</u>				
	<i>Flexible</i>				
L0510	LSO, flexible (lumbo-sacral support), custom fabricated	Deleted			Deleted 12/31/04.
L0515	LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated	Deleted			Deleted 12/31/04.
K0634	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	No	31.90	n/a	Effective 04/01/04. (Support is not for obstetrical or obesity diagnosis).
K0637	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	48.57	n/a	Effective 04/01/04. (Support is not for obstetrical or obesity diagnosis).
K0638	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	No	84.92	n/a	Effective 04/01/04. (Support is not for obstetrical or obesity diagnosis).
K0639	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	93.76	n/a	Effective 04/01/04.
K0640	Lumbar-sacral orthosis, sagittal-coronal 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, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	594.39	n/a	Effective 04/01/04.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0641	Lumbar-sacral orthosis, sagittal-coronal 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	No	BI	n/a	Effective 04/01/04.
K0642	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, includes fitting and adjustment	No	166.03	n/a	Effective 04/01/04.
K0643	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, custom fabricated	No	BI	n/a	Effective 04/01/04.
K0644	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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, prefabricated, includes fitting and adjustment	No	511.58	n/a	Effective 04/01/04.
K0645	Lumbar-sacral orthosis sagittal-coronal control, lumbar flexion, rigid posterior frame/panes, 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 including padding, anterior panel, pendulous abdomen design, custom fabricated	No	890.2	n/a	Effective 04/01/04.
K0646	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	599.33	n/a	Effective 04/01/04.
K0647	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closure, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	No	762.16	n/a	Effective 04/01/04.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
K0648	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, includes fitting and adjustment	No	599.33	n/a	Effective 04/01/04.
K0649	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on 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 <u>Anterior-posterior-lateral control</u>	No	604.66	n/a	Effective 04/01/04.
L0520	LSO, anterior-posterior-lateral control, (Knight, Wilcox types), with apron front <u>Anterior-posterior control</u>	Deleted			Deleted 12/31/04.
L0530	LSO, anterior-posterior control (Macausland type), with apron front	Deleted			Deleted 12/31/04.
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	Deleted			Deleted 12/31/04.
L0565	LSO, anterior-posterior-lateral control, custom fitted	Deleted			Deleted 12/31/04.
K0635	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	No	45.13	n/a	Effective 04/01/04.
K0636	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment <u>Lumbar flexion</u>	No	238.00	n/a	Effective 04/01/04.
L0540	LSO, lumbar flexion (Williams flexion type)	Deleted			Deleted 12/31/04.
L0550	LSO, anterior-posterior-lateral control, molded to patient model	Deleted			Deleted 12/31/04.
L0560	LSO, anterior-posterior-lateral control, molded to patient model, with interface material	Deleted			Deleted 12/31/04.
L0561	LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated	Deleted			Deleted 12/31/04.
L0565	LSO, anterior-posterior-lateral control, custom fitted	Deleted			Deleted 12/31/04.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Sacroiliac</u>				
	<u>Flexible</u>				
L0600	Sacroiliac, flexible (sacroiliac surgical support)	Deleted			Deleted 12/31/04.
L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	Deleted			Deleted 12/31/04.
K0630	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No	60.97	n/a	Effective 04/01/04.
K0631	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No	138.07	n/a	Effective 04/01/04.
	<u>Semi-rigid</u>				
L0620	Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front	Deleted			Deleted 12/31/04.
K0632	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	No	BI	n/a	Effective 04/01/04.
K0633	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	No	BI	n/a	Effective 04/01/04.
	<u>Cervical-Thoracic-Lumbar-Sacral Orthosis (CTL SO)</u>				
	<u>Anterior-posterior-lateral control</u>				
L0700	CTL SO, anterior-posterior-lateral control, molded to patient model (Minerva type)	No	1075.58	n/a	
L0710	CTL SO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	No	1404.20	n/a	
	<u>Halo procedure</u>				
L0810	Halo procedure, cervical halo incorporated into jacket vest	No	1260.16	n/a	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	No	1156.61	n/a	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	No	1798.48	n/a	
L0861	Addition to halo procedure, replacement liner/interface material	No	BI	n/a	
	<u>Torso Supports</u>				
L0960	Torso support, post surgical support, pads for post surgical support	No	40.65	n/a	
	<u>Additions to Spinal Orthosis</u>				
L0970	TLSO, corset front	No	115.86	n/a	
L0972	LSO, corset front	No	63.57	n/a	
L0974	TLSO, full corset	No	76.31	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L0976	LSO, full corset	No	140.99	n/a	
L0978	Axillary crutch extension	No	62.55	n/a	
L0980	Peroneal straps, pair	No	10.08	n/a	
L0982	Stocking supporter grips, set of four (4)	No	10.51	n/a	
L0984	Protective body sock, each	No	39.21	n/a	
L0999	Addition to spinal orthosis, NOS	No	BI	n/a	
	<u>Orthotic Devices - Scoliosis Procedures</u>				
	<i><u>Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee)</u></i>				
L1000	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	No	1461.82	n/a	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	No	BI	n/a	
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	No	28.54	n/a	
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	No	55.89	n/a	
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	No	81.31	n/a	
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	No	37.42	n/a	
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	No	42.39	n/a	
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	No	49.00	n/a	
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	No	56.27	n/a	
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	No	40.67	n/a	
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	No	50.24	n/a	
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	No	53.32	n/a	
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	No	51.62	n/a	
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	No	59.65	n/a	
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	No	75.88	n/a	
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each <i><u>Thoracic-lumbar-sacral orthosis (TLSO) (Low Profile)</u></i>	No	15.38	n/a	
L1200	TLSO, inclusive of furnishing initial orthosis only	No	1105.50	n/a	
L1210	Addition to TLSO, (low profile), lateral thoracic extension	No	186.62	n/a	
L1220	Addition to TLSO, (low profile), anterior thoracic extension	No	135.91	n/a	
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	No	664.44	n/a	
L1240	Addition to TLSO, (low profile), lumbar derotation pad	No	45.69	n/a	
L1250	Addition to TLSO, (low profile), anterior ASIS pad	No	27.69	n/a	
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	No	44.51	n/a	
L1270	Addition to TLSO, (low profile), abdominal pad	No	37.94	n/a	
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	No	50.75	n/a	
L1290	Addition to TLSO, (low profile), lateral trochanteric pad <i><u>Other scoliosis procedures</u></i>	No	46.24	n/a	
L1300	Other scoliosis procedure, body jacket molded to patient model	No	1221.39	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L1310	Other scoliosis procedure, postoperative body jacket	No	1616.47	n/a	
L1499	Spinal orthosis, not otherwise specified	No	BI	n/a	
	<u>Thoracic-hip-knee-ankle orthosis (THKAO)</u>				
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes*	1224.51	n/a	
L1510	THKAO, standing frame, with or without tray and accessories	Yes*	914.62	n/a	
L1520	THKAO, swivel walker	Yes*	1245.13	n/a	
	<u>Orthotic Devices - Lower Limb</u>				
	<u>Hip orthosis (HO) - Flexible</u>				
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	No	77.55	n/a	
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	No	24.10	n/a	
L1620	HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	No	78.83	n/a	
L1630	HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	No	BI	n/a	
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	No	333.10	n/a	
L1650	HO, abduction control of hip joints, static, adjustable (lifted type), prefabricated, includes fitting and adjustment	No	153.49	n/a	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	No	BI	n/a	
L1660	HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	No	100.69	n/a	
L1680	HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	No	716.88	n/a	
L1685	HO abduction control of hip joint, postoperative hip abduction type, custom fabricated	No	517.29	n/a	
L1686	HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	No	604.90	n/a	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	No	1230.12	n/a	
	<u>Legg perthes</u>				
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	No	BI	n/a	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	No	968.45	n/a	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	No	844.38	n/a	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	No	667.01	n/a	
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	No	BI	n/a	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Knee Orthosis (KO)</u>				
E1810	Dynamic adjustable knee extension/ flexion device, includes soft interface material	No	BI	n/a	
E1811	Bi directional progressive stretch knee device with range of motion adjustment, includes cuffs	No	BI	n/a	
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	No	39.14	n/a	
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	No	59.37	n/a	
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	No	57.00	n/a	
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	No	83.43	n/a	
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	No	32.35	n/a	
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	No	54.35	n/a	
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1832	KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment	No	325.19	n/a	
L1834	KO, without knee joint, rigid, custom fabricated	No	BI	n/a	
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	No	491.83	n/a	
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	No	518.90	n/a	
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	No	960.09	n/a	
L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	No	496.68	n/a	
L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	No	BI	n/a	
L1847	KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment	No	463.44	n/a	
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	No	218.24	n/a	
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	No	778.80	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	No	631.34	n/a	
L1870	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	No	441.20	n/a	
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated	No	436.47	n/a	
L1885	KO, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment <u>Ankle-Foot Orthosis (AFO)</u>	No	BI	n/a	
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material	No	BI	n/a	
E1816	Bi-directional static progressive ankle device with range of motion adjustment, includes cuffs	No	BI	n/a	
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	No	BI	n/a	
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	No	46.97	n/a	
L1904	AFO, molded ankle gauntlet, custom fabricated	No	326.08	n/a	
L1906	AFO, multi-ligamentous ankle support, prefabricated, includes fitting and adjustment	No	94.34	n/a	
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	No	BI	n/a	
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	No	196.86	n/a	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated	No	258.70	n/a	
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	No	138.11	n/a	
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	No	BI	n/a	Effective 01/01/05.
L1940	AFO, plastic or other material, custom fabricated	No	264.53	n/a	
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	No	534.94	n/a	
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	No	474.13	n/a	
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1960	AFO, posterior solid ankle, plastic, custom fabricated	No	296.48	n/a	
L1970	AFO, plastic, with ankle joint, custom fabricated	No	439.84	n/a	
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	No	BI	n/a	
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	No	241.24	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated <u>Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination</u>	No	238.42	n/a	
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	No	704.41	n/a	
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	No	BI	n/a	Effective 01/01/05.
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	No	611.11	n/a	
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	No	624.55	n/a	
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	No	596.03	n/a	
L2035	Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	No	BI	n/a	
L2036	Knee ankle foot orthosis, full plastic, double upright, free knee, with or without free motion ankle, custom fabricated	No	1198.26	n/a	
L2037	Knee ankle foot orthosis, full plastic, single upright, free knee, with or without free motion ankle, custom fabricated	No	979.97	n/a	
L2038	Knee ankle foot orthosis, full plastic without knee joint, multi-axis ankle, custom fabricated	No	790.93	n/a	
L2039	Knee ankle foot orthosis, full plastic, single upright, poly-axial hinge, medial lateral rotation control, with or without free motion ankle, custom fabricated <u>Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)</u>	No	BI	n/a	
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	No	135.74	n/a	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	No	373.74	n/a	
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	No	427.91	n/a	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	No	74.34	n/a	
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	No	211.62	n/a	
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated <u>Fracture orthosis</u>	No	325.04	n/a	
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	317.86	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	No	892.06	n/a	
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	No	274.51	n/a	
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	344.32	n/a	
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	No	418.86	n/a	
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	No	744.42	n/a	
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	No	1107.35	n/a	
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	No	BI	n/a	
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	No	611.11	n/a	
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	No	722.92	n/a	
	<u>Additions to fracture orthosis</u>				
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	No	89.72	n/a	
L2182	Additions to lower extremity fracture orthosis, drop lock knee joint	No	25.64	n/a	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	No	71.75	n/a	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	No	91.82	n/a	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	No	184.61	n/a	
L2190	Addition to lower extremity fracture orthosis, waist belt	No	52.61	n/a	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	No	223.01	n/a	
	<u>Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee</u>				
L2200	Addition to lower extremity, limited ankle motion, each joint	No	33.92	n/a	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	No	52.73	n/a	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	No	62.43	n/a	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	No	49.24	n/a	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	No	BI	n/a	Effective 01/01/05.
L2240	Addition to lower extremity, round caliper and plate attachment	No	49.20	n/a	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attached	No	247.50	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	No	134.87	n/a	
L2265	Addition lower extremity, long tongue stirrup	No	69.29	n/a	
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	No	34.71	n/a	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	No	87.64	n/a	
L2280	Addition to lower extremity, molded inner boot	No	242.19	n/a	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	No	158.41	n/a	
L2310	Addition to lower extremity, abduction bar, straight	No	103.56	n/a	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	No	154.48	n/a	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	No	246.08	n/a	
L2335	Addition to lower extremity, anterior swing band	No	140.24	n/a	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	No	262.95	n/a	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	No	612.34	n/a	
L2360	Addition to lower extremity, extended steel shank	No	33.83	n/a	
L2370	Addition to lower extremity, Patten bottom	No	150.48	n/a	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	No	62.17	n/a	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	No	151.76	n/a	
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	No	105.07	n/a	
L2390	Addition to lower extremity, offset knee joint, each joint	No	85.87	n/a	
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	No	109.39	n/a	
L2397	Addition to lower extremity orthosis, suspension sleeve	No	75.77	n/a	
	<u>Additions to straight knee or offset knee joints</u>				
L2405	Addition to knee joint, lock; drop, stance or swing phase, each joint	No	39.93	n/a	
L2415	Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint	No	111.84	n/a	
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	No	128.02	n/a	
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	No	BI	n/a	
L2435	Addition to knee joint, polycentric joint, each joint	Deleted			Deleted 12/31/04.
L2492	Addition to knee joint, lift loop for drop lock ring	No	66.31	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<i>Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing</i>				
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	No	214.30	n/a	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	No	403.99	n/a	
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	No	290.09	n/a	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	No	728.89	n/a	
L2526	Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	No	496.30	n/a	
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	No	150.73	n/a	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	No	259.92	n/a	
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	No	297.86	n/a	
	<i>Additions: Pelvic and thoracic control</i>				
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each	No	280.24	n/a	
L2580	Addition to lower extremity, pelvic control, pelvic sling	No	406.50	n/a	
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	No	131.20	n/a	
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	No	188.66	n/a	
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	No	182.52	n/a	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	No	180.43	n/a	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	No	194.83	n/a	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	No	BI	n/a	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	No	1194.83	n/a	
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	No	194.25	n/a	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	No	197.72	n/a	
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	No	70.49	n/a	
L2660	Addition to lower extremity, thoracic control, thoracic band	No	298.90	n/a	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	No	219.17	n/a	
L2680	Addition to lower extremity, thoracic control, lateral support uprights	No	181.24	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Additions: General</u>				
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	No	BI	n/a	
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	No	32.81	n/a	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	No	83.10	n/a	
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	No	47.67	n/a	
L2768	Orthotic side bar disconnect device, per bar	No	BI	n/a	
L2770	Addition to lower extremity orthosis, any material, per bar or joint	No	48.44	n/a	
L2780	Addition to lower extremity orthosis, noncorrosive finish, per bar	No	39.82	n/a	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	No	18.65	n/a	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	No	49.99	n/a	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	No	68.82	n/a	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	No	45.96	n/a	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	No	61.93	n/a	
L2830	Addition to lower extremity orthosis soft interface for molded plastic, above knee section	No	73.70	n/a	
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	No	17.40	n/a	
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	No	46.78	n/a	
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	No	BI	n/a	
L2999	Lower extremity orthoses, NOS	No	BI	n/a	
	<u>Orthopedic shoes</u>				
	<u>Inserts</u>				
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	Yes*	220.61	n/a	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Yes*	BI	n/a	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Yes*	113.43	n/a	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Yes*	BI	n/a	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes*	122.36	n/a	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes*	140.74	n/a	
L3030	Foot insert, removable, formed to patient foot, each	Yes*	54.13	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Yes*	BI	n/a	
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	Yes*	33.37	n/a	
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	Yes*	33.37	n/a	
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each <i>Arch support, non-removable, attached to shoe</i>	Yes*	52.34	n/a	
L3070	Foot, arch support, non-removable, attached to shoe, longitudinal, each	Yes*	22.56	n/a	
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Yes*	22.56	n/a	
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Yes*	BI	n/a	
L3100	Hallus-valgus night dynamic splint <i>Abduction and rotation bars</i>	Yes*	30.69	n/a	
L3140	Foot, abduction rotation bar, including shoes	Yes*	63.15	n/a	
L3150	Foot, abduction rotation bar, without shoes	Yes*	57.74	n/a	
L3160	Foot, adjustable shoe-styled positioning device	Yes*	BI	n/a	
L3170	Foot, plastic heel stabilizer <i>Orthopedic footwear</i>	Yes*	50.46	n/a	
L3201	Orthopedic shoe, oxford with supinator or pronator, Infant	No	50.46	n/a	
L3202	Orthopedic shoe, oxford with supinator or pronator, Child	No	43.04	n/a	
L3203	Orthopedic shoe, oxford with supinator or pronator, Junior	No	BI	n/a	
L3204	Orthopedic shoe, high top with supinator or pronator, Infant	No	50.46	n/a	
L3206	Orthopedic shoe, high top with supinator or pronator, Child	No	BI	n/a	
L3207	Orthopedic shoe, high top with supinator or pronator, Junior	No	114.00	n/a	
L3208	Surgical boot, each, infant	No	BI	n/a	
L3209	Surgical boot, each, child	No	66.86	n/a	
L3211	Surgical boot, each, junior	No	BI	n/a	
L3212	Benesch boot, pair, infant	No	68.99	n/a	
L3213	Benesch boot, pair, child	No	BI	n/a	
L3214	Benesch boot, pair, junior	No	99.23	n/a	
L3215	Orthopedic footwear, woman's shoes, oxford	Yes*	114.00	n/a	
L3216	Orthopedic footwear, woman's shoes, depth inlay	Yes*	114.00	n/a	
L3217	Orthopedic footwear, woman's shoes, high top, depth inlay	Yes*	BI	n/a	
L3221	Orthopedic footwear, man's shoes, depth inlay	Yes*	BI	n/a	
L3222	Orthopedic footwear, man's shoes, high top, depth inlay	Yes*	BI	n/a	
L3224	Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis)	Yes*	37.99	n/a	
L3225	Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis)	Yes*	BI	n/a	
L3230	Orthopedic footwear, custom shoes, depth inlay	Yes*	237.50	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Yes*	BI	n/a	
L3251	Foot, shoe molded to patient model, silicone shoe, each	Yes*	BI	n/a	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes*	237.50	n/a	
L3253	Foot, molded shoe Plastozote (or similar), custom fitted, each	Yes*	BI	n/a	
L3254	Nonstandard size or width	Yes*	BI	n/a	
L3255	Nonstandard size or length	Yes*	BI	n/a	
L3257	Orthopedic footwear, additional charge for split size	Yes*	BI	n/a	
L3260	Surgical boot/shoe, each	Yes*	152.00	n/a	
L3265	Plastazote sandal, each	Yes*	104.27	n/a	
	<u>Shoe modification - lifts</u>				
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Yes*	37.00	n/a	
L3310	Lift, elevation, heel and sole, neoprene, per inch	Yes*	57.74	n/a	
L3320	Lift, elevation, heel and sole, cork, per inch	Yes*	60.73	n/a	
L3330	Lift, elevation, metal extension (skate)	Yes*	BI	n/a	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Yes*	52.34	n/a	
L3334	Lift, elevation, heel, per inch	Yes*	BI	n/a	
	<u>Shoe modification - wedges</u>				
L3340	Heel wedge, SACH	Yes*	BI	n/a	
L3350	Heel wedge	Yes*	16.25	n/a	
L3360	Sole wedge, outside sole	Yes*	25.26	n/a	
L3370	Sole wedge, between sole	Yes*	35.19	n/a	
L3380	Clubfoot wedge	Yes*	35.19	n/a	
L3390	Outflare wedge	Yes*	BI	n/a	
L3400	Metatarsal bar wedge, rocker	Yes*	28.87	n/a	
L3410	Metatarsal bar wedge, between sole	Yes*	BI	n/a	
L3420	Full sole and heel wedge, between sole	Yes*	BI	n/a	
	<u>Shoe modifications - heels</u>				
L3430	Heel, counter, plastic reinforced	Yes*	BI	n/a	
L3440	Heel, counter, leather reinforced	Yes*	BI	n/a	
L3450	Heel, SACH cushion type	Yes*	BI	n/a	
L3455	Heel, new leather, standard	Yes*	BI	n/a	
L3460	Heel, new rubber, standard	Yes*	24.62	n/a	
L3465	Heel, Thomas with wedge	Yes*	BI	n/a	
L3470	Heel, Thomas extended to ball	Yes*	BI	n/a	
L3480	Heel, pad and depression for spur	Yes*	BI	n/a	
L3485	Heel, pad, removable for spur	Yes*	24.62	n/a	
	<u>Miscellaneous shoe additions</u>				
L3500	Orthopedic shoe addition, insole, leather	Yes*	BI	n/a	
L3510	Orthopedic shoe addition, insole, rubber	Yes*	BI	n/a	
L3520	Orthopedic shoe addition, insole, felt covered with leather	Yes*	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3530	Orthopedic shoe addition, sole, half	Yes*	BI	n/a	
L3540	Orthopedic shoe addition, sole, full	Yes*	BI	n/a	
L3550	Orthopedic shoe addition, toe tap, standard	Yes*	BI	n/a	
L3560	Orthopedic shoe addition, toe tap, horseshoe	Yes*	BI	n/a	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Yes*	BI	n/a	
L3580	Orthopedic shoe addition, convert instep to velcro closure	Yes*	BI	n/a	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Yes*	BI	n/a	
L3595	Orthopedic shoe addition, March bar <i>Transfer or replacement</i>	Yes*	BI	n/a	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Yes*	BI	n/a	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Yes*	BI	n/a	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Yes*	BI	n/a	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Yes*	BI	n/a	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Yes*	30.68	n/a	
L3649	Orthopedic shoe, modification, additional or transfer, NOS	Yes*	BI	n/a	
	<u>Orthotic Devices – Upper Limb</u>				
	<u>Shoulder Orthosis (SO)</u>				
L3650	SO, figure of eight design abduction re-strainer, prefabricated, includes fitting and adjustment	No	17.06	n/a	
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	No	78.00	n/a	
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	No	52.56	n/a	
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3677	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	No	BI	n/a	
	<u>Elbow Orthosis (EO)</u>				
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	No	BI	n/a	
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	No	BI	n/a	
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	No	40.59	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	No	71.90	n/a	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	No	BI	n/a	
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	No	BI	n/a	
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	No	476.59	n/a	
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	No	621.53	n/a	
E1818	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs	No	BI	n/a	
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	No	BI	n/a	
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	No	BI	n/a	
	<u>Wrist-Hand-Finger Orthosis (WHFO)</u>				
L3800	WHFO, short opponens, no attachments, custom fabricated	No	155.05	n/a	
L3805	WHFO, long opponens, no attachment, custom fabricated	No	219.78	n/a	
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	No	BI	n/a	
L3810	WHFO, additions to short and long opponens, thumb abduction ("C") bar	No	50.26	n/a	
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	No	48.16	n/a	
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	No	65.77	n/a	
L3825	WHFO, addition to short and long opponens, M.P. extension stop	No	49.46	n/a	
L3830	WHFO, addition to short and long opponens, M.P. extension assist	No	57.48	n/a	
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	No	64.73	n/a	
L3840	WHFO, addition to short and long opponens, spring swivel thumb	No	45.10	n/a	
L3845	WHFO, addition to short and long opponens, thumb I. P. extension assist, with M. P. stop	No	55.93	n/a	
L3850	WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist	No	66.29	n/a	
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	No	64.21	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	No	98.90	n/a	
L3890	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each <i>Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension</i>	No	BI	n/a	
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	No	752.50	n/a	
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	No	880.36	n/a	
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	No	BI	n/a	
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs <i>External power</i>	No	BI	n/a	
L3902	WHFO, external powered, compressed gas, custom fabricated	No	1461.55	n/a	
L3904	WHFO, external powered, electric, custom fabricated <i>Other WHFOs – Custom fitted</i>	No	1488.36	n/a	
L3906	WHO, wrist gauntlet molded to patient model, custom fabricated	No	244.40	n/a	
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	No	268.57	n/a	
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	No	31.67	n/a	
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment	No	257.62	n/a	
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	No	BI	n/a	
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	No	74.06	n/a	
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	No	49.85	n/a	
L3916	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	No	58.52	n/a	
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment	No	40.39	n/a	
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	No	44.28	n/a	
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	No	42.47	n/a	
L3923	HFO, without joint(s), prefabricated, includes fitting and adjustments, any type	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	No	44.01	n/a	
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	No	45.06	n/a	
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	No	28.22	n/a	
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	No	35.78	n/a	
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	No	24.08	n/a	
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	No	28.03	n/a	
L3936	WHFO, Palmer, prefabricated, includes fitting and adjustment	No	41.43	n/a	
L3938	WHFO, dorsal, wrist, prefabricated, includes fitting and adjustment	No	54.25	n/a	
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	No	50.23	n/a	
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	No	41.43	n/a	
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	No	57.11	n/a	
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	No	46.09	n/a	
L3948	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	No	29.26	n/a	
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	No	69.13	n/a	
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	No	74.57	n/a	
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	No	43.50	n/a	
L3956	Addition of joint to upper extremity orthosis, any material; per joint	No	BI	n/a	
	<u>Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)</u>				
	<i>Abduction position, custom fitted</i>				
L3960	SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	No	427.41	n/a	
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	No	391.29	n/a	
L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	No	BI	n/a	
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	No	BI	n/a	
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	No	724.61	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	No	545.88	n/a	
L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	No	565.50	n/a	
L3969	SEO, mobile arm support, mono-suspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment <i>Additions to mobile arm supports</i>	No	483.08	n/a	
L3970	SEO, addition to mobile arm support, elevating proximal arm	No	217.50	n/a	
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	No	126.89	n/a	
L3974	SEO, addition to mobile arm support, supinator <i>Fracture orthosis</i>	No	106.28	n/a	
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	No	179.79	n/a	
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	No	222.29	n/a	
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	No	247.53	n/a	
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	No	BI	n/a	
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated	No	323.67	n/a	
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	No	19.02	n/a	
L3999	Upper limb orthosis, NOS <i>Specific repair</i>	No	BI	n/a	
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	No	BI	n/a	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	No	BI	n/a	
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	No	688.75	n/a	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	No	BI	n/a	Effective 0/01/05.
L4010	Replace trilateral socket brim	No	345.93	n/a	
L4020	Replace quadrilateral socket brim, molded to patient model	No	381.15	n/a	
L4030	Replace quadrilateral socket brim, custom fitted	No	255.83	n/a	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	No	255.83	n/a	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	No	259.89	n/a	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	No	227.86	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	No	157.80	n/a	
L4060	Replace high roll cuff	No	255.83	n/a	
L4070	Replace proximal and distal upright for KAFO	No	233.04	n/a	
L4080	Replace metal bands KAFO, proximal thigh	No	65.25	n/a	
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	No	62.14	n/a	
L4100	Replace leather cuff KAFO, proximal thigh	No	59.42	n/a	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	No	53.67	n/a	
L4130	Replace pretibial shell	No	248.57	n/a	
	<u>Repairs</u>				
L4205	Repair of orthotic device, labor component, per 15 minutes	No	BI	n/a	
L4210	Repair of orthotic device, repair or replace minor parts	No	BI	n/a	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment	No	48.29	n/a	
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	No	161.43	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	No	123.06	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	No	63.84	n/a	
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	No	BI	n/a	
L4392	Replacement soft interface material, static AFO	No	BI	n/a	
L4394	Replace soft interface material, foot drop splint	No	BI	n/a	
L4396	Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	No	105.89	n/a	
L4398	Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment	No	BI	n/a	
	<u>Prosthetic Procedures L5000-L9999</u>				
	<u>Lower limb</u>				
	<u>Partial foot</u>				
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	No	319.90	n/a	
L5010	Partial foot, molded socket, ankle height, with toe filler	No	845.64	n/a	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	No	1483.71	n/a	
	<u>Ankle</u>				
L5050	Ankle, Symes, molded socket, SACH foot	No	1576.33	n/a	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	No	1975.28	n/a	
	<u>Below knee</u>				
L5100	Below knee, molded socket, shin, SACH foot	No	1471.56	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot <u>Knee disarticulation</u>	No	2412.92	n/a	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	No	2438.31	n/a	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot <u>Above knee</u>	No	2603.13	n/a	
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	No	2207.73	n/a	
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	No	1748.99	n/a	
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	No	1899.60	n/a	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot <u>Hip disarticulation</u>	No	3211.53	n/a	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	No	3707.58	n/a	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot <u>Hemipelvectomy</u>	No	3746.15	n/a	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	No	3931.02	n/a	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	No	1673.34	n/a	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system	No	2937.31	n/a	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	No	2684.60	n/a	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	No	4285.51	n/a	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot <u>Immediate post surgical or early fitting procedures</u>	No	4777.56	n/a	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	No	1005.07	n/a	
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, blow knee, each additional cast change and realignment	No	254.79	n/a	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	No	1206.82	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	No	296.52	n/a	
L5450	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee	No	505.96	n/a	
L5460	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee <i>Initial prosthesis</i>	No	554.93	n/a	
L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	No	1116.56	n/a	
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed <i>Preparatory prosthesis</i>	No	1421.98	n/a	
L5510	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	No	1176.12	n/a	
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	No	1093.00	n/a	
L5530	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	No	1512.48	n/a	
L5535	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	No	555.54	n/a	
L5540	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	No	1286.16	n/a	
L5560	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	No	1687.85	n/a	
L5570	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	No	1964.76	n/a	
L5580	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	No	2156.44	n/a	
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	No	2045.54	n/a	
L5590	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	No	1943.87	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	No	2410.55	n/a	
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model <i>Additions: Lower extremity</i>	No	2700.39	n/a	
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	No	1414.10	n/a	
L5611	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control	No	1360.17	n/a	
L5613	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control	No	2128.95	n/a	
L5614	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	No	BI	n/a	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	No	1120.14	n/a	
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each <i>Additions: Test sockets</i>	No	BI	n/a	
L5618	Addition to lower extremity, test socket, Symes	No	178.06	n/a	
L5620	Addition to lower extremity, test socket, below knee	No	176.03	n/a	
L5622	Addition to lower extremity, test socket, knee disarticulation	No	229.54	n/a	
L5624	Addition to lower extremity, test socket, above knee	No	230.91	n/a	
L5626	Addition to lower extremity, test socket, hip disarticulation	No	248.58	n/a	
L5628	Addition to lower extremity, test socket, hemipelvectomy	No	268.00	n/a	
L5629	Addition to lower extremity, below knee, acrylic socket <i>Additions: Socket variations</i>	No	201.22	n/a	
L5630	Addition to lower extremity, Symes type, expandable wall socket	No	248.93	n/a	
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	No	278.20	n/a	
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	No	172.84	n/a	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	No	348.92	n/a	
L5636	Addition to lower extremity, Symes type, medial opening socket	No	215.10	n/a	
L5637	Addition to lower extremity, below knee, total contact	No	182.91	n/a	
L5638	Addition to lower extremity, below knee, leather socket	No	488.53	n/a	
L5639	Addition to lower extremity, below knee, wood socket	No	1666.19	n/a	
L5640	Addition to lower extremity, knee disarticulation, leather socket	No	581.71	n/a	
L5642	Addition to lower extremity, above knee, leather socket	No	562.42	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	No	893.69	n/a	
L5644	Addition to lower extremity, above knee, wood socket	No	715.45	n/a	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	No	673.59	n/a	
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	No	302.21	n/a	
L5647	Addition to lower extremity, below knee, suction socket	No	614.94	n/a	
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	No	365.64	n/a	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	No	1220.26	n/a	
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	No	412.13	n/a	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	No	1013.82	n/a	
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	No	368.06	n/a	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket <i>Additions: Socket insert and suspension</i>	No	BI	n/a	
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	211.11	n/a	
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	167.93	n/a	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	BI	n/a	
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	No	263.88	n/a	
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	No	BI	n/a	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	No	257.88	n/a	
L5666	Addition to lower extremity, below knee, cuff suspension	No	44.33	n/a	
L5668	Addition to lower extremity, below knee, molded distal cushion	No	63.94	n/a	
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	No	208.25	n/a	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	No	BI	n/a	
L5672	Addition to lower extremity, below knee, removable medial brim suspension	No	245.74	n/a	
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or elastomeric or equal, for use with locking mechanism	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5674	Addition to lower extremity, below knee, suspension sleeve, any material, each	Deleted			Deleted 12/31/04. See L5685.
L5675	Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each	Deleted			Deleted 12/31/04. See L5685.
L5676	Addition to lower extremity, below knee, knee joints single axis, pair	No	283.76	n/a	
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	No	312.18	n/a	
L5678	Addition to lower extremity, below knee joint covers, pair	No	32.72	n/a	
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No	BI	n/a	
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	No	235.29	n/a	
L5681	Addition to lower extremity, below knee / above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial use code L5673 or L5679)	No	BI	n/a	
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	No	BI	n/a	
L5683	Addition to lower extremity, below knee / above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial use code L5673 or L5679)	No	BI	n/a	
L5684	Addition to lower extremity, below knee, fork strap	No	33.54	n/a	
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	No	54.66	n/a	Effective 01/01/05.
L5686	Addition to lower extremity, below knee, back check (extension control)	No	33.54	n/a	
L5688	Addition to lower extremity, below knee, waist belt, webbing	No	BI	n/a	
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	No	51.66	n/a	
L5692	Addition to lower extremity, above knee, pelvic control belt, light	No	87.06	n/a	
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	No	128.06	n/a	
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	No	125.52	n/a	
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	No	115.01	n/a	
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	No	66.04	n/a	
L5699	All lower extremity prostheses, shoulder harness	No	96.62	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Replacements</u>				
L5700	Replacement, socket, below knee, molded to patient model	No	1796.67	n/a	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	No	2398.02	n/a	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	No	BI	n/a	
L5704	Custom shaped protective cover, below knee	No	374.93	n/a	
L5705	Custom shaped protective cover, above knee	No	636.60	n/a	
L5706	Custom shaped protective cover, knee disarticulation	No	BI	n/a	
L5707	Custom shaped protective cover, hip disarticulation	No	BI	n/a	
	<u>Additions: Exoskeletal knee-shin system</u>				
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	No	BI	n/a	
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	300.55	n/a	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	302.17	n/a	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	No	BI	n/a	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	838.93	n/a	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	No	938.30	n/a	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	BI	n/a	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	No	1045.46	n/a	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	No	981.07	n/a	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	BI	n/a	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	No	776.11	n/a	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	No	BI	n/a	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	No	BI	n/a	
	<u>Component modification</u>				
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	328.96	n/a	
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) <i>Additions: Endoskeletal knee-shin system</i>	No	555.54	n/a	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	No	372.86	n/a	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	No	598.12	n/a	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	No	440.29	n/a	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	No	2391.06	n/a	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	No	BI	n/a	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	No	776.79	n/a	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	No	1475.89	n/a	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	No	BI	n/a	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	No	2010.59	n/a	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	No	2010.61	n/a	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	No	1231.85	n/a	
L5840	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	No	2470.93	n/a	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	No	1153.97	n/a	
L5846	Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only	Deleted			Deleted 12/31/04. See L5857.
L5847	Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase	Deleted			Deleted 12/31/04.
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability	No	BI	n/a	
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	No	108.00	n/a	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	No	BI	n/a	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	No	BI	n/a	Effective 01/01/05.
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	No	BI	n/a	Effective 01/01/05.
L5910	Addition, endoskeletal system, below knee, alignable system	No	305.75	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	No	444.86	n/a	
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	No	BI	n/a	
L5930	Addition, endoskeletal system, high activity knee control frame	No	BI	n/a	
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	No	384.96	n/a	
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	No	465.29	n/a	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	No	403.93	n/a	
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	No	474.13	n/a	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	No	670.03	n/a	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	No	BI	n/a	
L5968	Addition to lower limb prosthesis, multi-axial ankle with swing phase active dorsiflexion feature	No	BI	n/a	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	No	143.76	n/a	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	No	221.74	n/a	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	No	149.61	n/a	
L5975	All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot	No	BI	n/a	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	No	382.85	n/a	
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	No	184.78	n/a	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	No	1748.81	n/a	
L5980	All lower extremity prostheses, flex-foot system	No	3130.09	n/a	
L5981	All lower extremity prostheses, flex-walk system or equal	No	2045.44	n/a	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	No	621.59	n/a	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	No	381.92	n/a	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	No	BI	n/a	
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	No	534.95	n/a	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	No	4631.47	n/a	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	No	1286.14	n/a	
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	Deleted			Deleted 12/31/04.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L5990	Addition to lower extremity prosthesis, user adjustable heel height	No	BI	n/a	
L5995	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	No	BI	n/a	
L5999	Lower extremity prosthesis not otherwise specified	No	BI	n/a	
	Upper Limb				
	The procedures in L6000-L6599 are considered as "base" or "basic procedures" and may be modified by listing procedures from the "addition" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified				
	<u>Partial hand</u>				
L6000	Partial hand, Robin-aids, thumb remaining (or equal)	No	854.95	n/a	
L6010	Partial hand, Robin-aids, little and/or ring finger remaining (or equal)	No	942.17	n/a	
L6020	Partial hand, Robin-aids, no finger remaining (or equal)	No	894.62	n/a	
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	No	BI	n/a	
	<u>Wrist disarticulation</u>				
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	No	1294.34	n/a	
L6055	Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad	No	1791.99	n/a	
	<u>Below elbow</u>				
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	No	1281.14	n/a	
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	No	1322.20	n/a	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	No	1456.55	n/a	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	No	1653.96	n/a	
	<u>Elbow disarticulation</u>				
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	No	1791.96	n/a	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	No	2175.00	n/a	
	<u>Above elbow</u>				
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	No	BI	n/a	
L6250	Above elbow molded double wall socket, internal locking elbow, forearm	No	1718.97	n/a	
	<u>Shoulder disarticulation</u>				
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	2378.05	n/a	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	No	1866.38	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L6320	Shoulder disarticulation, passive restoration (shoulder cap only) <i>Interscapular thoracic</i>	No	1127.06	n/a	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	No	3152.68	n/a	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	No	1970.58	n/a	
L6370	Interscapular thoracic, passive restoration (shoulder cap only) <i>Immediate and early post surgical procedures</i>	No	1348.64	n/a	
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	No	776.79	n/a	
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	No	1035.71	n/a	
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	No	1346.43	n/a	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	No	284.83	n/a	
L6388	Immediate post surgical or early fitting, application of rigid dressing only <i>Endoskeletal: Below elbow</i>	No	388.40	n/a	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping <i>Endoskeletal: Elbow disarticulation</i>	No	1958.91	n/a	
L6450	Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping <i>Endoskeletal: Above elbow</i>	No	2194.08	n/a	
L6500	Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping <i>Endoskeletal: Shoulder disarticulation</i>	No	2539.33	n/a	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping <i>Endoskeletal: Interscapular thoracic</i>	No	2927.62	n/a	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	No	3165.63	n/a	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model	No	1216.97	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed	No	1216.97	n/a	
L6584	Preparatory, wrist disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	No	1150.29	n/a	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	No	1150.29	n/a	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	No	1642.46	n/a	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	No	1545.84	n/a	
	<u>Additions: Upper limb</u>				
	The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order				
L6600	Upper extremity additions, polycentric hinge, pair	No	93.20	n/a	
L6605	Upper extremity additions, single pivot hinge, pair	No	96.30	n/a	
L6610	Upper extremity additions, flexible metal hinge, pair	No	127.36	n/a	
L6615	Upper extremity addition, disconnect locking wrist unit	No	123.62	n/a	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	No	41.07	n/a	
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	No	215.41	n/a	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	No	340.07	n/a	
L6625	Upper extremity addition, rotation wrist unit with cable lock	No	245.07	n/a	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	No	404.42	n/a	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	No	123.50	n/a	
L6630	Upper extremity addition, stainless steel, any wrist	No	130.74	n/a	
L6632	Upper extremity addition, latex suspension sleeve, each	No	54.85	n/a	
L6635	Upper extremity addition, life assist for elbow	No	141.47	n/a	
L6637	Upper extremity addition, nudge control elbow lock	No	170.90	n/a	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	No	BI	n/a	
L6640	Upper extremity additions, shoulder abduction joint, pair	No	210.00	n/a	
L6641	Upper extremity addition, excursion amplifier, pulley type	No	129.47	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L6642	Upper extremity addition, excursion amplifier, lever type	No	113.92	n/a	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	No	176.56	n/a	
L6646	Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	No	BI	n/a	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	No	BI	n/a	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	No	BI	n/a	
L6650	Upper extremity addition, shoulder universal joint, each	No	213.26	n/a	
L6655	Upper extremity addition, standard control cable, extra	No	47.56	n/a	
L6660	Upper extremity addition, heavy duty control cable	No	59.53	n/a	
L6665	Upper extremity addition, Teflon, or equal, cable lining	No	29.16	n/a	
L6670	Upper extremity addition, hook to hand, cable adapter	No	30.36	n/a	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	No	159.18	n/a	
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	No	76.04	n/a	
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	No	89.63	n/a	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	No	155.59	n/a	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	No	169.59	n/a	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	No	217.50	n/a	
L6686	Upper extremity addition, suction socket	No	373.80	n/a	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	No	486.95	n/a	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	No	253.75	n/a	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	No	331.43	n/a	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	No	331.43	n/a	
L6691	Upper extremity addition, removable insert, each	No	218.56	n/a	
L6692	Upper extremity addition, silicone gel insert or equal, each	No	443.01	n/a	
L6693	Upper extremity addition, locking elbow, forearm counter balance	No	BI	n/a	
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	No	BI	n/a	Effective 01/01/05.

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	No	BI	n/a	Effective 01/01/05.
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No	BI	n/a	Effective 01/01/05.
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	No	BI	n/a	Effective 01/01/05.
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	No	BI	n/a	Effective 01/01/05.
	<u>Terminal Devices</u>				
	<i>Hooks</i>				
L6700	Terminal device, hook, Dorrance or equal, model #3	No	512.14	n/a	
L6705	Terminal device, hook, Dorrance or equal, model #5	No	262.27	n/a	
L6710	Terminal device, hook, Dorrance or equal, model #5X	No	276.73	n/a	
L6715	Terminal device, hook, Dorrance or equal, model #5XA	No	289.42	n/a	
L6720	Terminal device, hook, Dorrance or equal, model #6	No	700.47	n/a	
L6725	Terminal device, hook, Dorrance or equal, model #7	No	324.00	n/a	
L6730	Terminal device, hook, Dorrance or equal, model #7LO	No	504.43	n/a	
L6735	Terminal device, hook, Dorrance or equal, model #8	No	257.56	n/a	
L6740	Terminal device, hook, Dorrance or equal, model #8X	No	318.33	n/a	
L6745	Terminal device, hook, Dorrance or equal, model #88X	No	290.67	n/a	
L6750	Terminal device, hook, Dorrance or equal, model #10P	No	286.29	n/a	
L6755	Terminal device, hook, Dorrance or equal, model #10X	No	283.52	n/a	
L6765	Terminal device, hook, Dorrance or equal, model #12P	No	269.00	n/a	
L6770	Terminal device, hook, Dorrance or equal, model #99X	No	267.69	n/a	
L6775	Terminal device, hook, Dorrance or equal, model #555	No	320.18	n/a	
L6780	Terminal device, hook, Dorrance or equal, model #SS555	No	351.21	n/a	
L6790	Terminal device, hook, Accu hook or equal	No	313.33	n/a	
L6795	Terminal device, hook, 2 load or equal	No	809.59	n/a	
L6800	Terminal device, hook, APRL VC or equal	No	759.33	n/a	
L6805	Terminal device, modifier wrist flexion unit	No	246.50	n/a	
L6806	Terminal device, hook, TRS Grip, Grip III, VC, or equal	No	673.22	n/a	
L6807	Terminal device, hook, Grip I, Grip II, VC, or equal	No	834.35	n/a	
L6808	Terminal device, hook, TRS Adept, infant or child, VC or equal	No	724.95	n/a	
L6809	Terminal device, hook, TRS Super Sport, passive	No	308.28	n/a	
L6810	Terminal device, pincher tool, Otto Bock or equal	No	169.02	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Hands</u>				
L6825	Terminal device, hand, Dorrance, VO	No	737.04	n/a	
L6830	Terminal device, hand, APRL, VC	No	1089.06	n/a	
L6835	Terminal device, hand, Sierra, VO	No	937.36	n/a	
L6840	Terminal device, hand, Becker Imperial	No	577.98	n/a	
L6845	Terminal device, hand, Becker Lock Grip	No	533.48	n/a	
L6850	Terminal device, hand, Becker Plylite	No	481.21	n/a	
L6855	Terminal device, hand, Robin-Aids, VO	No	673.04	n/a	
L6860	Terminal device, hand, Robin-Aids, VO soft	No	555.09	n/a	
L6865	Terminal device, hand, passive hand	No	234.50	n/a	
L6867	Terminal device, hand, Detroit Infant Hand (mechanical)	No	543.75	n/a	
L6868	Term device, hand, passive infant hand, Steeper, Hosmer or equal	No	157.00	n/a	
L6870	Terminal device, hand, child mitt	No	171.15	n/a	
L6872	Term device, hand, NYU child hand	No	776.79	n/a	
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	No	261.05	n/a	
L6875	Terminal device, hand, Bock, VC	No	578.46	n/a	
L6880	Terminal device, hand, Bock, VO	No	371.36	n/a	
L6881	Automatic grasp feature, addition to upper limb prosthetic terminal device	Yes*	BI	n/a	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes*	BI	n/a	
	<u>Gloves for above hands</u>				
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes*	115.05	n/a	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Yes*	435.73	n/a	
	<u>Hand restoration</u>				
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Yes*	1052.33	n/a	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes*	1032.66	n/a	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes*	1048.19	n/a	
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes*	387.88	n/a	
	<u>External Power</u>				
	<u>Base devices</u>				
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	4195.50	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	4521.10	n/a	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	4637.52	n/a	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	5217.21	n/a	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	5633.62	n/a	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	6546.63	n/a	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	5985.00	n/a	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	9166.23	n/a	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	7502.46	n/a	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	BI	n/a	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	No	8544.30	n/a	
L6975	Intercapsular thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	No	9494.30	n/a	
L7010	Electronic hand, Otto Bock, Steeper or equal, switch controlled	No	1980.61	n/a	
L7015	Electronic hand, System Teknik, Variety Village or equal, switch controlled	No	3597.34	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L7020	Electronic griever, Otto Bock or equal, switch controlled	No	2237.63	n/a	
L7025	Electronic hand, Otto Bock or equal, myoelectronically controlled	No	2222.15	n/a	
L7030	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	No	3644.03	n/a	
L7035	Electronic griever, Otto Bock or equal, myoelectronically controlled	No	2222.15	n/a	
L7040	Prehensile actuator, Hosmer or equal, switch controlled	No	1739.07	n/a	
L7045	Electronic hook, child, Michigan or equal, switch controlled	No	890.06	n/a	
	<u>Elbow</u>				
L7170	Electronic elbow, Hosmer or equal, switch controlled	No	3729.34	n/a	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	No	BI	n/a	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	No	BI	n/a	Effective 01/01/05.
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	No	3864.60	n/a	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	No	7068.00	n/a	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	No	4830.75	n/a	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	No	7771.00	n/a	
L7260	Electronic wrist rotator, Otto Bock or equal	No	1478.21	n/a	
L7261	Electronic wrist rotator, for Utah arm	No	2753.53	n/a	
L7266	Servo control, Steeper or equal	No	614.34	n/a	
L7272	Analogue control, UNB or equal	No	1352.61	n/a	
L7274	Proportional control 6-12 volt, Liberty, Utah or equal	No	3966.25	n/a	
	<u>Battery components</u>				
L7360	Six volt battery Otto Bock or equal, each	No	103.57	n/a	
L7362	Battery charger, six volt, Otto Bock or equal	No	290.00	n/a	
L7364	Twelve volt battery, Utah or equal, each	No	60.06	n/a	
L7366	Battery charger, twelve volt, Utah or equal	No	103.57	n/a	
L7367	Lithium ion battery, replacement	No	BI	n/a	
L7368	Lithium ion battery charger	No	BI	a/a	
L7499	Upper extremity prosthesis, NOS	No	BI	n/a	
	<u>Repairs</u>				
L7500	Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx)	No	BI	n/a	
L7510	Repair of prosthetic device, repair or replace minor parts	No	BI	n/a	
L7520	Repair prosthetic device, labor component, per 15 minutes	No	15.50	n/a	
	<u>General</u>				
L7900	Vacuum erection system	Yes*	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
	<u>Prostheses</u>				
L8000	Breast prosthesis, mastectomy bra	No	23.80	n/a	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	No	BI	n/a	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	No	BI	n/a	
L8010	Breast prosthesis, mastectomy sleeve	No	51.21	n/a	
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	No	BI	n/a	
L8020	Breast prosthesis, mastectomy form	No	115.47	n/a	
L8030	Breast prosthesis, silicone or equal	No	225.39	n/a	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	No	BI	n/a	
L8039	Breast prosthesis, NOS	No	BI	n/a	
L8040	Nasal prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8041	Midfacial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8042	Orbital prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8043	Upper facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8044	Hemi-facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8045	Auricular prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8046	Partial facial prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8047	Nasal septal prosthesis, provided by a non-physician	Yes*	BI	n/a	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Yes*	BI	n/a	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Yes*	BI	n/a	
	<u>Elastic supports</u>				
L8100	Gradient compression stocking, below knee, 18-30 mmhg, each	No	16.21	n/a	
L8110	Gradient compression stocking, below knee, 30-40 mmhg, each	No	53.63	n/a	
L8120	Gradient compression stocking, below knee, 40-50 mmhg, each	No	27.57	n/a	
L8130	Gradient compression stocking, thigh length, 18-30 mmhg, each	No	17.26	n/a	
L8140	Gradient compression stocking, thigh length, 30-40 mmhg, each	No	26.94	n/a	
L8150	Gradient compression stocking, thigh length, 40-50 mmhg, each	No	17.50	n/a	
L8160	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	No	28.05	n/a	
L8170	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	No	29.30	n/a	
L8180	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	No	65.54	n/a	
L8190	Gradient compression stocking, waist length, 18-30 mmhg, each	No	32.19	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8195	Gradient compression stocking, waist length, 30-40 mmhg, each	No	BI	n/a	
L8200	Gradient compression stocking, waist length, 40-50 mmhg, each	No	49.56	n/a	
L8210	Gradient compression stocking, custom made	No	BI	n/a	
L8220	Gradient compression stocking, lymphedema	No	40.96	n/a	
L8230	Gradient compression stocking, garter belt	No	BI	n/a	
L8239	Gradient compression stocking, NOS	No	BI	n/a	
	<u>Trusses</u>				
L8300	Truss, single with standard pad	No	63.36	n/a	
L8310	Truss, double with standard pads	No	104.79	n/a	
L8320	Truss, addition to standard pads, water pad	No	26.41	n/a	
L8330	Truss, addition to standard pads, scrotal pad	No	30.03	n/a	
	<u>Prosthetic socks</u>				
L8400	Prosthetic sheath, below knee, each	No	9.06	n/a	
L8410	Prosthetic sheath, above knee, each	No	13.87	n/a	
L8415	Prosthetic sheath upper limb each	No	14.98	n/a	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	No	48.41	n/a	
L8420	Prosthetic sock, multiple ply, below knee, each	No	10.50	n/a	
L8430	Prosthetic sock, multiple ply, above knee, each	No	13.25	n/a	
L8435	Prosthetic sock, multiple ply, upper limb, each	No	13.32	n/a	
L8440	Prosthetic shrinker, below knee, each	No	26.48	n/a	
L8460	Prosthetic shrinker, above knee, each	No	42.20	n/a	
L8465	Prosthetic shrinker, upper limb, each	No	33.82	n/a	
L8470	Prosthetic sock, single ply, fitting, below knee, each	No	5.12	n/a	
L8480	Prosthetic sock, single ply, fitting, above knee, each	No	7.77	n/a	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	No	8.44	n/a	
L8490	Addition to prosthetic sheath/sock, air seal suction retention system	Deleted			Deleted 12/31/04
	Prosthetic Implants				
	<u>Integumentary system</u>				
L8500	Artificial larynx, any type	No	437.86	n/a	
L8501	Tracheostomy speaking valve	No	60.84	n/a	
L8505	Artificial larynx replacement battery/accessory, any type	Yes*	BI	n/a	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes*	BI	n/a	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes*	BI	n/a	
L8510	Voice amplifier	Yes*	BI	n/a	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	No	BI	n/a	

CODE	NARRATIVE	PAR	MAXIMUM PURCHASE (\$)	MAXIMUM RENTAL (\$)	COMMENTS
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	No	BI	n/a	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	No	BI	n/a	
L8514	Tracheoesophageal puncture dilator, replacement only, each	No	BI	n/a	
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each <i>Head: Skull, facial bones, and temporomandibular joint</i>	No	BI	n/a	Effective 01/1/05.
L8610	Ocular implant	Yes*	BI	n/a	
L8612	Aqueous shunt	No	383.34	n/a	
L8613	Ossicular implant	No	BI	n/a	
L8614	Cochlear device/system	Yes*	13188.74	n/a	
L8619	Cochlear implant external speech processor, replacement <i>Speech augmentation devices</i>	Yes*	BI	n/a	
E1902	Communication board, non-electronic augmentative or alternative communication device	Yes*	BI	n/a	
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes*	BI	n/a	
E2502	Speech generating device, digitalized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Yes*	BI	n/a	
E2504	Speech generating device, digitalized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Yes*	BI	n/a	
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes*	BI	n/a	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes*	BI	n/a	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes*	BI	n/a	
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes*	BI	n/a	
E2512	Accessory for speech generating device, mounting system	Yes*	BI	n/a	
E2599	Accessory for speech generating device, not otherwise classified	Yes*	BI	n/a	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes*	BI	n/a	

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Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for
MEDICAL ASSISTANCE PROGRAM
ACS
Medical Review Department

303-534-0279
1-800-237-7647
Fax: 303-534-0439

**QUESTIONNAIRE #1
HOSPITAL BED**

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

How many hours per day is this client in bed? _____

What type of bed/mattress does this client presently use? Why doesn't it meet this client's needs? _____

What other alternatives have been tried? _____

What type of bed is necessary to meet the client's needs? _____

If request is for a semi or fully electric hospital bed, explain why a manual hospital bed will not provide for this client's needs:

Can the client work the controls of an electric bed independently? Yes No

Can the client change positions independently? Yes No

Is a caregiver available to assist this client in changing position? Yes No

If so, how many hours per day? _____

Is the caregiver at risk for injury? _____

List client's approximate current height and weight: _____

Please supply any additional information that will assist us in determining **medical necessity** for your request:

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #2
PRESSURE RELIEF MATTRESS

Client Name _____

Medical Assistance Program Client ID# _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

What other alternatives have been tried? _____

What type of mattress is necessary to meet the client's needs? _____

How many hours per day is this client in bed? _____

Does this client have a history of skin breakdown? Yes No If yes, explain: _____

Does client currently have skin breakdown? Yes No If yes, explain level and location: _____

Level 1 _____

Level 2 _____

Level 3 _____

Level 4 _____

For what length of time is this mattress necessary? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #3
LIFT

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

What type of lift is necessary to meet the client's needs? _____

Will the client be confined to bed without the use of a lift? _____

If requested lift is electric, indicate why the electric is necessary, as opposed to a manual lift: _____

What other alternatives have been tried? _____

Indicate client's approximate height, weight, and age: _____

List any specific weaknesses and/or impairments of the client: _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Does this client's condition require the assistance of more than one caregiver to transfer between bed, chair, wheelchair, or commode?

Yes No

Indicate caregiver's approximate height, weight, and age: _____

To what degree can this client assist the caregiver with transfers? _____

Can this client ambulate? _____ If yes, how far and with what degree of assistance? _____

How long will this client require the lift? _____

Who will operate this lift? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #4
SEAT LIFT

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Does the client have one of the following conditions?

- Severe arthritis of the knee
- Severe arthritis of the hip
- Neuromuscular disease
- Other

Does the client live alone? Yes No

Is the seat lift mechanism intended to effect improvement or arrest or retard deterioration in the client's condition?

- Effect improvement
- Arrest the client's condition
- Retard deterioration

Is the client completely incapable of standing from any chair in the home? _____

Once standing can the client ambulate independently? _____

What other alternatives have been tried? _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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**QUESTIONNAIRE #5
BLOOD PRESSURE UNIT/MONITOR**

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Indicate the dates and the latest three blood pressure readings of the client: _____

How frequently does the blood pressure need to be monitored? _____

What medication(s) is the client on? _____

If ordering an automatic monitor, please explain why a manual monitor will not meet the client's needs: _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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**QUESTIONNAIRE #6
PULSE OXIMETER**

Client Name: _____

Medical Assistance Program Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of a pulse oximeter beyond the initial 3-month monitoring period. Medical necessity must be documented for the continued use of a pulse oximeter after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____

Provide the dates and readings for one month of pulse oximetry: _____

Are pulse ox readings being taken on a daily basis? _____ If yes, how many times per day? _____

What type of treatment is done when client desaturates? _____

Is client on continuous oxygen? Yes No Is client using oxygen intermittently? Yes No

If so, how many liters per minute: _____

How long will client need routine oximetry? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #7 APNEA MONITOR

Client Name: _____

Medical Assistance Program Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of an apnea monitor beyond the initial 6-month monitoring period. Medical necessity must be documented for the continued use of an apnea monitor after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____ How frequently have apneic episodes occurred? _____

Dates: _____

Is apnea monitoring continuous? _____ At night only? _____ During feedings? _____

List all documented apneic episodes during the initial 6-month monitoring period: _____

Has client been hospitalized due to apneic episodes or related diagnosis? _____

If yes, what dates? _____

Is client on continuous oxygen? Yes No Is client using oxygen intermittently? Yes No

If so, how many liters per minute: _____

How long will client need apnea monitoring? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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**QUESTIONNAIRE #8
CPAP/BIPAP**

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Send a written sleep study report with written results for CPAP. _____

If BIPAP is utilized for sleep apnea, has a sleep study been done? Yes No

If yes, please include written results of study.

Supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #9

TENS or NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR)

Client Name: _____

Medical Assistance Program Client ID#: _____

Transcutaneous or neuromuscular electrical nerve stimulation (TENS or NMES) is an acceptable treatment modality for some types of chronic intractable pain. Generally, a physician should be able to assess whether or not a client is likely to derive a significant therapeutic benefit from continuous use of a TENS or NMES unit within a trial period of 2 months. Medical necessity must be documented for continued use of TENS or NMES beyond the initial 2-month trial period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

During the trial period, did the TENS or NMES:

A. Produce no relief? B. Produce greater discomfort than the original pain? C. Significantly alleviate pain?

List any used or prescribed analgesics (drug/dose/route/frequency) *prior* to using TENS or NMES:

Identify any of the above medications that were reduced in dosage/frequency as a result of the use of TENS or NMES: _____

Identify any of the above medications that were discontinued as a result of the use of TENS or NMES: _____

What was the degree of range of motion or mobility prior to initiation of treatment? _____

Did the client's range of motion or mobility improve as a result of using a TENS or NMES? _____ If yes, describe: _____

Do you feel your client derived significant therapeutic benefits to warrant continued (long term) use of a nerve stimulator? _____

Provision of a TENS unit is considered the final alternative in pain management. Comment on the following alternative treatments for this client and, if appropriate, the clinical results of each. This information is **required** to establish medical necessity. **Failure to respond fully will result in denial of your request.**

A. Traction	
B. Trigger point	
C. Surgery	
D. Drugs	

Physician Signature: _____ Date: _____

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**QUESTIONNAIRE #10
ORAL AND ENTERAL NUTRITION FORMULAE**

Client Name: _____

Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Client's height: _____ Client's current weight: _____ Client's ideal body weight: _____

What brand name(s) of formula are requested to meet the client's need? _____

Number of calories this formula will provide for the client *per day*: _____

Is the requested formula a supplement or the sole source of nutrition? _____

How is formula given? Oral Enteral

Does this client have difficulty with chewing/swallowing? _____ If yes, describe: _____

If therapeutic intent of this formula is to serve as a protein supplement, indicate most recent serum albumin level: _____

Please supply any additional information that will assist us in determining **medical necessity** for this request:

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #11 ADULT ORTHOTICS and PROSTHETICS

This form must accompany all prior authorization requests, and may be completed by the physical therapist, prosthetist, or other medical professional familiar with the O/P needs of the client.

Client's Name: _____ Medical Assistance Program Client ID#: _____

Name and title of person completing this form: _____

General information questions:

1. Why does the client require this equipment? (Be specific; include diagnosis, co-morbidities, brief history, current condition, etc.)

2. If the client previously lacked this equipment, what medical repercussions has the client experienced in the past 12 months? (check all that apply)

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Problem correction | <input type="checkbox"/> Prevention of associated problems |
| <input type="checkbox"/> Problem alleviation | <input type="checkbox"/> Potential of avoiding surgery with use of orthotic or prosthetic |

Questions specific to prostheses:

5. Functional level as defined by Medicare. Circle one.

Level 0 Level 1 Level 2 Level 3 Level 4

6. What is the client's height? _____ Weight? _____

7. Is this a replacement? Yes No If this is a replacement, in what year was the current O/P issued? _____

If this is a new prosthesis, when was the amputation/surgery performed? Month _____ Year _____

Questions specific to orthosis:

8. Is the orthosis pre-manufactured/custom fitted? _____ Custom fabricated? _____

9. What is the reason a pre-manufactured device is not appropriate? _____

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QUESTIONNAIRE # 12
WOUND CLOSURE THERAPY

Client Name: _____ Medical Assistance Program Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

1. Wound description, including: location, stage, size, depth, any tunneling, etc. _____

2. Previous wound treatment: _____

Length of time: _____ Severe coexisting chronic illness Yes No

If yes, describe illness: _____

3. Does client have a history of skin break down Yes No If yes, explain and include treatment history _____

4. Does the client use a pressure-reducing surface: Yes No

If yes, please describe: _____

5. If the client has an albumin level less than 3 mg/dl, please list the albumin level and describe the type of nutritional support that the client is receiving or requires. (Normal range: greater than 3mg/dl) _____

6. Is the client's wound free of necrotic infection: Yes No
If the wound has recently been debrided, identify the type and date of debridement. Surgical Chemical Physical Autolytic
Date: _____ Date: _____ Date: _____ Date: _____

7. Is the client's wound free of infection: Yes No
If the wound is infected, identify the wound treatment, including dosage, frequency, route, and duration of any medications. _____

8. Will the client's overall health status, including nutritional status, affect wound healing: Yes No
Describe all medical conditions that might affect wound healing. Address incontinence if pertinent, and what is being done to decrease the contamination of the wound. _____

9. Name of family member/friend/caregiver who has been trained to provide the service: _____ Training date: _____

10. If the care provider does not see measurable improvement after four weeks, the physician will assess the client. The physician will determine the appropriateness of the continued use of Wound Closure Therapy. If there is measurable improvement, the physician will assess the client for the appropriateness of continued use of this therapy every 62 days (when the new Plan of Care is prepared). If Wound Closure Therapy is not reordered with the plan of care, The Medical Assistance Program will not be responsible for payment, even if an open PAR still exists.

11. Physician's signature: _____ Date: _____

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QUESTIONNAIRE #13 AUGMENTATIVE COMMUNICATION DEVICE

This form, a speech and language evaluation, and an evaluation of the client's ability to utilize the requested device effectively must accompany all Prior Authorization Requests (PAR). The questionnaire may be completed by a speech therapist or other medical professional familiar with the medical communication needs of the client. The two evaluations must be completed by a speech therapist. If the questionnaire is not fully completed, or the evaluations are not submitted, the PAR will be denied.

Client's name _____ Medical Assistance Program Client ID # _____

1. Why does the client require this device? Please specify related diagnoses, including ICD-9 code(s), co-morbidity, brief history, current condition, etc _____

2. Is the client capable of intelligible speech? Yes No

3. Is lack of speech permanent or temporary? Permanent Temporary

Is improvement expected? Yes No

If so, how soon? _____

4. Is client able to communicate in writing? Yes No

5. Using a scale of 1 (lowest) to 5 (highest), rate the client's motivation to use an augmentative communication device: _____

Comments _____

6. Using a scale of 1 (lowest) to 5 (highest), rate the client's ability to express thoughts _____

Comments _____

7. Using a scale of 1 (lowest) to 5 (highest), rate the client's ability to use the system and memorize necessary codes _____

Comments _____

8. Has the client had a course of speech therapy? Yes No

Using a scale of 1 (lowest) to 5 (highest), rate the client's progress in the area of expressive language _____

Comments _____

Name and title of person completing this form _____

Address _____ Telephone # _____

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QUESTIONNAIRE # 14
MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION

Date: _____

Medical center information:
Address: _____

Prescribing physician:
Name: _____
Phone number: _____

Client information:
Name: _____
Address: _____

Birth date: _____

Medical Assistance Program
Client ID #: _____
Date: _____
Height: _____
Weight: _____
Age: _____

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

Most recent pulmonary function tests results
Date: _____ Check if additional information is included.
FVC (L): _____ / _____ % FEV1 (L): _____ / _____ % FEF25-75 (L/sec): _____ / _____ %

Medications (in past 6 months)

Inhaled	Dosage	Days	Other (excluding antibiotics)	Dosage	Days
<input type="checkbox"/> Intal	_____	_____	_____	_____	_____
<input type="checkbox"/> Albuterol	_____	_____	_____	_____	_____
<input type="checkbox"/> Pulmozyme	_____	_____	_____	_____	_____
<input type="checkbox"/> Mucomist	_____	_____	_____	_____	_____
<input type="checkbox"/> Corticosteroid	_____	_____	_____	_____	_____

Antibiotic (excluding home IV therapy)	Dosage	Days	Home IV therapy	Date	Medication	Dosage	Circle one	Days
_____	_____	_____	_____	_____	_____	_____	Q BID TID QID	_____
_____	_____	_____	_____	_____	_____	_____	Q BID TID QID	_____
_____	_____	_____	_____	_____	_____	_____	Q BID TID QID	_____

Check if additional information is included.

Hospitalization history (in the past 6 months or 6 months prior to ThAIRapy Vest treatment for clients currently using system):
Admit date: _____ Discharge date: _____ Reason: _____
Admit date: _____ Discharge date: _____ Reason: _____

Check if additional information is included.

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

How would ThAIRapy Vest promote or allow greater independence? _____

Does client have any of the following conditions?

Suspected pulmonary tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung contusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint of chest wall pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcutaneous emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head &/or neck injury which is not yet stabilized	<input type="checkbox"/> Yes <input type="checkbox"/> No	Active hemorrhage with hemodynamic instability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent epidural spinal infusion or spinal anesthesia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent skin grafts, or flaps on the thorax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently placed transvenous pacemaker or subcutaneous pacemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Summary of health status (including severity and frequency of bronchitis): _____

Physician signature

Date

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QUESTIONNAIRE #15
WHEELCHAIR TILT / RECLINE DEVICE

Client Name: _____

Medical Assistance Program Client ID #: _____

This client was prescribed a power tilt/recline back. The information requested below is required in order to determine medical necessity. Please answer the following questions in regard to the client's current condition. Use additional paper, if necessary. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Is the client **required** (by work or school) to sit in a wheelchair more than four hours without the ability to move or without the assistance of a caregiver? Please explain in detail. _____

Describe any repetitive strain injury to the client's upper extremities. _____

Does the client have autonomic dysreflexia? *Muscle Spasms*? Please explain in detail: _____

Please describe the client's cardiac status. Does the client have orthostatic hypotension? _____

Please explain in detail the client's ability to stand, ambulate, transfer and change position at work or school. _____

Describe the client's skin condition. Does the client have a significantly high risk of pressure ulcers? *History of pressure ulcers*? Please explain *fully*. _____

Explain the client's cognitive, visual and auditory abilities to safely operate a power tilt/recline. Please explain *fully* the severity of deficiencies. _____

Please describe the client's living situation. Is *the* home accessible and large enough to accommodate a power tilt / recline? _____

How will the power tilt / recline reduce the client's supportive care, such as hours of in-home care required? _____

How many hours of in-home health care (Skilled nursing, home health aid) are currently provided each week? _____

Does the client currently have a power tilt / recline system? *Why is a new one medically necessary at this time?* _____

Physician Signature: _____ Date: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED