

Provider Bulletin

Reference: B0800245

February 2008

In this issue: 2008 Supply HCPCS Codes

Equipment, Supply, Orthotic & Prosthetic HCPCS Codes

Colorado Medicaid uses the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Colorado Medicaid services. Level II of the HCPCS is a standardized coding system that is used primarily to identify durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) when used outside a physician's office.

Use the following list when submitting Level II HCPCS claims to Colorado Medicaid. Updates and revisions will be made available through future Provider Bulletins. Please refer to the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) website at <u>www.palmettogba.com/SADMERC</u> to obtain information relating to DMEPOS. Codes authorized by Colorado Medicaid may differ from the codes approved for Medicare billing. This list contains the approved Colorado Medicaid HCPCS codes. **Codes that do not appear in this listing are not benefits of Colorado Medicaid**.

The codes in this bulletin are effective for services provided on and after January 1, 2008.



ACS Contacts

Billing and Bulletin Questions 303-534-0146 1-800-237-0757

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

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

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

Table	of	Con	tents
-------	----	-----	-------

GENERAL BILLING INSTRUCTIONS	4
MISCELLANEOUS CODES	9
AMBULATION DEVICES – GENERAL USE	10
Canes	10
Crutches	10
Walkers	
Accessories for ambulation devices	
BATH AND BATHROOM EQUIPMENT - GENERAL USE	12
Bath equipment	12
Whirlpool equipment	13
BED AND BEDROOM EQUIPMENT - GENERAL USE	13
Beds	13
Mattresses & pads	
Accessories/safety equipment	16
Lifts	
Repairs/labor	18
CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE	18
Chairs	
Wheelchairs - motorized/powered vehicles	19
Manual Wheelchair codes	26
Wheelchair accessories	27
Wheelchair replacement parts and attachments	33
Support systems	44
COCHLEAR EQUIPMENT & SUPPLIES	45
DIABETIC MONITORING EQUIPMENT & SUPPLIES	
DISPOSABLE SUPPLIES – GENERAL USE	
Disposable supplies	
Antiseptics/solutions	
First aid/dressings	
Compression burn garment	
Ostomy care	
Syringes & needles	
Urinary care	
Incontinence Products or Briefs	
Miscellaneous	70
ELASTIC SUPPORTS & STOCKINGS – GENERAL USE	70
HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE	-
MONITORING EQUIPMENT & SUPPLIES – GENERAL USE	
PHOTOTHERAPY – GENERAL USE	
OXYGEN & RESPIRATORY CARE- GENERAL USE	
Humidifiers	
IPPB machines	
Oxygen contents: Medical Assistance Program-Only Client, POS- Home	
Oxygen contents: Nedicar Assistance Program-Only Client, POS- Home	
Oxygen contents: Medical Assistance Program-Only Client, POS- Nursing Facility	
Oxygen contents: Dually Eligible Medicare/Medical Assistance Program Client, POS- Nursing Facility	
Oxygen systems: Medical Assistance Program-Only Client, POS- Home	
Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS- Home	70
Oxygen systems: Medical Assistance Program-Only Client, POS-Nursing Facility	11
Oxygen systems: Dually eligible Medicare/Medical Assistance Program Client, POS-Nursing Facility	<i>11</i> 78
Ventilators, percussors, & respirators	
Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dually	
Eligible Client, POS-Home	
Oxygen concentrators: Medical Assistance Program-Only Client and Medicare/Medical Assistance Program Dual	
Eligible Client, POS-NF	
NEBULIZERS, VAPORIZERS, SUCTION	

Respiratory care accessories, supplies & related services	85
TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT SUPPLIES – GENERAL USE	Γ&
TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE	91
LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE	92
WOUND THERAPY EQUIPMENT	
REHABILITATION EQUIPMENT – SPECIALIZED USE	
ORAL & ENTERAL NUTRITION, FORMULAE, EQUIPMENT & SUPPLIES - SPECIALIZED USE	
Enteral formulas	
Enteral equipment & supplies	
HOME IV THERAPY – SPECIALIZED USE	101
Parenteral equipment & supplies	101
PROSTHETICS & ORTHOTICS	103
Diabetic Shoes, Fitting, and Modifications	104
Orthotic Devices – Spinal	
Thoracic-Lumbar-Sacral Orthosis (TLSO)	106
Lumbar-Sacral Orthosis (LSO)	
Sacroiliac	
Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO)	
Orthotic Devices - Scoliosis Procedures	
Orthotic Devices - Lower Limb	
Orthopedic shoes	
Orthotic Devices – Upper Limb.	
Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO) Prosthetic Procedures L5000-L9999	
Lower limb	
Upper Limb	
Terminal Devices	
External Power	
Prosthetic Implants	
INDEX	
APPENDICES	
QUESTIONNAIRE #1 - HOSPITAL BED	
QUESTIONNAIRE #2 - PRESSURE RELIEF MATTRESS	
QUESTIONNAIRE #3 - LIFT	
QUESTIONNAIRE #4 -SEAT LIFT	
QUESTIONNAIRE #5 - BLOOD PRESSURE UNIT/MONITOR	
QUESTIONNAIRE #6 - PULSE OXIMETER	
QUESTIONNAIRE #7 - APNEA MONITOR	
QUESTIONNAIRE #8 - CPAP/BIPAP	H-1
QUESTIONNAIRE #9 - TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR)	I-1
QUESTIONNAIRE #10 - ORAL AND ENTERAL NUTRITION FORMULAE	J-1
QUESTIONNAIRE #11 - ADULT ORTHOTICS AND PROSTHETICS	
QUESTIONNAIRE #12 - WOUND CLOSURE THERAPY	
QUESTIONNAIRE #13 - AUGMENTATIVE COMMUNICATION DEVICE	
QUESTIONNAIRE #14 - MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION	
QUESTIONNAIRE #15 - WHEELCHAIR TILT / RECLINE DEVICE	

General Billing Information

All of the requirements for client eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Except as identified below, all claims must be submitted electronically on the Colorado 1500/837P form. The following claims will be processed for payment on paper:

- Claims from providers who consistently submit 5 claims or fewer per month
- Claims that by policy require attachments
- Reconsideration claims

For complete billing instructions please refer to CO-1500 Specialty Manual at: http://www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp.

Most durable medical equipment (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 by the medical supplier or pharmacy. Claims for certain oxygen items can be billed for direct payment. Please refer to 10 CCR 2505-10 Section 8.580.

Failure to use the proper coding when billing may result in claims being denied or may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions. Use procedure codes and modifiers as instructed in this bulletin.

Billing using Modifiers

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

- 22 Increased Procedural Services
- 52 Reduced Services
- BO Orally administered nutrition, not by feeding tube
- KH DMEPOS item, initial claim, purchase or first month rental
- KI DMEPOS item, second or third month rental
- KR Rental item, billing for partial month
- MS Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty
- RR Rental (use the RR modifier when DME is to be rented)
- TT Individualized service provided to more than one patient in same setting
- UB Invoice cost

Billing for "Fee Schedule" Services

Under Federal Law and State Regulations, providers are reminded that Colorado Medicaid shall not be billed amounts in excess of that charged to non-Medicaid clients (42 CFR 447). Providers are requested to submit their Usual and Customary charges to Colorado Medicaid.

Billing for "By Invoice" Services: Effective March 1, 2008

- A. **DME** Items that can withstand repeated use for a medical purpose.
 - Where there is a maximum purchase price for a specific coded item as identified in the Medical Assistance Program Bulletin, the provider will be paid no more than the maximum purchase price.
 - Should there be no maximum purchase price; the provider will be paid the current published manufacturer's suggested retail price (MSRP) less 18%. The 18% includes DME handling. Copies of invoices, along with documented MSRP shall be maintained in the provider's files in accordance with Department regulations. Providers can not bill for state sales tax collection. See Example #1.

Example #1

E1233	Pediatric Wheelchair (Current Published MSRP=\$2,754.00) Billed Charges to Medicaid=\$2,258.28
E0973	Wheelchair Accessory (Current Published MSRP=\$225.00) Billed Charges to Medicaid=\$184.50

 For paper claim submission, it is the responsibility of the provider to submit documentation which clearly identifies the current published MSRP. See Example #2.

Example #2

E1233SPREEGT Spree GT Tilt-in-Space Wheelchair\$2,754.00 - Claim Page 1, Line 1E0973TAD T-Arms, Desk Adjustable Height\$225.00 - Claim Page 1, Line 2

If there is no MSRP available, reimbursement is the actual acquisition invoiced cost. Code A9901 shall be billed to cover handling at 20% of the actual acquisition costs of the products. 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. Purchase price documentation must be included with the invoice in order for the claim to be paid. See Example #3.

Example #3

Mod	Description		
UB	Manufacturer's Invoice Pri Use with supply/DME cod	ce es & special procedure codes for invoiced handling fees v	when the
	billed charge represents th	e manufacturer's invoice price to a retail provider.	
	For Example:		
	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	20% of cost for both items which includes handling	\$250.00

B. **SUPPLIES/DISPOSABLES** – Supplies/Disposables are defined as items, which generally have a one-time use.

- Where there is a maximum purchase price for a specific coded item as identified in the Medical Assistance Program Bulletin, the provider will be paid no more than the maximum purchase price.
- Should there be no maximum purchase price, reimbursement is at the actual acquisition invoiced cost. Code A9901 shall be billed to cover handling at 20% of the actual acquisition costs of the products. See example #3. Actual acquisition costs are defined as the manufacturer's list price for the item less any standard trade discount applied to lower the actual cost to the provider, but excluding any time sensitive or otherwise conditional discounts available to the provider. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.
- Copies of invoices documenting actual acquisition invoiced cost shall be maintained in the provider's files in accordance with Department regulations. Providers can not bill for state sales tax collection.

Capped Rentals

A financial cap on certain rental items may be set. If the total cost for rental of any item exceeds the cost of purchase, the item may be converted to a purchase.

Requirements for Wheelchair Purchase and Equipment Repairs

Prior authorization requests (PARs) and claims for wheelchair purchase and equipment repair require the following:

Purchase: PARs for wheelchair purchase (manual, power or 3-wheeled) must identify the model and manufacturer in field 16 on the PAR form. The serial number is not needed for purchase.

Repair: PARs for equipment repair <u>must</u> identify the serial number of the equipment in field 12 (paper) or field 30 (paper/electronic) on the PAR form.

A physician's prescription is no longer required for wheelchair repairs, and no physician signature is required on repair PARs.

Prior Authorization Requests

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Colorado Medicaid payment and does not serve as a timely filing waiver. Specific requirements for PARs include:

- DME supply PARs may only be submitted by Colorado Medicaid enrolled pharmacies or Durable Medical Equipment Supply companies.
- A PAR must be submitted & approved before the item/service is provided. Claims for items that have not received approval will be denied.
- PAR approval assures that the item has been identified as medically necessary. Items determined not to be medically necessary shall be denied.
- PARs do not apply to Medicare crossover claims. If the item is not a Medicare benefit, the claim must meet all Colorado Medicaid billing requirements including prior authorization.
- The actual number of units approved for any item may be reduced or increased by the medical reviewer due to the medical evaluation of the information submitted by the provider.
- PARs are to be submitted by the supplier processing claims for remittance.
- The PAR must include a prescription and other required documentation describing the need for the supply/DME. A client's Primary Care Physician name and phone number must be indicated on the PAR. Incomplete PARs will be pended by the fiscal agent.

- Responses to PARs that have been pended by the fiscal agent must be received within 30 calendar days or the PAR will be denied.
- All PARs that have been denied may be resubmitted with additional information. All denied PARs that are returned to the reviewing agency must include all previously submitted documentation as well as the additional information to be reviewed.
- PAR dates must be for one year or provide an explanation as to why dates are less than one year. Dates must not exceed one year and must match the dates on individual line items or the PAR will be denied.

Column Instructions for HCPCS Code Table

Code column: HCPCS codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Providers are instructed to submit the HCPCS code most closely describing the item being requested on the Request for Prior Authorization form. Colorado Medicaid reserves the right to amend the coding for any approved item.

Description column: A description of the item as provided by SADMERC is listed. When possible and appropriate, the description of the item includes a notation of the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted.

PAR column: This column is used to identify if prior authorization is required for the item identified and to identify which reviewing agency to send the PAR to for review.

Yes/ACS: Prior authorization requests for these items are reviewed by Affiliated Computer Services (ACS). PAR forms and all additional information should be mailed to:

ACS P.O. Box 30 Denver, CO 80201

Yes/CFMC: Prior authorization requests for these items are reviewed by the Colorado Foundation for Medical Care (CFMC). PAR forms and all additional information should be **faxed** to CFMC at **303-695-3377**. Providers may also submit PARs via mail to:

Colorado Foundation for Medical Care Attention: Colorado Medicaid/DME PARs Inverness Way East, Suite 100 Englewood, CO 80112-5708

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

None: The identified item does not require special authorization when provided to an eligible client.

Maximum allowable purchase price column:

Identified dollar amount: Payment is available up to the identified dollar amount. No additional handling, shipping, or tax charges may be billed.

By Invoice (BI): Payment is available and based upon a MSRP invoice for DME to be maintained in the provider's files. With proper claim completion, payment may include MSRP less 18%, which includes handling. If no MSRP is available for DME, reimbursement is the actual acquisition invoiced cost plus 20% which includes handling. For supplies and disposables, reimbursement is at the actual acquisition invoiced cost plus 20%, which includes handling.

n/a: Indicates items that can can not be purchased.

Maximum allowable rental price column:

Identified 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: Indicates items that can not be rented.

Per PAR: Rental payment is based upon attachment of a manufacturer's invoice to the PAR. Reimbursement will be determined at the time of PAR approval as a percentage of invoice cost. A copy of the PAR must be attached to each submitted claim only if the PAR indicates the amount of reimbursement allowable in the Comments field. Otherwise, claims can be billed through the electronic media system. All approved prior authorized miscellaneous codes approved for rental must have a copy of the approved PAR attached to each submitted claim.

Comments column: Comments expand on the description and identifies any required special PAR or billing instruction. The notation "DELETED" means that the code is invalid effective the day following the date shown in the "COMMENTS" column. Newly added codes become effective on the date shown. Procedure codes deleted effective 12/31/07 can be used only for non-prior authorized services provided prior to 1/1/08 or on PARs approved prior to 1/1/08.

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 Provider Services at 303-534-0146 or 1-800-237-0757.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
MISCELL	ANEOUS CODES				
A4649	Surgical supply; miscellaneous	Yes/ACS	BI	n/a	Use for disposable supplies such as dressings, etc.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes/ACS	BI	n/a	Use for accessories or parts for DME other than wheelchairs.
B9998	(NOC) For enteral supplies	Yes/ACS	BI	Per PAR	Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits.
B9999	(NOC) For parenteral supplies	Yes/ACS	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.
E1399	Durable medical equipment, miscellaneous	Yes/ACS	BI	Per PAR	Use for durable reusable equipment other than wheelchairs.
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes/CFMC or ACS		n/a	Use only when appropriate and specific procedure codes are not available. Submit PAR to CFMC when using this code to order new items to accompany a new power wheelchair. Submit PAR to ACS when replacing items on a current power wheelchair.
K0108	Other accessories	Yes/ACS	BI	n/a	Use for wheelchair parts and accessories only when an appropriate code is not available.
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for masks, disposable gowns, etc.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S8189	Tracheostomy supply, not otherwise classified	Yes/ACS	BI	n/a	Use for tracheostomy supplies when an appropriate code is not available.
T5999	Supply, not otherwise specified	None	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.
AMBULA	TION DEVICES – GENERAL US	E			
	<u>Canes</u>				
E0100	Cane, all materials, adjustable or fixed with tip	None	18.70	n/a	
E0105	Cane, quad or three prong, all materials, adjustable or fixed with tips	None	39.12	11.11	
	<u>Crutches</u>		1	1	
E0110	Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair	None	97.63	n/a	1 item = 1 pair
E0111	Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each	None	51.19	n/a	1 item = 1 crutch
E0112	Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair	None	34.75	13.66	1 item = 1 pair
E0113	Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each	None	17.38	6.84	1 item = 1 crutch
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips	None	38.07	13.66	1 item = 1 pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pat, tip, handgrip, with or without shock absorber, each	None	19.03	n/a	1 item = 1 crutch
E0117	Crutch, underarm, articulating, spring assisted, each	Yes/ACS	BI	n/a	1 item = 1 crutch.
E0118	Crutch substitute, lower leg platform, with or without wheels, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Walkers			•	
E0130	Walker, rigid (pickup), adjustable or fixed height, each	None	52.13	n/a	
E0135	Walker, folding (pickup), adjustable or fixed height, each	None	72.78	n/a	
E0140	Walker, with trunk support, adjustable or fixed height, any type	Yes/ACS	BI	n/a	
E0141	Walker, rigid, wheeled, adjustable or fixed height	None	109.20	n/a	
E0143	Walker, folding, wheeled, adjustable or fixed height	None	113.87	n/a	
E0144	Walker, <i>e</i> nclosed, four sided framed, rigid or folding, wheeled with posterior seat	Yes/ACS	301.59	n/a	
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Yes/ACS	237.31	n/a	
E0148	Heavy duty walker, without wheels, rigid or folding, any type, each	Yes/ACS	BI	n/a	
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Yes/ACS	BI	n/a	
	Accessories for ambulation	devices	•		
A4635	Underarm pad replacement, crutch, each	None	4.55	n/a	
A4636	Handgrip replacement, cane, crutch or walker, each	None	3.98	n/a	
A4637	Tip replacement, cane, crutch or walker, each	None	1.98	n/a	
E0153	Platform attachment, forearm crutch, each	None	81.09	n/a	
E0154	Platform attachment, walker, each	None	84.40	n/a	
E0155	Wheel attachment, rigid pick- up walker, per pair	None	51.51	n/a	1 unit = 1 pair
E0156	Seat attachment, walker, each	None	32.77	n/a	
E0157	Crutch attachment, walker, each	None	69.41	n/a	
E0158	Leg extensions for walker, per set of four (4)	None	35.75	n/a	1 unit = 1 set of four (4)

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0159	Brake attachment for wheeled walker, replacement, each	None	44.68	n/a	
BATH AND	BATHROOM EQUIPMENT - C	GENERAL L	JSE		
	Bath equipment		1	I	T
E0160	Sitz type bath, portable, fits over commode seat, each	Yes?ACS	21.37	Per PAR	Limited to EPSDT program, up to age 20.
E0163	Commode chair, mobile or stationary, with fixed arms	None	79.43	n/a	
E0165	Commode chair, mobile or stationary, with detachable arms	Yes?ACS	208.51	20.85	
E0167	Pail or pan for use with commode chair, replacement only	None	12.41	n/a	Purchase for client owned equipment only.
E0168	Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each	Yes/ACS	BI	n/a	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Yes/ACS	BI	n/a	
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Yes/ACS	BI	n/a	
E0172	Seat lift mechanism placed over or on top of toilet, any type	Yes/ACS	BI	n/a	
E0175	Foot rest, for use with commode chair, each	None	79.75	n/a	Purchase for client owned equipment only.
E0240	Bath/shower chair, with or without wheels, any size	Yes/ACS	BI	n/a	
E0241	Bathtub wall rail, each	Yes/ACS	20.19	n/a	
E0242	Bathtub rail, floor base, each	Yes/ACS	124.12	n/a	
E0243	Toilet rail, each	Yes/ACS	33.37	n/a	
E0244	Toilet seat, raised, each	Yes/ACS	27.79	n/a	
E0244-22	Toilet seat, raised, each	Yes/ACS	120.36	n/a	Use for padded raised toilet seat.
E0245	Tub stool or bench, each	Yes/ACS	49.65	n/a	
E0245-22	Tub stool or bench, each	Yes/ACS	168.49	n/a	Use for padded tub stool or bench.
E0246	Transfer tub rail attachment, each	Yes/ACS	47.66	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0247	Transfer bench for tub or toilet with or without commode opening	Yes/ACS	93.78	n/a	
E0247-22	Transfer bench for tub or toilet with or without commode opening	Yes/ACS	175.51	n/a	Use for padded transfer bench for tub or toilet with or without commode opening.
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes/ACS	BI	n/a	
E0248-22	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Yes/ACS	BI	n/a	Use for padded transfer bench, heavy duty, for tub or toilet with or without commode opening
E1399	Durable medical equipment, miscellaneous	Yes/ACS	BI or Per PAR	n/a	Use for hand held shower, and other miscellaneous bath equipment. Clearly identify on par and on claim the particular item being requested or billed.
	Whirlpool equipment			1	
E1300	Whirlpool, portable (over tub type)	Yes/ACS	183.68	n/a	
BED AND E	BEDROOM EQUIPMENT - GEI	NERAL USE			
	Beds				
E0194- KR	Bed, powered air flotation (low air loss therapy), per day	Yes/ACS	n/a	89.91	Air Fluidized, Clinitron. 1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2. See Appendices A & B.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Yes/ACS	744.69	74.47	Requires Questionnaire # 1. See Appendix A.
E0255	Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress	Yes/ACS	744.69	74.47	Requires Questionnaire # 1. See Appendix A.
E0260	Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress	Yes/ACS	1042.57	111.21	Requires Questionnaire # 1. See Appendix A.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Yes/ACS	BI	Per PAR	Requires Questionnaire #1. See Appendix A.
E0265	Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress	Yes/ACS	1042.57	111.21	Requires Questionnaire # 1. See Appendix A.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Yes/ACS	BI	143.19	Requires Questionnaire #1. See Appendix A.
E0270	Hospital bed, institutional type includes: oscillating, circulating & Stryker frame, with mattress	Yes/ACS	BI	173.76	Requires Questionnaire # 1. See Appendix A.
E0300	Pediatric crib, hospital grade, fully enclosed	Yes/ACS	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/ACS	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/ACS	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Yes/ACS	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/ACS	BI	Per PAR	Requires Questionnaire # 1. See Appendix A.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes/ACS	BI	Per PAR	New code effective 1/1/08 . Requires Questionnaire #1. See Appendix A.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Yes/ACS	BI	Per PAR	New code effective 1/1/08 . Requires Questionnaire #1. See Appendix A.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0462- KR	Rocking bed with or without side rails, per day	Yes/ACS	n/a	96.31	1 item = 1 day rental
E0280	Bed, cradle, any type	Yes/ACS	99.30	15.89	
	Mattresses & pads				
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Yes/ACS	54.88	n/a	Purchase for client owned equipment only.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Yes/ACS	203.81	41.81	Requires Questionnaire #2. See Appendix B.
E0182	Pump for alternating pressure pad, for replacement only	Yes/ACS	156.77	35.76	
E0271	Mattress, innerspring	Yes/ACS	193.62	13.91	Purchase for client owned hospital bed only.
E0272	Mattress, foam rubber	Yes/ACS	186.48	13.91	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B.
E0277	Powered pressure-reducing air mattress	Yes/ACS	BI	Per PAR	Requires Questionnaire #2. See Appendix B. Identify brand.
E0184	Mattress, dry flotation	Yes/ACS	156.73	12.92	Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix B. Flexicare
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Yes/ACS	248.23	12.92	Requires Questionnaire #2. See Appendix B.
E0186	Mattress, air pressure	Yes/ACS	BI	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0187	Mattress, water pressure	Yes/ACS	BI	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0188	Sheepskin pad, synthetic	Yes/ACS	16.57	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes/ACS	BI	n/a	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0191	Heel or elbow protector, each	Yes/ACS	11.74	n/a	
E0193- KR	Air fluidized bed, per day	Yes/ACS	n/a	64.54	Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental.
E0196	Mattress, Gel pressure	Yes/ACS	347.53	12.92	Purchase for client owned bed only. Requires Questionnaire #2. See Appendix B.
E0197	Air pressure pad for mattress, standard mattress length and width	Yes/ACS	248.23	n/a	Requires Questionnaire #2. See Appendix B.
E0370	Air pressure elevator for heel	Yes/ACS	BI	n/a	Requires Questionnaire #2. See Appendix B.
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Yes/ACS	BI	Per PAR	Acucair, 1" step. Requires Questionnaire #2. See Appendix B.
E0372	Powered air overlay for mattress, standard mattress length and width	Yes/ACS	BI	Per PAR	Jay, Roho, Rik. Requires Questionnaire #2. See Appendix B.
E0373	Non-powered advanced pressure reducing mattress	Yes/ACS	BI	Per PAR	Requires Questionnaire #2. See Appendix B. Maxifloat
E0198	Water pressure pad for mattress, standard mattress length and width	Yes/ACS	BI	n/a	Geo mattress
E0199	Dry pressure pad for mattress, standard mattress length and width	None	BI	n/a	Egg crate for bed or wheelchair.
E1399	Durable medical equipment miscellaneous	Yes/ACS	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.
	Accessories/safety equipme	ent	1	1	
E0273	Bed board	Yes/ACS	99.30	n/a	
E0274	Over-bed table	Yes/ACS	BI	17.38	
E0275	Bedpan, standard, metal or plastic	None	9.93	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0276	Bedpan, fracture, metal or plastic	None	5.21	n/a	
E0305	Bed side rails, half length, pair	Yes/ACS	173.76	16.88	
E0310	Bed side rails, full length, pair	Yes/ACS	173.76	16.88	
E0315	Bed accessory: board, table, or support device any type	Yes/ACS	99.30	16.88	Bed cane. Do not use for over bed table.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Yes/ACS	BI	n/a	
E0325	Urinal, male, jug-type, any material, each	None	4.48	n/a	
E0326	Urinal, female, jug-type, any material, each	None	7.94	n/a	
E0700	Safety equipment (e.g., belt, harness or vest)	Yes/ACS	BI	n/a	Gait belt. Not for use as wheelchair accessory. See E0960, E0978, E0980 for wheelchairs.
E0710	Restraints, any type (body, chest, wrist or ankle) Lifts	Yes/ACS	BI	n/a	Hip belt. Not for use as wheelchair accessory.
E0621	Sling or seat, patient lift, canvas or nylon	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Yes/ACS	794.33	60.10	Lift for bathtub, includes seat. Acculift, Beluga
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Yes/ACS	570.93	n/a	Requires Questionnaire # 4. See Appendix D.
E0628	Separate seat lift mechanism for use with patient owned furniture, electric	Yes/ACS	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0629	Separate seat lift mechanism for use with patient owned furniture, non-electric	Yes/ACS	BI	n/a	Requires Questionnaire # 4. See Appendix D.
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Yes/ACS	950.22	60.10	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.
E0635	Patient lift, electric, with seat or sling	Yes/ACS	BI	54.61	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/ACS	BI	60.10	Requires Questionnaire # 3. See Appendix C. Includes sling and chains.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1035	Multi-positional patient transfer system, with integrated seat operated by caregiver	Yes/ACS	BI	n/a	Requires Questionnaire # 3. See Appendix C.
E1340	Repairs/labor Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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	None	156.77	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 \$156.77 every 6 months. Paper claims must include serial number.
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes/ACS	16.21	n/a	Labor and Dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 mins

CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the PAR form. Please refer to <u>www.palmettogba.com/SADMERC</u>, for the most updated and complete information for product classification for wheelchairs, wheelchair accessories, etc.

Use Medicare procedures regarding weight and measurements to code appropriately.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments					
On Prior Aut	lote: Deleted procedure codes effective 12/31/07 can only be used for services provided prior to 1/1/08. On Prior Authorization forms for chairs and wheelchairs, the manufacturer and the model number being equested must be included in Field 16. If not included, the PAR shall be considered incomplete, and will									
be returned electronicall item provide	be returned to the provider for the missing information. If the PAR does not claim can be billed electronically. If billing electronically for an approved item, the provider must keep the serial number of the tem 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									
	parts and attachments must b									
•	Chairs									
E1037	Transport chair, pediatric size	Yes/ACS	BI	n/a						
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Yes/ACS	BI	n/a						
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Yes/ACS	BI	n/a						
	Wheelchairs - motorized/po	wered vehi	<u>cles</u>							
K0010	Standard - weight frame motorized/power wheelchair	Yes/CFMC	4389.74	141.10						
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Yes/CFMC	5280.22	141.10						
K0012	Lightweight portable motorized/power wheelchair	Yes/CFMC	4285.22	141.10						
K0014	Other motorized/power wheelchair base	Yes/CFMC	BI	n/a						
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes/CFMC	1,292.77	129.28						
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Yes/CFMC	2,084.22	208.40						
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes/CFMC	2,358.66	235.86						
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes/CFMC	1563.91	156.39						

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Yes/CFMC	2,373.05	237.30	
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Yes/CFMC	3,671.60	367.15	
K0812	Power operated vehicle, not otherwise classified	Yes/CFMC	BI	BI	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes/CFMC	2,412.40	241.24	
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,087.80	308.78	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,516.30	351.63	
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,367.40	336.74	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	2,576.60	257.66	
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,307.70	330.77	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,008.10	400.81	
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,023.70	402.37	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,842.70	484.27	
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,229.60	422.96	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	6,269.30	626.93	
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes/CFMC	4,809.30	480.93	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	6,908.20	690.82	
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Yes/CFMC	6,011.80	601.18	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,914.10	391.41	
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	3,914.10	391.41	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,132.30	413.23	
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,207.50	420.75	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,842.70	484.27	
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	4,372.20	437.22	
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	6,269.30	626.93	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	9,498.30	949.83	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,318.60	431.86	
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	4,318.60	431.86	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	5,199.60	519.96	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,433.60	543.36	
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,080.70	508.07	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	6,139.90	613.99	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	5,741.40	574.14	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	7,082.60	708.26	
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes/CFMC	7,275.60	727.56	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 600 pounds or more	Yes/CFMC	9,638.60	963.86	
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes/CFMC	9,105.10	910.51	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,672.30	567.23	
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,786.00	578.60	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back patient weight 301 to 450 pounds	Yes/CFMC	7,037.60	703.76	
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes/CFMC	6,538.10	653.81	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	10,054.10	1,005.41	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	5,681.40	568.14	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	7,037.60	703.76	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	10,054.10	1,005.41	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes/CFMC	12,567.50	1,256.75	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	BI	BI	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes/CFMC	BI	BI	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	BI	BI	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes/CFMC	BI	BI	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes/CFMC	BI	BI	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes/CFMC	BI	BI	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes/CFMC	BI	BI	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes/CFMC	BI	BI	
K0898	Power wheelchair, not otherwise classified	Yes/CFMC	BI	BI	
K0899	Power mobility device, not coded by sadmerc or does not meet criteria	Yes/CFMC	BI	BI	
E1230	Power operated vehicle, three or four wheel non- highway	Yes/CFMC	2194.87	129.08	Must indicate brand name & model number in field 16 of the PAR. Claims must include serial number.
E1239	Power wheelchair, pediatric size, not otherwise specified	Yes/CFMC	BI	141.10	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments				
	Manual Wheelchair codes Providers are instructed to submit the HCPCS code on the PAR form that most closely describes the requested wheelchair or related equipment. Colorado Medicaid reserves the right to amend the coding for any approved item.								
K0001	Standard wheelchair	Yes/ACS	597.56	52.25					
K0002	Standard Hemi (low seat) wheelchair	Yes/ACS	646.87	52.25					
K0003	Lightweight wheelchair	Yes/ACS	779.70	52.25					
K0004	High strength, lightweight wheelchair	Yes/ACS	836.14	57.49					
K0005	Ultra lightweight wheelchair	Yes/ACS	1567.76	57.49					
K0006	Heavy duty wheelchair	Yes/ACS	999.18	60.62	Client greater than 200 lbs.				
K0007	Extra heavy duty wheelchair	Yes/ACS	BI	60.62	Client greater than 300 lbs.				
K0009	Other manual wheelchair/base	Yes/ACS	BI	n/a	Tilt in Space, strollers				
E1161	Manual adult size wheelchair, includes tilt-in- space	Yes/ACS	BI	n/a					
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Yes/ACS	BI	n/a					
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Yes/ACS	BI	n/a					
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Yes/ACS	BI	n/a					
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Yes/ACS	BI	n/a					
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Yes/ACS	BI	n/a					
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Yes/ACS	BI	n/a					
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Yes/ACS	BI	BI					
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Yes/ACS	BI	BI					

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1229	Wheelchair, pediatric size, not otherwise specified	Yes/ACS	BI	52.25	
	Wheelchair accessories				
K0056	Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	Yes/ACS	BI	n/a	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Yes/ACS	BI	n/a	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes/ACS	BI	n/a	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes/ACS	BI	n/a	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes/ACS	BI	n/a	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-30 inches	Yes/CFMC	BI	n/a	
E2341	Power wheelchair accessory, nonstandard seat frame width 24-27 inches	Yes/CFMC	BI	n/a	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes/CFMC	BI	n/a	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes/CFMC	BI	n/a	
E0180	Pressure pad, alternating with pump	Yes/ACS	188.13	35.76	Requires questionnaire #2
E0181	Pressure pad, alternating with pump, heavy duty	Yes/ACS	203.81	41.81	Requires questionnaire #2
E0182	Pump for alternating pressure pad	Yes/ACS	156.77	35.76	
E0188	Sheepskin pad, synthetic	Yes/ACS	16.57	n/a	
E0189	Sheepskin pad, lambs wool, any size	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Yes/ACS	BI	n/a	Use K0669 rather than K0108
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes/ACS	BI	n/a	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/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2609	Custom fabricated wheelchair seat cushion, any size	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2610	Wheelchair seat cushion, powered	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes/ACS	BI	n/a	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/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes/ACS	BI	n/a	Identify specific brand/name of cushion requested on prior authorization request.
E2618	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware				Code deleted 12/31/07
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes/ACS	49.65	n/a	Identify specific brand/name of cushion requested on prior authorization request.
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes/ACS	331.47	n/a	
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes/ACS	421.78	n/a	
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes/ACS	334.19	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes/ACS	423.06	n/a	
E0710	Restraints, any type (body, chest, wrist, ankle)	Yes/ACS	BI	n/a	
K0038	Leg strap, each	Yes/ACS	27.55	n/a	1 item = 1 leg strap
K0039	Leg strap, H style, each	Yes/ACS	47.03	n/a	1 item = 1 leg strap
E0951	Heel loop/holder, any type, with or without ankle strap, each	Yes/ACS	14.90	n/a	1 item = 1 heel loop
E0952	Toe loop/holder, any type, each	Yes/ACS	14.90	n/a	1 item = I toe loop/holder.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes/ACS	BI	n/a	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes/ACS	506.39	67.03	1 item = 1 attachment
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes/ACS	84.40	n/a	
E2207	Wheelchair accessory, crutch and cane holder, each	Yes/ACS	32.49	n/a	1 item = 1 crutch and cane holder
E2208	Wheelchair accessory, cylinder tank carrier, each	Yes/ACS	89.03	n/a	1 item = 1 carrier
E2209	Accessory, arm through, with or without hand support, each	Yes/ACS	80.32	n/a	1 item = 1 arm trough
K0105	IV hanger, each	Yes/ACS	130.64	n/a	1 item = 1 IV hanger
E0950	Wheelchair accessory, tray, each	Yes/ACS	BI	n/a	Upper extremity support surface
E1020	Residual limb support system for wheelchair	Yes/ACS	BI	n/a	
E0959	Manual wheelchair accessory, adapter for amputee, each	Yes/ACS	84.40	n/a	
E0966	Manual wheelchair accessory, headrest extension, each	Yes/ACS	64.54	n/a	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes/ACS	14.90	n/a	
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes/ACS	29.79	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0968	Commode seat, wheelchair	Yes/ACS	BI	n/a	
E0969	Narrowing device, wheelchair	Yes/ACS	190.22	n/a	For positioning.
E0971	Manual wheelchair accessory, anti-tipping device, each	Yes/ACS	31.78	n/a	1 item =1 device
E0705	Transfer device, any type, each	Yes/ACS	BI	n/a	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes/ACS	BI	n/a	
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Yes/ACS	28.79	n/a	
E0980	Safety vest, wheelchair	Yes/ACS	83.61	n/a	Shoulder harness
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees but less than 80 degrees	Yes/ACS	BI	n/a	
E1226	Manual wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes/ACS	347.65	35.79	
E1014	Reclining back, addition to pediatric size wheelchair	Yes/ACS	273.70	27.37	
E0992	Manual wheelchair accessory, solid seat insert	Yes/ACS	64.54	n/a	
E0992-22	Manual wheelchair accessory, solid seat insert	Yes/ACS	BI	n/a	Use for hook-in solid seat insert.
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes/CFMC	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/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E0985	Wheelchair accessory, seat lift mechanism	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E0986	Manual wheelchair accessory, push activated power assist, each	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1002	Wheelchair accessory, power seating system, tilt only	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O.
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes/CFMC	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/CFMC	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/CFMC	BI	n/a	Questionnaire #15 required. See Appendix O. One unit = one pair.
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes/CFMC	BI	n/a	
E1029	Wheelchair accessory, ventilator tray, fixed	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1030	Wheelchair accessory, ventilator tray, gimbaled	Yes/ACS	BI	n/a	
K0108	Wheelchair component or accessory, not otherwise specified	Yes/ACS	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/ACS	16.21	n/a	Labor, dealer preparation. Limited to specialized, detailed or complex work in the initial preparation of a product.
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes/ACS	BI	Per PAR	Use for accessories or parts for DME <u>other</u> than wheelchairs.
E1399	Miscellaneous durable medical equipment	Yes/ACS	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 par	ts and attac	chments	I	
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes		35.48	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. 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.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1340-MS	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	None	156.77	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 \$156.77 every 6 months. Claims must include serial number.
K0462-RR	Temporary replacement for patient owned equipment being repaired, any type	Yes/ACS	n/a	148.94	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/ACS	BI	n/a	1 item = 1 armrest
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes/ACS	71.37	n/a	For repair only.
E0982	Wheelchair accessory, back upholstery replacement only, each	Yes/ACS	66.73	n/a	For repair only.
K0015	Detachable, non-adjustable height armrest, each	Yes	181.14	n/a	1 item = 1 armrest
K0017	Detachable, adjustable height armrest, base, each	Yes/ACS	96.99	n/a	1 item = 1 armrest
K0018	Detachable, adjustable height armrest, upper portion each	Yes/ACS	52.77	n/a	1 item = 1 armrest
K0019	Arm pad, each	Yes/ACS	14.63	n/a	For repair only. 1 item = 1 arm pad
K0020	Fixed, adjustable height armrest, pair	Yes/ACS	102.64	n/a	1 item = 1 pair
E0971	Anti-tipping device, wheelchair	Yes/ACS	31.78	n/a	1 item 1 device
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes/ACS	71.37	n/a	For repair only.
K0037	High mount flip-up footrest, each	Yes/ACS	177.68	n/a	1 item = 1 leg strap
K0040	Adjustable angle footplate, each	Yes/ACS	83.83	n/a	1 item = 1 footplate
K0041	Large size footplate, each	Yes/ACS	52.75	n/a	1 item = 1 footplate
K0042	Standard size footplate, each	Yes/ACS	36.58	n/a	1 item = 1 footplate
K0043	Footrest, lower extension tube, each	Yes/ACS	19.93	n/a	For repair only, slider extension tubes

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0044	Footrest, lower extension bracket, each	Yes/ACS	BI	n/a	For repair only.
K0045	Footrest, complete assembly	Yes/ACS	138.12	n/a	Swing away
K0046	Elevating leg rest, lower extension tube, each	Yes/ACS	19.38	n/a	For repair only.
K0047	Elevating leg rest, upper hanger bracket, each	Yes/ACS	79.43	n/a	For repair only.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	Yes/ACS	35.15	7.14	
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Yes/ACS	173.25	7.14	Articulating
E0995	Wheelchair accessory, calf rest/pad, each	Yes/ACS	19.85	n/a	For repair only.
K0050	Ratchet assembly	Yes/ACS	25.50	n/a	For repair only.
K0051	Cam release assembly, footrest or leg rest, each	Yes/ACS	11.42	n/a	For repair only.
K0052	Swing away, detachable footrests, each	Yes/ACS	65.12	n/a	New or repair.
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Yes/ACS	BI	n/a	Use for repair only.
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each	Yes/ACS	BI	n/a	Use for repair only.
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes/ACS	BI	n/a	Wheel locks.
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Conditional /ACS	4.90	n/a	PAR required for purchase but not required for repair.
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Conditional /ACS	30.67	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Conditional /ACS	4.40	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube.
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Conditional /ACS	22.80	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire insert.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Conditional /ACS	26.99	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Conditional /ACS	7.20	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire tube.
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Conditional /ACS	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Conditional /ACS	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Conditional /ACS	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Conditional /ACS	27.15	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Conditional /ACS	21.38	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Conditional /ACS	19.15	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Conditional /ACS	15.79	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire with wheel.
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	Conditional /ACS	4.20	n/a	PAR required for purchase but not required for repair. 1 item = 1 valve.
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Conditional /ACS	73.50	n/a	PAR required for purchase but not required for repair. 1 item = 1 wheel.
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional /ACS	13.04	n/a	PAR required for purchase but not required for repair. 1 item = 1 caster wheel.
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Conditional	28.45	n/a	PAR required for purchase but not required for repair. 1 item = 1 caster fork.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Conditional /ACS	BI	n/a	New code effective 1/1/08. PAR required for purchase but not required for repair. 1 item = 1 gear reduction drive wheel
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Conditional /ACS	BI	n/a	New code effective 1/1/08 . PAR required for purchase but not required for repair. 1 item = 1 wheel braking system and lock.
K0065	Spoke protectors, each	Yes/ACS	90.86	n/a	1 item = 1 spoke protector
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	Conditional /ACS	156.77	n/a	PAR required for purchase but not required for repair.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Conditional /ACS	195.98	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 /ACS	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 /ACS	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 assembly.
K0073	Caster pin lock, each	None	91.62	n/a	1 item = 1 pin.
K0077	Front caster assembly, complete, with solid tire, each	Conditional /ACS	BI	n/a	PAR required for purchase but not required for repair. 1 item = 1 tire.
E2360	Power wheelchair accessory, 22 NF non- sealed lead acid battery, each	Conditional /CFMC	75.94	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 /CFMC	135.04	n/a	PAR required for purchase but not for repair.
E2362	Power wheelchair accessory, group 24 non- sealed lead acid battery, each	Conditional /CFMC	91.71	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 /CFMC	165.24	n/a	PAR required for purchase but not for repair.
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Conditional /CFMC	75.25	n/a	PAR required for purchase but not for repair.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Conditional /CFMC	106.82	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 /CFMC	262.81	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 /CFMC	482.22	n/a	PAR required for purchase but not for repair.
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Conditional /CFMC	113.00	n/a	PAR required for purchase but not for repair.
E2372	Power wheelchair accessory, group 27 non- sealed lead acid battery, each	Conditional /CFMC	BI	n/a	PAR required for purchase but not for repair.
E2397	Power wheelchair accessory, lithium based battery, each	Conditional /CFMC	BI	n/a	New code effective 1/1/08. PAR required for purchase but not for repair.
K0733	Power wheelchair accessory, 12 to 24 AMP hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Conditional /CFMC	21.45	n/a	PAR required for purchase but not for repair.
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Conditional /CFMC	57.14	n/a	PAR required for purchase but not for repair.
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Conditional /CFMC	15.58	n/a	PAR required for purchase but not for repair.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Conditional /CFMC	113.91	n/a	PAR required for purchase but not for repair.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Conditional /CFMC	60.68	n/a	PAR required for purchase but not for repair.
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Conditional /CFMC	37.13	n/a	PAR required for purchase but not for repair.
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Conditional /CFMC	112.88	n/a	PAR required for purchase but not for repair.
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Conditional /CFMC	50.62	n/a	PAR required for purchase but not for repair.
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Conditional /CFMC	37.79	n/a	PAR required for purchase but not for repair.
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Conditional /CFMC	20.52	n/a	PAR required for purchase but not for repair.
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Conditional /CFMC	32.09	n/a	PAR required for purchase but not for repair.
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Conditional /CFMC	15.38	n/a	PAR required for purchase but not for repair.
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Conditional / CFMC	40.41	n/a	PAR required for purchase but not for repair.
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each	Conditional /CFMC	BI	n/a	PAR required for purchase but not for repair.
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Conditional /CFMC	57.56	n/a	PAR required for purchase but not for repair.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Conditional /CFMC	40.91	n/a	PAR required for purchase but not for repair.
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Conditional /CFMC	42.40	n/a	PAR required for purchase but not for repair.
K0098	Drive belt for power wheelchair	Yes/ACS	28.49	n/a	For repair only.
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes/ACS	BI	n/a	For modification of an existing wheelchair only.
E1015	Shock absorber for manual wheelchair, each	Yes/ACS	BI	n/a	1 item = 1 shock absorber
E1016	Shock absorber for power wheelchair, each	Yes/CFMC	BI	n/a	1 item = 1 shock absorber
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes/ACS	BI	n/a	1 item = 1 shock absorber
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes/CFMC	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/CFMC	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/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2312	Power wheelchair accessory, hand or chin control interface, mini- proportional remote joystick, proportional, including fixed mounting hardware	Yes/CFMC	1512.53	n/a	New code effective 1/1/08.
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Yes/CFMC	240.20	n/a	New code effective 1/1/08.
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non- proportional including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes/CFMC	BI	n/a	
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes/CFMC	BI	n/a	
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Yes/CFMC	BI	n/a	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non- proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non- proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Yes/CFMC	BI	n/a	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Yes/CFMC	BI	n/a	
E2368	Power wheelchair component, motor, replacement only	Yes/ACS	BI	n/a	
E2369	Power wheelchair component, gear box, replacement only	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2370	Power wheelchair component, motor and gear box combination, replacement only	Yes/ACS	BI	n/a	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Yes/CFMC	943.76	n/a	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Yes/ACS	127.02	n/a	
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Yes/ACS	642.42	n/a	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Yes/ACS	1,006.70	n/a	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Yes/CFMC	364.28	n/a	
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes/CFMC or ACS	BI	n/a	Use only when appropriate and specific procedure codes are not available. Submit PAR to CFMC when using this code to order new items to accompany a new power wheelchair. Submit PAR to ACS when replacing items on a current power wheelchair.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Support systems				
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans"

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes/CFMC or ACS	BI	n/a	Submit PAR to CFMC when using this code to order item to accompany a new power wheelchair. Submit PAR to ACS when replacing item on a current power wheelchair or when ordering for a manual wheelchair.
	R EQUIPMENT & SUPPLIES				
L8615	Headset/headpiece for use with cochlear implant device, replacement	None	BI	n/a	
L8616	Microphone for use with cochlear implant device, replacement	None	BI	n/a	
L8617	Transmitting coil for use with cochlear implant device, replacement	None	BI	n/a	
L8618	Transmitter cable for use with cochlear implant device, replacement	None	BI	n/a	
L8619	Cochlear implant external speech processor, replacement	None	BI	n/a	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	None	BI	n/a	
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	None	BI	n/a	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	None	39.62	n/a	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	None	98.75	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Yes/CFMC	BI	n/a	
A4638	Replacement battery for patient-owned ear pulse generator, each	None	BI	n/a	
DIABETIC	MONITORING EQUIPMENT &				
	Glucometers – Benefit is limit Providers are requested to su Under Federal Law and State shall not be billed in excess o Rebates: If a rebate is availat minus the rebate received or the state of the	bmit their U Regulations f that charge ble the prov	sual and Cu s, providers ed to non-Co rider must re	are remind plorado Me eflect Usual	ed that Colorado Medicaid dicaid clients.
A4206	Syringe with needle, sterile, 1 cc or less, each	None	.15	n/a	Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe.
A4215	Needle, sterile, any size, each	None	.26	n/a	Use for diabetic pen needles. Indicate frequency of administration.
A4230	Infusion set for external insulin pump, non needle cannula type	Yes/ACS	BI	n/a	
A4231	Infusion set for external insulin pump, needle type	Yes/ACS	BI	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes/ACS	BI	n/a	
E0607	Home blood glucose monitor	None	49.65	n/a	
E2100	Blood glucose monitor with integrated voice synthesizer	Yes/ACS	BI	n/a	Medical justification needed for upgrade.
E2101	Blood glucose monitor with integrated lancing/blood sample	Yes/ACS	BI	n/a	Medical justification needed for upgrade.
A4250	Urine test or reagent strips or tablets, each	None	.51	n/a	1 item = 1 strip/tablet. Albustix
A4252	Blood ketone test or reagent strip, each	None	BI	n/a	New code effective 1/1/08
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	None	32.93	n/a	1 item = 50 strips.
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	None	.60	n/a	

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans"

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments				
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	None	2.73	n/a					
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	None	1.76	n/a					
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	None	1.26	n/a					
A4255	Platforms for home blood glucose monitor, 50 per box	None	BI	n/a	1 item = 50 per box.				
A4258	Spring-powered device for lancet, each	None	BI	n/a	1 item = 1 device.				
A4259	Lancets, per box of 100	None	11.00	n/a	1 item = box of 100.				
A4772	Blood glucose test strips, for dialysis, per 50	None	.74	n/a	1 item = per 50. Also for diabetic use.				
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Yes/ACS	BI	n/a	New code effective 1/1/08				
E0784	External ambulatory infusion pump, insulin	Yes/ACS	5333.67	n/a	1 item = 1 system				
A4211	Supplies for self administered injection	None	9.93	n/a	Use specific codes when available. Charges greater than \$9.41 must attach manufacturer's invoice, description & amounts. Must be submitted on paper.				
DISPOSA	BLE SUPPLIES – GENERAL U	SE							
	Disposable supplies, including gloves, are a benefit Colorado Medicaid for use by the client in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the universal precaution requirement during a visit. Bill only per information in Comments column. Example A4245 per wipe equals one wipe =unit of service.								
	Antiseptics/solutions		1						
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Yes/ACS	.53	n/a					
A4217	Sterile water/saline, 500 ml	Yes/ACS	2.90	n/a					
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Yes/ACS	BI	n/a					

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans"

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4244	Alcohol or peroxide, per pint	Yes/ACS	.51	n/a	1 item = 1 pint.
A4245	Alcohol wipes, each	None	.03	n/a	1 item = 1 wipe.
A4246	Betadine, per pint	Yes/ACS	3.48	n/a	1 item = 1 pint.
A4247	Betadine or lodine swabs/wipes, each	Yes/ACS	.13	n/a	1 item = 1 swab/wipe.
A6250	Skin sealants, protectants, moisturizers, ointment	None	4.96	n/a	
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for masks, disposable gowns, etc.
	First aid/dressings		1	1	
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Yes/ACS	BI	n/a	1 item = 1 sheet.
A6154	Wound pouch, each	Yes/ACS	20.00	n/a	1 item = 1 pouch.
A6257	Transparent film, 16 sq. in. or less, each dressing	Yes/ACS	1.40	n/a	
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	2.65	n/a	
A6259	Transparent film, more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6457	Tubular dressing with or without elastic, any width, per linear yard	Yes/ACS	.86	n/a	
A6010	Collagen based wound filler, dry form, per gram of collagen	Yes/ACS	BI	n/a	
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Yes/ACS	BI	n/a	
A6021	Collagen dressing, pad size 16 sq. in. or less, each	Yes/ACS	21.02	n/a	
A6022	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Yes/ACS	21.02	n/a	
A6023	Collagen dressing, pad size more than 48 sq. in., each	Yes/ACS	BI	n/a	
A6024	Collagen dressing wound filler, per 6 inches	Yes/ACS	BI	n/a	
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	7.13	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	11.59	n/a	
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	.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/ACS	BI	n/a	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	.99	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/ACS	2.71	n/a	
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	.13	n/a	
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Yes/ACS	.45	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6407	Packing strips, non- impregnated, up to 2 inches in width, per linear yard	Yes/ACS	1.88	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/ACS	1.20	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/ACS	1.54	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/ACS	1.34	n/a	
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	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/ACS	2.09	n/a	
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	BI	n/a	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	Yes/ACS	1.99	n/a	
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	6.06	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/ACS	9.73	n/a	
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	7.57	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/ACS	10.34	n/a	
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Yes/ACS	10.28	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	6.31	n/a	
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/ACS	10.23	n/a	Duoderm
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	5.19	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/ACS	17.14	n/a	
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	Yes/ACS	10.15	n/a	
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	Yes/ACS	BI	n/a	
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	Yes/ACS	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/ACS	17.14	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	Yes/ACS	5.50	n/a	
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	16.81	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/ACS	5.00	n/a	
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6206	Contact layer, 16 sq. in. or less, each dressing	Yes/ACS	BI	n/a	Mepitel
A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Yes/ACS	7.65	n/a	
A6208	Contact layer, more than 48 sq. in., each dressing	Yes/ACS	BI	n/a	
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	6.58	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/ACS	10.80	n/a	
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	BI	n/a	
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	6.75	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/ACS	BI	n/a	
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	
A6215	Foam dressing, wound filler, per gram	Yes/ACS	BI	n/a	Gelfoam
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Yes/ACS	1.99	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/ACS	3.25	n/a	
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Yes/ACS	6.34	n/a	
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Yes/ACS	1.28	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/ACS	2.27	n/a	
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6441	Padding bandage, non- elastic, non-woven/non- knitted, width greater than or equal to three inches and less than five inches, per yard	Yes/ACS	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/ACS	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/ACS	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/ACS	BI	n/a	One unit equals one yard.
A6445	Conforming bandage, non- elastic, knitted/woven, sterile, width less than three inches, per yard	Yes/ACS	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/ACS	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/ACS	BI	n/a	One unit equals one yard.
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Yes/ACS	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/ACS	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/ACS	BI	n/a	One unit equals one yard.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Yes/ACS	BI	n/a	One unit equals one yard.
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Yes/ACS	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/ACS	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/ACS	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/ACS	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/ACS	BI	n/a	Unaboot. One unit equals one yard.
A6260	Wound cleansers, any type, any size	Yes/ACS	BI	n/a	
A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	Yes/ACS	BI	n/a	
A6262	Wound filler, dry form, per gram, not elsewhere classified	Yes/ACS	BI	n/a	
A4450	Tape, non-waterproof, per 18 square inches	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4452	Tape, waterproof, per 18 square inches	Yes/ACS	BI	n/a	Hypafix
A4455	Adhesive remover or solvent, each	None	7.40	n/a	
A4461	Surgical dressing holder, non-reusable, each	None	2.47	n/a	
A4463	Surgical dressing holder, reusable, each	None	9.98	n/a	
A4565	Sling, each	None	18.88	n/a	
A4570	Splint	None	17.28	n/a	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	None	BI	n/a	
S8451	Splint, prefabricated, wrist or ankle	None	BI	n/a	
S8452	Splint, prefabricated, elbow	None	BI	n/a	
L4350	Pneumatic ankle control splint, prefabricated, includes fitting and adjustment	None	50.48	n/a	
L4360	Pneumatic walking splint ankle orthosis, with or without joints, prefabricated, includes fitting and adjustment	None	168.73	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	None	128.62	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	None	66.72	n/a	
L0210	Thoracic rib belt, custom fitted	None	16.20	n/a	
A4649	Miscellaneous surgical supply not otherwise classified	Yes/ACS	BI	n/a	Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper.
A4561	Pessary, rubber, any type	None	29.79	n/a	
A4562	Pessary, non-rubber, any type	None	31.36	n/a	
A4927	Gloves, non-sterile, per 100	Yes/ACS	12.54	n/a	1 item = 100 gloves.
A4930	Gloves, sterile, per pair	Yes/ACS	1.30	n/a	1 item = 1 pair. Limit 5 pair per day.
	Compression burn garment		1	1	
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6502	Compression burn garment, chin strap, custom fabricated	Yes/ACS	BI	n/a	
A6503	Compression burn garment, facial hood, custom fabricated	Yes/ACS	BI	n/a	
A6504	Compression burn garment, glove to wrist, custom fabricated	Yes/ACS	BI	n/a	
A6505	Compression burn garment, glove to elbow, custom fabricated	Yes/ACS	BI	n/a	
A6506	Compression burn garment, glove to axilla, custom fabricated	Yes/ACS	BI	n/a	
A6507	Compression burn garment, foot to knee length, custom fabricated	Yes/ACS	BI	n/a	
A6508	Compression burn garment, foot to thigh length, custom fabricated	Yes/ACS	BI	n/a	
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Yes/ACS	BI	n/a	
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Yes/ACS	BI	n/a	
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Yes/ACS	BI	n/a	
A6512	Compression burn garment, not otherwise classified	Yes/ACS	BI	n/a	
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Yes/ACS	BI	n/a	
	Ostomy care		1	•	
A4361	Ostomy face plate, all sizes, each	None	7.38	n/a	1 item = 1 faceplate.
A4384	Ostomy faceplate equivalent, silicone ring, each	None	BI	n/a	1 item = 1 faceplate, silicone ring
A4372	Ostomy skin barrier; solid 4x4 or equivalent, standard wear, with built-in convexity, each	None	4.22	n/a	1 item = 1 skin barrier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4373	Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	None	6.75	n/a	1 item = 1 skin barrier.
A4362	Skin barrier, solid, 4x4 or equivalent, each	None	3.10	n/a	
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	None	4.52	n/a	1 item = 1 skin barrier.
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	None	4.96	n/a	
A4363	Ostomy clamp, any type, replacement only, each	None	1.78	n/a	•
A4364	Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce	None	2.48	n/a	Silicone, latex. 1 item = 1 ounce.
A4365	Adhesive remover wipes, any type, per 50	None	10.34	n/a	1 item = 1 box of 50.
A4366	Ostomy vent, any type, each	None	BI	n/a	
A4367	Ostomy belt, each	None	7.50	n/a	1 item = 1 belt.
A4368	Ostomy filter, any type, each	None	BI	n/a	1 item = 1 filter.
A4398	Ostomy irrigation supply; bag, each	None	15.98	n/a	1 item = 1 bag.
A4399	Ostomy irrigation supply; cone/catheter, including brush	None	3.48	n/a	1 item = cone/catheter and brush
A4400	Ostomy irrigation set, each	None	22.55	n/a	1 item = 1 set.
A4402	Lubricant, per ounce	None	.33	n/a	KY Gel, Vaseline. 1 item = 1 ounce.
A4404	Adhesive rings (washers, wafers, discs, etc.), each	None	3.87	n/a	1 item = 1 ring.
A4405	Ostomy skin barrier, non- pectin based, paste, per ounce	None	3.40	n/a	1 item = 1 ounce.
A4406	Ostomy skin barrier, pectin based, paste, per ounce	None	5.74	n/a	1 item =1 ounce.
A4407	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4 X 4 inches or smaller, each	None	8.76	n/a	1 item = 1 skin barrier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 X 4 inches, each	None	9.87	n/a	1 item = 1 skin barrier.
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each	None	6.22	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	None	9.04	n/a	1 item = 1 skin barrier.
A4411	Ostomy skin barrier, solid 4X4 or equivalent, extended wear, with built-in convexity, each	None	3.82	n/a	•
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 inches or smaller, each	None	4.93	n/a	1 item = 1 skin barrier.
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 X 4 inches, each	None	6.73	n/a	1 item = I skin barrier.
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	None	2.93	n/a	1 unit = 1 pouch.
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter(1 piece), each	None	3.96	n/a	1 unit = 1 pouch.
A4418	Ostomy pouch , closed, without barrier attached, with filter (1 piece), each	None	1.93	n/a	1 unit = 1 pouch.
A4419	Ostomy pouch, closed, for use on barrier with non- locking flange, with filter (2 piece), each	None	1.86	n/a	1 unit = 1 pouch.
A4420	Ostomy pouch, closed, for use on barrier with locking flange, (2 piece), each	None	BI	n/a	1 unit = 1 pouch.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	None	BI	n/a	1 item = 1 packet.
A4423	Ostomy pouch, closed, for use on barrier with locking flange, with filter (2 piece), each	None	BI	n/a	1 unit = 1 pouch.
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	None	5.07	n/a	1 unit = 1 pouch.
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each	None	3.82	n/a	1 unit = 1 pouch.
A4426	Ostomy pouch, drainable, for use on barrier with locking flange (2 piece system), each	None	2.52	n/a	1 unit = 1 pouch.
A4340	Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each	None	15.38	n/a	1 item = 1 catheter.
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	None	8.53	n/a	1 item = 1 catheter.
A4354	Insertion tray with drainage bag, without catheter, each	None	4.01	n/a	1 item = 1 tray & bag.
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	None	37.81	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	None	8.52	n/a	1 item = 1 set.
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	None	5.13	n/a	1 item = 1 bag
A4396	Ostomy belt with peristomal hernia support	None	BI	n/a	1 item = 1 belt.
A4397	Irrigation supply, sleeve, each	None	2.48	n/a	1 item = 1 sleeve.
A4554	Underpads, disposable, each	Yes/ACS	.41	n/a	Chux. 1 item = 1 pad.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments				
A4860	Disposable catheter tips for peritoneal dialysis, per 10	None	.63	n/a	1 item = per 10. When medically necessary, may be used for other diagnoses.				
A4927	Gloves, non-sterile, per 100	Yes/ACS	12.54	n/a	1 item = 100 gloves.				
A4930	Gloves, sterile, per pair	Yes/ACS	1.30	n/a	1item = 1 pair.				
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	None	1.30	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	None	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	None	2.00	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	None	BI	n/a	Use for Hydrophilic catheter. 1 item = 1 catheter.				
A4353	Intermittent urinary catheter, with insertion supplies	None	7.75	n/a	1 item = 1 catheter and supplies.				
	Incontinence Products or Briefs								
	Diapers or briefs are not avail 10 per day in any combination usage above that amount req	n of diapers,	liners, and	undergarm					
A4534	Youth-sized incontinence product, brief, each	Conditional /ACS		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.				
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Conditional /ACS	.66	n/a	Diaper.				
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Conditional /ACS	.77	n/a	Diaper.				
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Conditional /ACS	.91	n/a	Diaper.				

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Conditional /ACS	.93	n/a	Diaper.
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Conditional /ACS	. 66	n/a	Pull-up.
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Conditional /ACS	.86	n/a	Pull-up.
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional /ACS	1.04	n/a	Pull-up.
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Conditional /ACS	1.03	n/a	Pull-up.
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Conditional /ACS	.45	n/a	Diaper
T4530	Pediatric size disposable incontinence product brief/diaper, large size, each	Conditional /ACS	.45	n/a	Diaper
T4531	Pediatric size disposable incontinence product, protective underwear/pull-on, small/medium size, each	Conditional /ACS	.64	n/a	Pull-up.
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Conditional /ACS	.64	n/a	Pull-up.
T4533	Youth sized disposable incontinence product, brief/diaper, each	Conditional /ACS	.59	n/a	Diaper
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Conditional /ACS	1.04	n/a	Pull-up.
T4535	Disposable liner/shield/guard/pad/under garment, for incontinence, each	Conditional /ACS	.43	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
T4543	Disposable incontinence product, brief/diaper, bariatric, each	Conditional /ACS	BI	n/a	
A4427	Ostomy pouch, drainable, for use on barrier with locking flange with filter (2 piece system), each	None	2.52	n/a	1 unit = 1 pouch.
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	None	6.95	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	None	8.81	n/a	1 unit = 1 pouch.
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	None	9.09	n/a	1 unit = 1 pouch.
A4431	Ostomy pouch, urinary, with barrier attached, with faucet- type tap with valve (1 piece), each	None	6.64	n/a	1 unit = 1 pouch.
A4432	Ostomy pouch, urinary, for use on barrier with non- locking flange, with faucet- type tap with valve (2 piece), each	None	3.83	n/a	1 unit = 1 pouch.
A4433	Ostomy pouch, urinary, for use on barrier with locking flange (2 piece), each	None	3.57	n/a	1 unit = 1 pouch.
A4434	Ostomy pouch, urinary, for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	None	4.02	n/a	1 unit = 1 pouch.
A4421	Miscellaneous ostomy supply not otherwise classified	None	24.82	n/a	Charges greater than \$23.51 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper.
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	None	2.44	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	None	.40	n/a	1 item = 1 tablet
A5051	Pouch, closed; with barrier attached (1 piece), each	None	2.54	n/a	1 item = 1 pouch.
A4387	Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each	None	BI	n/a	1 item = 1 pouch.
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	None	2.87	n/a	1 item = 1 pouch.
A5053	Ostomy pouch, closed; for use on faceplate, each	None	1.99	n/a	1 item = 1 pouch.
A5054	Ostomy pouch, closed; for use on barrier with flange, (2 piece) each	None	1.10	n/a	1 item = 1 pouch (2 piece system) each.
A5055	Stoma cap, each	None	1.21	n/a	1 item = 1 cap.
A5061	Pouch, drainable, with barrier attached (1 piece), each	None	3.67	n/a	1 item = 1 pouch.
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	None	4.60	n/a	1 item = 1 pouch.
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	None	3.28	n/a	1 item = 1 pouch.
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	None	3.28	n/a	1 item = 1 pouch.
A5063	Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each	None	2.39	n/a	1 item = 1 pouch (2 piece system) each
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	None	2.02	n/a	•
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	None	6.00	n/a	1 item = 1 pouch.
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	None	BI	n/a	1 item = 1 pouch.
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	None	BI	n/a	1 item = 1 pouch.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4377	Ostomy pouch drainable, for use on faceplate, plastic, each	None	8.39	n/a	1 item = 1 pouch.
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	None	BI	n/a	1 item = 1 pouch.
A5071	Ostomy pouch; urinary; with barrier attached (1 piece), each	None	3.14	n/a	1 item = 1 pouch.
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	None	6.79	n/a	1 item = 1 pouch.
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	None	BI	n/a	1 item = 1 pouch.
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	None	8.71	n/a	1 item = 1 pouch.
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	None	8.49	n/a	1 item = 1 pouch.
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	None	3.13	n/a	1 item = 1 pouch.
A5073	Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each	None	3.38	n/a	1 item = 1 pouch.
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	None	5.67	n/a	1 item = 1 pouch.
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	None	BI	n/a	1 item = 1 pouch.
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	None	BI	n/a	1 item = 1 pouch.
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	None	BI	n/a	1 item = 1 pouch.
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	None	BI	n/a	1 item = 1 pouch.
A5081	Continent device, plug for continent stoma, each	None	2.89	n/a	1 item = 1 device.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A5082	Continent device, catheter for continent stoma, each	None	6.95	n/a	1 item = 1 catheter.
A5083	Continent device, stoma absorptive cover for continent stoma	None	BI	n/a	New code effective 1/1/08 . 1 item = 1 cover
A5093	Ostomy accessory, convex insert, each	None	6.96	n/a	1 item = 1 insert.
A5102	Bedside drainage bottle, with or without tubing rigid or expandable, each	None	7.89	n/a	1 item = 1 bottle.
A5105	Urinary suspensory with leg bag, with or without tube, each	None	55.66	n/a	1 item = 1 suspensory.
A5112	Urinary leg bag, latex, each	None	33.96	n/a	1 item = 1 bag.
A5113	Leg strap; latex, replacement only, per set	None	.78	n/a	1 item = 1 pair
A5114	Leg strap; foam or fabric, replacement only, per set	None	6.92	n/a	1 item = 1 set.
A5120	Skin barrier, wipes or swabs, each	None	.18	n/a	
A5121	Skin barrier, solid, 6x6 or equivalent, each	None	11.22	n/a	1 item = 1 skin barrier.
A5122	Skin barrier, solid, 8x8 or equivalent, each	None	11.22	n/a	1 item = 1 skin barrier.
A4369	Ostomy skin barrier; liquid (spray, brush, etc.), per ounce	None	1.73	n/a	1 item = 1 ounce.
A4371	Ostomy skin barrier; powder, per ounce	None	3.70	n/a	1 item = 1 ounce.
A5126	Adhesive or non-adhesive disc or foam pad	None	6.46	n/a	1 item = 1 pad.
A5131	Appliance cleaner, incontinence or ostomy appliance, per ounce	None	.81	n/a	1 item = 1 ounce.
	Syringes & needles		-		
A4206	Syringe with needle, sterile, 1 cc, each	None	.15	n/a	Use for diabetic syringes. 1 item = 1 syringe.
A4207	Syringe with needle, sterile, 2 cc, each	Yes/ACS	.27	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4208	Syringe with needle, sterile, 3 cc, each	Yes/ACS	.27	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4209	Syringe with needle, sterile, 5 cc up to 20 cc, each	Yes/ACS	.35	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/ACS	1.89	n/a	1 item = 1 syringe. Indicate medication administered, route of administration, dosage, frequency, and length of necessity on each prior authorization request.
A4215	Needle (only), sterile, any size, each	None	.26	n/a	1 item = 1 needle. Use for diabetic pen needles. Indicate frequency of administration. Do not use with B4220, A4206-A4209.
S8490	Insulin syringes (100 syringes, any size)	None	20.91	n/a	
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Yes/ACS	BI	n/a	
A4310	Urinary care Insertion tray without drainage bag & without catheter (accessories only), each	None	6.46	n/a	Includes: underpad/drape, povidone iodine, 10cc syringe, specimen container, sterile gloves, lubricant, and graduated collection basin. Do not bill included items
A4311	Insertion tray without drainage bag, with indwelling catheter, Foley type, two- way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	None	12.27	n/a	separately. 1 item = 1 set.
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two- way, all silicone, per set	None	15.56	n/a	1 item = 1 set.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set	None	20.93	n/a	1 item = 1 set.
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone, per set	None	20.93	n/a	1 item = 1 set.
A4320	Irrigation tray with bulb or piston syringe, each	None	4.13	n/a	1 item = 1 set.
A4322	Irrigation syringe, bulb or piston, each	None	2.14	n/a	1 item = 1 syringe.
A4349	Male external catheter, with or without adhesive, disposable, each	None	2.02	n/a	
A4326	Male external catheter with integral collection chamber, any type, each	None	6.95	n/a	Inflatable, faceplate, etc., 1 item = 1 catheter.
A4327	Female external urinary collection device, metal cup, each	None	6.95	n/a	1 item = 1 cup.
A4328	Female external urinary collection device, pouch, each	None	8.34	n/a	1 item = 1 pouch.
A4330	Perianal fecal collection pouch with adhesive, each	None	6.05	n/a	1 item = 1 pouch.
A4331	Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each	None	1.92	n/a	1 item = 1 extension drainage tubing
A4332	Lubricant, individual sterile packet, each	None	.11	n/a	1 item = 1 packet
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	None	2.97	n/a	1 item = 1 device
A4334	Urinary catheter anchoring device, leg strap, each	None	4.58	n/a	1 item = 1 device
A4335	Miscellaneous incontinence supply not otherwise classified	Conditional /ACS	24.82	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.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4338	Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each	None	10.17	n/a	1 item = 1 catheter.
	<u>Miscellaneous</u>		1		
A4265	Paraffin, per pound	Yes/ACS	3.58	n/a	1 item = 1 pound.
E0235	Paraffin bath unit, portable, each	Yes/ACS	128.96	12.41	1 item = 1 unit.
A6410	Eye pad, sterile, each	None	BI	n/a	1 item = 1 eye pad.
A6411	Eye pad, non-sterile, each	None	.26	n/a	1 item = 1 eye pad.
A6412	Eye patch, occlusive, each	None	BI	n/a	1 item = 1 eye patch.
ELASTIC	SUPPORTS & STOCKINGS - G	SENERAL L	JSE		
A4490	Surgical stocking, above knee length, each	None	6.46	n/a	1 item = 1 stocking.
A4495	Surgical stocking, thigh length, each	None	8.45	n/a	1 item = 1 stocking.
A4500	Surgical stocking, below knee length, each	None	6.09	n/a	1 item = 1 stocking.
A4510	Surgical stocking, full length, each	None	13.80	n/a	1 item = 1 stocking.
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	None	18.00	n/a	
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	None	32.43	n/a	
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	None	45.69	n/a	
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	None	18.95	n/a	
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	None	45.00	n/a	
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	None	28.81	n/a	
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	None	25.71	n/a	
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	None	81.98	n/a	
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	None	19.00	n/a	
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	None	59.24	n/a	
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	None	BI	n/a	
A6542	Gradient compression stocking, custom made	None	BI	n/a	
A6543	Gradient compression stocking, lymphedema	None	56.20	n/a	
A6544	Gradient compression stocking, garter belt	None	24.72	n/a	
A6549	Gradient compression stocking, not otherwise specified	None	BI	n/a	
HEAT & C	COLD APPLICATION EQUIPME	NT – GENE	RAL USE		
E0200	Heat lamp, without stand (table model), includes bulb or infrared element, each	Yes/ACS	BI	4.97	
E0215	Electric heat pad, moist	Yes/ACS	60.62	n/a	Benefit under very limited circumstances.
E0217	Water circulating heat pad with pump	Yes/ACS	BI	n/a	
E0218	Water circulating cold pad with pump	Yes/ACS	BI	n/a	
E0221	Infrared heating pad system	Yes/ACS	BI	n/a	
E0236	Pump for water circulating pad, each	Yes/ACS	BI	37.73	
E0249	Pad for water circulating heat unit, each	Yes/ACS	17.87	n/a	Purchase for client owned equipment only.
	RING EQUIPMENT & SUPPLIES	- GENERA		1	
E0607	Home blood glucose monitor, each	None	49.65	n/a	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Yes/ACS	39.72	n/a	Requires Questionnaire #5. See Appendix E.
A4663	Blood pressure cuff only	Yes/ACS	20.85	n/a	1 item = 1 cuff only.
A4670	Automatic blood pressure monitor	Yes/ACS	70.26	n/a	Digital. Requires Questionnaire #5. See Appendix E.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0619-RR	Apnea monitor, with recording feature	Yes/ACS	n/a	168.80	Includes cardiac monitoring (belts included). 1 unit = 1 month. Beyond 6 months requires Questionnaire #7. See Appendix G.
E0445	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	750.00	n/a	Questionnaire # 6 required on all PARs. See Appendix F.
E0445-RR	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	n/a	372.35	1 unit = 1 month. Beyond 2 months requires purchase. Questionnaire # 6 required on all PARs. See Appendix F.
E0445-KR	Oximeter device for measuring blood oxygen levels non-invasively	Yes/ACS	n/a	49.65	1 unit = 1 day. Limited to overnight or 24 hour test period.
E0610	Pacemaker monitor, self- contained (checks battery depletion, includes audible & visual check systems), each	Yes/ACS	BI	n/a	
E0615	Pacemaker monitor, self- contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each	Yes/ACS	BI	n/a	
A4556	Electrodes (e.g., apnea monitor), per pair	None	7.94	n/a	1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4557	Lead wires or cables, per pair	None	21.25	n/a	1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment.
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	None	4.97	n/a	1 item = 1 tube of gel.
S9001-KR	Home uterine monitor with or without associated nursing services	Yes/ACS	n/a	Per PAR	Equipment only. Limited to 1 unit per day- no more than 31 days at a time. NAB without essential nursing services. Telephonic transmission & interpretation are not benefits.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
PHOTOTHE	ERAPY – GENERAL USE				
E0202-KR	Phototherapy (bilirubin) light with photometer, per day	None	n/a	52.73	1 item = 1 day rental.
E0691-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Yes/ACS	n/a	52.73	1 item = 1 day rental.
E0692-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Yes/ACS	n/a	52.73	1 item = 1 day rental.
E0693-KR	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Yes/ACS	n/a	52.73	1 item = 1 day rental.
E0694-KR	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Yes/ACS	n/a	52.73	1 item = 1 day rental.
	RESPIRATORY CARE- GENI				
	care equipment requires a phy	sician's pres	scription. The	he supplier	must maintain a copy of the
prescription	on file at all times.				
	<u>Humidifiers</u>		1		
E0550	Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	None	269.59	7.94	
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	None	51.40	28.70	
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	None	53.57	6.84	
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes/ACS	104.25	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes/ACS	238.30	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Yes/ACS	BI	n/a	1 item = 1 bottle.
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Yes/ACS	3.23	n/a	
E1405	Oxygen & water vapor enriching system with heated delivery	Yes/ACS	BI	295.09	
E1406	Oxygen & water vapor enriching system without heated delivery	Yes/ACS	BI	260.75	
	IPPB machines				
E0500-RR	IPPB machine(s), all types, with built in nebulization, manual or automatic valves, internal or external power source (Manual valves external power source includes cylinder regulator built-in nebulization)	None	n/a	69.51	1 item = 1 month rental.
determined vary from th billing. See Providers m than for Col carefully to i	vices for nursing facility clients by Place Of Service (POS). Re e same service provided in a h comments section for detailed ay be instructed to bill a differe orado Medicaid-only clients, for dentify the correct code. After er of payment logic.	eimburseme ome. Provid information nt procedure the same s Medicare pa	ent for a serv lers must us e code for M service. Plea ayment, Col	vice provide le the corre ledicare/Me ase review orado Medi	ed in a nursing facility may ct POS and modifiers when edicaid dually eligible clients the following information icaid pays based on the
	Oxygen contents: Colorado	Medicaid-0	Only Client,	POS- Hon	
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.82	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	None	3.48	n/a	1 unit = 50 cubic ft.

owned), one month's supply

= 1 unit

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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.	None	8.14	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).	None	8.61	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).	None	.82	n/a	1 unit = 1 lb.
	Oxygen contents: Dually Eli	gible Medi	care/Colora	ido Medica	aid Client, POS- Home
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.82	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	None	3.48	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.	None	8.14	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).	None	8.61	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).	None	.82	n/a	1 unit = 1 lb.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Oxygen contents: Colorado	Medicaid-	Only Client	POS- Nur	sing Facility
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.82	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).	None	7.11	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
	Oxygen contents: Dually Eli Facility	gible Medi	care/Colora	ado Medica	iid Client, POS- Nursing
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	None	.07	n/a	1 unit = 1 cubic foot.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	None	.82	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).	None	7.11	n/a	Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.)
	Oxygen systems: Colorado	Medicaid-C	Only Client,	POS- Hom	<u>1e</u>
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	39.72	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	27.79	Provider must use RR modifier.
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	None	n/a	81.42	Providers must include RR modifier.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	None	n/a	44.68	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
K0738-RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	38.72	Providers must include RR modifier. Rate of \$38.72 is effective 1/1/08. Previous rate was \$22.93.
	Oxygen systems: Dually elig				
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	38.22	Providers must include RR modifier.
E0431-RR	Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	27.79	Provider must use RR modifier.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	32.96	Use for Medicare/Colorado Medicaid dually eligible clients. Providers must include RR modifier.
K0738-RR	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	22.93	Providers must include RR modifier.
F0405 55	Oxygen systems: Colorado				
E0425-RR	Stationary compressed gas system, purchase: includes regulator, flow meter, humidifier, cannula or mask, and tubing	None	n/a	34.75	Providers must include RR modifier.
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	27.79	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0435-RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	None	n/a	81.42	Providers must include RR modifier.
E0435-TT- RR	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, and refill adapter	None	n/a	56.60	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0440-RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	None	n/a	24.82	Providers must include RR modifier.
E0440-TT- RR	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	None	n/a	Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
	Oxygen systems: Dually elig Facility	gible Medic	are/Colora	do Medica	id Client, POS-Nursing
E0424-RR	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	34.75	Providers must include RR modifier.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0430-RR	Portable gaseous oxygen system, purchase: includes regulator, flowmeter, humidifier, cannula or mask, and tubing	None	n/a	27.79	Providers must include RR modifier.
E0434-RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	None	n/a	81.42	Provider must use RR modifier.
E0434-TT- RR	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing	None	n/a	56.60	Providers must include both TT and RR modifier. Use for monthly rental of a portable liquid oxygen system to b filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adaptor.
E0439-RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	24.82	Providers must include RR modifier.
E0439-TT- RR	Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing	None	n/a	Manually Priced	Providers must include both TT and RR modifier. Use for multiple patient use of reservoir. Bill usual & customary charge divided by total number of all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file.
	Ventilators, percussors, & r	espirators		·	•
E0450-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	Yes/ACS	n/a	647.39	LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0461-RR	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non- invasive interface (e.g. mask)	Yes/ACS	n/a	Per PAR	1 item = 1 month rental.
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	Yes/ACS	n/a	1463.25	
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non- invasive interface (e.g. mask)	Yes/ACS	n/a	1463.25	
A9280	Alert or alarm device, not otherwise classified	Yes/ACS	BI	39.72	Purchase only for client owned equipment.
E0457	Chest Shell (cuirass)	Yes/ACS	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0459	Chest wrap	Yes/ACS	BI	n/a	Must be provided if equipment is rented. Purchase for client owned equipment only.
E0460	Negative pressure ventilator, portable or stationary	Yes/ACS	n/a	471.64	
E0480	Percussor, electric or pneumatic, home model	Yes/ACS	BI	34.75	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Yes/ACS	BI	n/a	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0601	Continuous positive airway pressure (CPAP) device, nasal	Yes/ACS	786.39	103.26	Requires sleep study with PAR. Rental includes <u>mask</u> <u>& headgear</u> . Use A7030 for mask purchase. Use A7035 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/ACS	1210.37	234.33	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H.
E0471	Respiratory assist device, bi- level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Yes/ACS	2236.14	471.64	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/ACS	BI	Per PAR	Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A7035 for headgear purchase. Requires Questionnaire #8. See Appendix H.
A4604	Tubing with integrated heating element for use with positive airway pressure device	Yes/ACS	50.09	n/a	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Yes/ACS	139.89	n/a	New code effective 1/1/08. Purchase for client owned equipment only.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Yes/ACS	37.16	n/a	New code effective 1/1/08. Purchase for client owned equipment only.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Yes/ACS	15.18	n/a/	New code effective 1/1/08 . Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7030	Full face mask used with positive airway pressure device, each	Yes/ACS	46.32	n/a	Purchase for client owned equipment only.
A7031	Face mask interface, replacement for full face mask, each	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure devise, with or without head strap	Yes/ACS	74.47	n/a	Purchase for client owned equipment only.
A7032	Cushion for use on nasal mask interface, replacement only, each	Yes/ACS	24.82	n/a	Purchase for client owned equipment only.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Yes/ACS	24.82	n/a	Purchase for client owned equipment only.
A7035	Headgear used with positive airway pressure device	Yes/ACS	35.50	n/a	Purchase for client owned equipment only.
A7036	Chinstrap used with positive airway pressure device	Yes/ACS	17.87	n/a	Purchase for client owned equipment only.
A7037	Tubing used with positive airway pressure device	None	31.78	n/a	Purchase for client owned equipment only.
A7038	Filter, disposable, used with positive airway pressure device	Yes/ACS	4.71	n/a	Purchase for client owned equipment only.
A7039	Filter, non disposable, used with positive airway pressure device	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A7044	Oral interface used with positive airway pressure device, each	Yes/ACS	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/ACS	BI	n/a	Purchase for client owned equipment only.
E0561	Humidifier, non-heated, used with positive airway pressure device	Yes/ACS	104.25	n/a	Purchase for client owned equipment only.
E0562	Humidifier, heated, used with positive airway pressure device	Yes/ACS	238.30	n/a	Purchase for client owned equipment only.
S8185	Flutter device	Yes/ACS	BI	n/a	
S8186	Swivel adapter	Yes/ACS	BI	n/a	
E0482	Cough stimulating device, alternating positive and negative airway pressure	Yes/ACS	BI	322.33	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each.	Yes/CFMC	9407.87	843.99	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/CFMC	297.88	n/a	i.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix N.
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	None	BI	n/a	Purchase for client owned equipment only.
	Oxygen concentrators: Cole Medicaid Dually Eligible Cl			Client and I	Medicare/Colorado
E1390-RR	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None	n/a	173.76	
E1391-RR	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	None	n/a	206.95	
E1392-RR	Portable oxygen concentrator, rental	None	n/a	BI	
	Oxygen concentrators: Cole Medicaid Dually Eligible Cli				Medicare/Colorado
E1390-TT	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	None	n/a	.23	1 item = 1 hour usage. \$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	None	n/a	.23	1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment.
E1392-TT	Portable oxygen concentrator, rental	None	n/a	.23	1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
NEBULIZ	ERS, VAPORIZERS, SUCTION		•		
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	None	418.21	n/a	
K0730	Controlled dose inhalation drug delivery system	None	BI	n/a	
A7017	Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen	None	BI	n/a	1 unit = 1 nebulizer
E0570	Nebulizer with compressor	None	109.23	n/a	Devilbiss, Pulmo-Aid.
E0571	Aerosol compressor, battery powered, for use with small volume nebulizer	None	BI	n/a	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	None	BI	n/a	
E0574	Ultrasonic electronic aerosol generator with small volume nebulizer	None	BI	n/a	
E0575	Nebulizer, ultrasonic, large volume	None	570.93	n/a	Mistogen.
E0580	Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each	None	4.97	n/a	
E0585	Nebulizer with compressor & heater	None	198.58	n/a	
E1372	Immersion external heater for nebulizer	None	BI	n/a	
E0600	Respiratory suction pump, home model, portable or stationary, electric	None	294.80	25.81	Rental includes suction tubing.
A7000	Canister, disposable, used with suction pump	None	.51	n/a	1 unit = 1 canister
A7001	Canister, non-disposable, used with suction pump	None	22.24	n/a	1 unit = 1 canister
A7002	Tubing, used with suction pump	None	2.97	n/a	1 unit = 1 tubing
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	None	2.06	n/a	
A7004	Small volume non-filtered pneumatic nebulizer, disposable	None	1.58	n/a	1 unit = 1 nebulizer

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7006	Administration set, with small volume filtered pneumatic nebulizer	None	4.97	n/a	
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	None	5.57	n/a	1 unit = 1 nebulizer
A7008	Large volume nebulizer, disposable, pre-filled, used with aerosol compressor	None	BI	n/a	1 unit = 1 nebulizer
A7009	Reservoir bottle, non- disposable, used with large volume ultrasonic nebulizer	None	51.64	n/a	1 unit = 1 reservoir bottle
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	None	3.48	n/a	1 unit = 100 feet
A7011	Corrugated tubing, non- disposable, used with large volume nebulizer, 10 feet	None	11.92	n/a	1 unit = 10 feet
A7012	Water collection device, used with large volume nebulizer	None	1.73	n/a	1 unit = 1 device
A7013	Filter, disposable, used with aerosol compressor	None	2.33	n/a	1 unit = 1 filter
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	None	3.96	n/a	1 unit = 1 filter
A7015	Aerosol mask, used with DME nebulizer	None	.99	n/a	1 unit = 1 mask
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	None	7.69	n/a	1 unit = dome and mouthpiece
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	None	7.65	n/a	1 unit = 1,000 ml.
	Respiratory care accessorie				
	Note: All belts, leads, pads, 8 purchased only for client-owner must be provided by a pharma claim format with NDC numbe	ed equipme acy and ma	nt. Medicat	ion for use	with respiratory equipment
E0455	Oxygen tent excluding croup or pediatric tents, each	None	7.94	n/a	
A4606	Oxygen probe for use with oximeter device, replacement	Yes/ACS	BI	n/a	1 unit = 1 probe. Non- disposable.
A4615	Cannula, nasal, each	None	2.49	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A4616	Tubing (oxygen), per foot	None	.26	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
E1353	Regulator, each	None	48.65	n/a	Must be provided with rental equipment. Purchase for client owned equipment only.
A4617	Mouthpiece, each	None	.51	n/a	
E1355	Stand/rack, each	None	28.79	n/a	Purchase for client owned equipment only.
A4618	Breathing circuits, each	None	16.38	n/a	
A4619	Face tent, each	None	4.97	n/a	
A4620	Variable concentration mask, each	None	7.45	n/a	
S8210	Mucus trap	None	BI	n/a	
A4614	Peak expiratory flow rate meter, hand held	None	10.92	n/a	
A4605	Tracheal suction catheter, closed system, each	None	12.29	n/a	
L8501	Tracheostomy, speaking valve, each	None	63.59	n/a	
A4623	Tracheostomy, inner cannula (replacement only), each	None	4.85	n/a	
A4624	Tracheal suction catheter, any type other than closed system, each	None	1.25	n/a	1 item = 1 catheter
A4628	Oropharyngeal suction catheter, each	None	1.37	n/a	1 item = 1 catheter.
A4481	Tracheostomy filter, any type, any size, each	None	BI	n/a	1 item = 1 filter.
A4629	Tracheostomy care kit for established tracheostomy	None	3.43	n/a	1 item = 1 kit. Includes: soaking tray, gloves, instrument tray, folded towel, forceps, gauze sponges, cleaning brush, trach dressing, twill tape, pipe cleaners, cotton tip applicators, and hospital wrap. Do not bill included items separately.
A7501	Tracheostoma valve, including diaphragm, each	None	BI	n/a	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7503	Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each	None	BI	n/a	
A7504	Filter for use with tracheostoma heat and moisture exchange system, each	None	BI	n/a	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	None	BI	n/a	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each	None	BI	n/a	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	None	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	None	BI	n/a	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	None	BI	n/a	
A7520	Tracheostomy,/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	None	BI	n/a	1 unit = 1 tube.
A7521	Tracheostomy,/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	None	BI	n/a	1 unit = 1 tube.
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	None	BI	n/a	1 unit = 1 tube.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A7523	Tracheostomy shower protector, each	None	BI	n/a	1 unit = 1 protector.
A7524	Tracheostoma stent/stud/button, each	None	BI	n/a	1 unit = 1 stent/stud/button.
A7525	Tracheostomy mask, each	None	4.97	n/a	
A7526	Tracheostomy tube collar/holder, each	None	BI	n/a	
A7527	Tracheostomy/laryngectomy tube plug/stop, each	None	BI	n/a	
S8189	Tracheostomy supply, not otherwise classified	Yes/ACS	BI	n/a	Use for tracheostomy supplies when an appropriate code is not available.
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each	None	35.54	n/a	Includes aerochamber.
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	None	33.76	n/a	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	None	BI	n/a	
A4611	Battery, heavy duty, replacement for patient owned ventilator, each	None	BI	n/a	
A4612	Battery cables, replacement for patient owned ventilator, each	None	BI	n/a	
A4613	Battery charger, replacement for patient owned ventilator, each	None	328.66	n/a	
E0755	Electronic salivary reflex stimulator, intra oral/non- invasive, each	Yes/ACS	BI	n/a	
A4608	Transtracheal oxygen catheter, each	None	131.07	n/a	1 item = 1 catheter.
S8301	Infection control supplies, not otherwise specified	Yes/ACS	BI	n/a	Use for cleaning solutions for respiratory equipment.
S8999	Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event)	None	110.45	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E1340	Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Yes/ACS	35.48	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	None	156.77	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 \$156.77 every 6 months. Paper claims must include serial number
EQUIPMEN	IMES (TRANSCUTANEOUS O T & SUPPLIES – GENERAL U	JSE			
Appendix I.	S or NMES require 2-month tria	al rental befo	ore purchase	e. Requires	s Questionnaire #9. See
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	None	14.90	n/a	Limited to maximum of 4 per year.
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	None	BI	n/a	Purchase for client owned equipment only. Must be provided for rental equipment. Use for 4 lead also.
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) device, two lead, localized stimulation	Yes/ACS	BI	34.75	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
Е0720-КН	TENS, two lead, localized stimulation, each	Yes/ACS	BI	34.75	Use for 1 st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0720-KI	TENS, two lead, localized stimulation, each	Yes/ACS	BI	34.75	Use for 2 nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Yes/ACS	BI	34.75	
Е0730-КН	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes/ACS	BI	34.75	Use for 1 st month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0730-KI	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Yes/ACS	BI	34.75	Use for 2 nd month trial rental only. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0731	Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each	Yes/ACS	BI	n/a	
E0744	Neuromuscular stimulator for scoliosis, each	Yes/ACS	BI	99.30	
E0745	Neuromuscular stimulator electronic shock unit, each	Yes/ACS	417.03	92.02	
E0747-RR	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Yes/ACS	Per PAR	Per PAR	
E0748	Osteogenic stimulator, noninvasive, spinal applications	Yes/ACS	Per PAR	Per PAR	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Yes/ACS	BI	n/a	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes/ACS	BI	n/a	
E0762-KH	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes/ACS	BI	34.75	Use for 1 st month trial rental only. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
E0762-KI	Transcutaneous electrical joint stimulation device system, includes all accessories	Yes/ACS	BI	34.75	Use for 2 nd month trial rental only. 2nd month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental.
A4245	Alcohol wipes, each	None	.03	n/a	
	TRACTION & FRACTURE FR			1	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Yes/ACS	386.26	38.63	
E0910	Trapeze bars (also known as "patient helper"), attached to bed, with grab bar	Yes/ACS	118.15	18.89	
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Yes/ACS	BI	37.37	
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Yes/ACS	BI	85.80	
E0920	Fracture frame, attached to bed, includes weights	Yes/ACS	BI	34.75	
E0930	Fracture frame, free standing, includes weights	Yes/ACS	BI	34.75	
E0935-KR	Continuous passive motion exercise device for use on knee only	Yes/ACS	BI	21.59	Rental per day. First 14 days post-op.
E0936	Continuous passive motion exercise device for use other than knee	Yes/ACS	BI	Per PAR	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0940	Trapeze bar, free standing, complete with grab bar	Yes/ACS	208.51	24.82	
E0941	Traction device, gravity assisted, any type	Yes/ACS	220.23	34.75	
E0942	Cervical head harness or halter, each	Yes/ACS	18.79	n/a	
E0944	Pelvic belt, harness or boat, each	Yes/ACS	44.68	n/a	
E0945	Extremity belt or harness, each	Yes/ACS	41.98	n/a	
E0946	Fracture frame, dual, with cross bars, attached to bed	Yes/ACS	BI	34.75	Balken, 4-poster.
E0947	Fracture frame, attachments for complex pelvic traction	Yes/ACS	BI	34.75	
E0948	Fracture frame, attachments for complex cervical traction	Yes/ACS	BI	34.75	
E0830	Ambulatory traction device, all types, each	Yes/ACS	BI	Per PAR	
E0840	Traction frame, attached to headboard, cervical traction	Yes/ACS	62.06	17.38	
E0850	Traction stand, free standing, cervical traction	Yes/ACS	BI	17.38	
E1841-KR	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories	Yes/ACS	BI	Per PAR	Rental is per day.
E0855	Cervical traction equipment not requiring additional stand or frame	Yes/ACS	BI	n/a	
E0856	Cervical traction device, cervical collar with inflatable air bladder	Yes/ACS	BI	n/a	New code effective 1/1/08.
E0860	Traction equipment, over door, cervical	Yes/ACS	36.49	n/a	
E0870	Traction frame, attached to footboard, extremity traction	Yes/ACS	93.64	16.88	Bucks.
E0880	Traction stand, free standing, extremity traction	Yes/ACS	101.05	34.75	Bucks.
E0890	Traction frame, attached to footboard, pelvic traction	Yes/ACS	96.93	16.88	
E0900	Traction stand, free standing, pelvic traction	Yes/ACS	103.15	16.88	Bucks.
LYMPHED	EMA PUMPS & COMPRESSO	RS – SPEC	ALIZED US	SE .	
E0650	Pneumatic compressor, non- segmental home model	Yes/ACS	685.12	49.65	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Yes/ACS	1673.84	49.65	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Yes/ACS	2091.08	49.65	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Yes/ACS	BI	n/a	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes/ACS	86.38	n/a	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes/ACS	BI	n/a	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes/ACS	BI	n/a	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Yes/ACS	279.01	49.65	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Yes/ACS	BI	49.65	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Yes/ACS	BI	n/a	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral)	Yes/ACS	BI	Per PAR	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Yes/ACS	BI	n/a	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Yes/ACS	BI	n/a	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Yes/ACS	BI	n/a	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Yes/ACS	BI	n/a	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Yes/ACS	BI	n/a	
S8424	Gradient pressure aid (sleeve), ready made	Yes/ACS	BI	n/a	
S8425	Gradient pressure aid (glove), custom made, medium weight	Yes/ACS	BI	n/a	
S8426	Gradient pressure aid (glove), custom made, heavy weight	Yes/ACS	BI	n/a	
S8427	Gradient pressure aid (glove), ready made	Yes/ACS	BI	n/a	
S8428	Gradient pressure aid (gauntlet), ready made	Yes/ACS	BI	n/a	
S8429	Gradient pressure exterior wrap	Yes/ACS	BI	n/a	
S8430	Padding for compression bandage, roll	Yes/ACS	BI	n/a	
S8431	Compression bandage, roll	Yes/ACS	BI	n/a	
			1		
E2402-KR	Negative pressure wound therapy electrical pump, stationary or portable	Yes/ACS	n/a	118.24	Price includes equipment & all supplies. 1 unit = one day rental. Requires Questionnaire #12. See Appendix L.
REHABILIT	ATION EQUIPMENT – SPECI		E	T	
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Yes/ACS	\$115.01	n/a	
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Yes/ACS	\$115.01	n/a	
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Yes/ACS	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments	
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Yes/ACS	BI	n/a		
A8004	Soft interface for helmet, replacement only	Yes/ACS	BI	n/a		
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Yes/ACS	BI	n/a		
E0641	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Yes/ACS	BI	n/a		
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric	Yes/ACS	BI	n/a		
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Yes/ACS	BI	Per PAR	Use for adults also.	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Yes/ACS	BI	Per PAR	Use for adults also.	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Yes/ACS	BI	Per PAR	Use for adults also.	
ORAL & ENTERAL NUTRITION, FORMULAS, EQUIPMENT & SUPPLIES – SPECIALIZED USE 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. Please refer to www.palmettogba.com/SADMERC, 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. Enteral formulas						
B4100	Food thickener, administered orally, per ounce	Yes/ACS	BI	n/a	1 unit = 1 ounce. Use modifier BO.	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes/ACS	BI	n/a	1 unit = 1 can
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit	Yes/ACS	BI	n/a	Pedialyte, 1 unit = 1 can
B4104	Additive for enteral formula (e.g. fiber)	Yes/ACS	BI	n/a	Polycose, Procell, 1 unit = 1 can
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes/ACS	1.28	n/a	
B4150	Enteral formula; nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	. 59	n/a	For oral administration use modifier -BO.
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	.51	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/ACS	1.69	n/a	For oral administration use modifier -BO.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	1.62	n/a	For oral administration use modifier -BO.
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	2.89	n/a	For oral administration use modifier -BO.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Yes/ACS	1.62	n/a	
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories= 1 unit	Yes/ACS	1.21	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories=1 unit	Yes/ACS	1.21	n/a	
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense(equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes/ACS	1.69	n/a	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories=1 unit	Yes/ACS	2.89	n/a	
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 Enteral equipment & supplie	s and modifi			1 unit = 1 can and quantities specific to skin
B9000-RR	Evel devices. Quantities exc documentation Enteral nutrition infusion pump, without alarm, each	Yes/ACS	BI	74.47	1 item = 1 day's supporting which includes all or part of the listed items. Do not bill included items separately.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B9002-RR	Enteral nutrition infusion pump, with alarm, each	Yes/ACS	BI	74.47	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
E0776	IV pole	Yes/ACS	99.30	14.90	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately.
E2000	Gastric suction pump, home model, portable or stationary, electric	Yes/ACS	BI	n/a	
B4034	Enteral feeding supply kit: Syringe fed, per day	Yes/ACS	4.97	n/a	
B4035	Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day	Yes/ACS	9.10	n/a	
B4036	Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day	Yes/ACS	6.46	n/a	
B4081	Nasogastric tubing with stylet, each	Yes/ACS	16.62	n/a	
B4082	Nasogastric tubing without stylet, each	Yes/ACS	12.89	n/a	
B4083	Stomach tube, Levine type, each	Yes/ACS	1.89	n/a	
B4086	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	None			Code deleted 12/31/07, see codes B4087 and B4088
B4086-52	Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	None			Code deleted 12/31/07, see codes B4087 and B4088
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Yes/ACS	BI	n/a	New code effective 1/1/08
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Yes/ACS	BI	n/a	New code effective 1/1/08
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	None	BI	n/a	1 unit = 1 device.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
B9998	Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one time use only as stated by manufacturer).	Yes/ACS	BI	Per PAR	Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits. Quantity Allowed: 30 per month
E0602	Breast Pump, manual, any type	None	19.85	n/a	Includes kit and all supplies. Only available for use with premature infants and infants in critical care.
E0603-KR	Breast Pump, electric (AC and/or DC), any type	Yes/ACS	42.69	2.24	Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 54 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 54 days. When renting: 1 unit = 1 day. Submit under mom's ID.
A4281	Tubing for breast pump, replacement	None	BI	n/a	Purchase for client owned equipment only.
A4282	Adapter for breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A4283	Cap for breast pump bottle, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A4284	Breast shield and splash protector for use with breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.
A4286	Locking ring for breast pump, replacement	Yes/ACS	BI	n/a	Purchase for client owned equipment only.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S8265	Haberman feeder for cleft lip/palate	None	Manually Priced	n/a	Use this code also for glass bottle, nipple, membrane, disc or collar replacements. Must be billed on a paper claim. Bill one line for multiple components. Describe individual components and units of each item in comment section of the claim. It is not necessary to submit acquisition cost invoice with claim.
S8265-52		None	15.84	n/a	Code deleted 12/31/07, see
	lip/palate HERAPY – SPECIALIZED US	<u> </u>			code S8265.
prescribed I administrati Home IV the Biological p be provided	e of electrolyte balances or hyd by a physician and prior authori on, dosage, frequency, and len erapy equipment & supplies ma reparation (IV nutrients, drug on I by a pharmacy & are billed on n requests must reflect the app	zation is rec gth of neces ay be provide r other solut the Pharma	quired. Indic ssity on eacl ed by pharm ions), antibio acy claim for	ate medica h prior auth nacies or su otic solutior m using NI	tion administered, route of orization request. uppliers. ns, and TPN solutions must
aumonzano	Parenteral equipment & sup				
B9004-RR	Parenteral nutrition infusion pump, portable	Yes/ACS	BI	248.23	1 unit = 1 month rental.
B9006-RR	Parenteral nutrition infusion pump, stationary	Yes/ACS	BI	143.97	1 unit = 1 month rental.
E0791	Parenteral infusion pump, stationary, single or multi channel	Yes/ACS	BI	143.97	1 unit = 1 month rental.
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient	Yes/ACS	341.72	Per PAR	1 unit = 1 month rental.
A4305	Disposable Drug Delivery System, flow rate of 50 ml or greater per hour	Yes/ACS	BI	n/a	1 item = 1 system. Elastomeric
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Yes/ACS	BI	n/a	1 item = 1 system. Elastomeric
E0779-KR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Yes/ACS	BI	4.79	1 item = 1 day. 8 hours or greater. Prior authorization must substantiate the necessity for the use of an ambulatory pump.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
E0780-KR	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	Yes/ACS	BI	4.79	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/ACS	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/ACS	15.39	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
S5036	Home infusion therapy, repair of infusion device (e.g. pump repair)	Yes/ACS	15.39	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, povidone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destruclip, per day	Yes/ACS	6.06	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. May be used utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration
B4224	Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day	Yes/ACS	19.85	n/a	1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. May be used utilized for total parenteral nutrition (TPN), the administration of antibiotics, and the maintenance of electrolyte balances or hydration
K0552	Supplies for external drug infusion pump, syringe type cartridge, sterile, each	Yes/ACS	BI	n/a	1 unit = 1 cartridge.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Yes/ACS	BI	n/a	Use for insertion supplies only.
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Yes/ACS	BI	n/a	Use for insertion supplies only.
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	None	BI	n/a	For client owned equipment only.
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	None	BI	n/a	For client owned equipment only.
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	None	BI	n/a	For client owned equipment only.
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	None	BI	n/a	For client owned equipment only.
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	None	BI	n/a	For client owned equipment only.
B9999	Miscellaneous Parenteral supplies not otherwise classified	Yes/ACS	BI	n/a	Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached.
PROSTHE	TICS & ORTHOTICS				
benefit incl devices, ar	s and orthotics are a covered Co ludes such items as breast prost nd orthopedic shoes for diabetic aire #11 (Appendix K), or Questi	heses, brac clients. Iter	es, artificial ns requiring	limbs, augi PARs mus	mentative communication
A4280	Adhesive skin support attachment for use with external breast prosthesis,	None	BI	n/a	1 unit = 1 attachment.

each

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments					
	Diabetic Shoes, Fitting, and Modifications									
A5500	For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	None	62.55	n/a						
A5501	For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	None	187.66	n/a						
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	None	31.78	n/a						
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	None	31.78	n/a						
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	None	31.78	n/a						
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	None	31.78	n/a						
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe	None	BI	n/a						
A5508	For diabetics only, deluxe feature of off-the-shelf depth- inlay shoe or custom molded shoe, per shoe	None	BI	n/a						

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe	None	BI	n/a	
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum or ¼ inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	None	18.16	n/a	
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each Orthotic Devices – Spinal	None	27.09	n/a	
	Cervical				
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Yes/CFMC	BI	n/a	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Yes/CFMC	BI	n/a	
L0120	Cervical, flexible, nonadjustable (foam collar)	None	16.48	n/a	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Yes/CFMC	75.23	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Yes/CFMC	44.90	n/a	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Yes/CFMC	70.63	n/a	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	Yes/CFMC	82.54	n/a	
L0170	Cervical, collar, molded to patient model	Yes/CFMC	373.47	n/a	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece	Yes/CFMC	81.93	n/a	
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	Yes/CFMC	199.58	n/a	
	Multiple post collar				
L0180	Cervical, multiple post collar occipital/mandibular supports, adjustable	Yes/CFMC	230.16	n/a	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	Yes/CFMC	319.50	n/a	
L0200	Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension	Yes/CFMC	351.28	n/a	
1.0040	<u>Thoracic</u>		40.00		
L0210	Thoracic rib belt	Yes/CFMC		n/a	
L0220	Thoracic rib belt, custom fabricated	Yes/CFMC	74.69	n/a	
	Thoracic-Lumbar-Sacral Or	thosis (ILS	<u>(O</u>)		
L0450	Flexible TLSO, flexible, provides	None	BI	n/a	
	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				

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	None	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	None	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	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	None	BI	n/a	
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	None	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	None	BI	n/a	
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase	Maximum Rental	Comments
			Amount	Amount	
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	None	BI	n/a	
L0491	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	None	468.53	n/a	
L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closure, includes straps and closures, prefabricated, includes fitting and adjustment	None	295.26	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Lumbar-Sacral Orthosis (LSC	<u>))</u>			
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	None	33.68	n/a	Support is not for obstetrical or obesity diagnosis.
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	47.65	n/a	
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	251.27	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	51.27	n/a	Support is not for obstetrical or obesity diagnosis.
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated, includes fitting and adjustment	None	BI	n/a	Support is not for obstetrical or obesity diagnosis.
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	98.99	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	627.51	n/a	
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	None	BI	n/a	
L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	175.29	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	None	BI	n/a	
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	540.09	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0636	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	None	939.85	n/a	
L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	632.73	n/a	
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	None	804.64	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell (s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	None	632.73	n/a	
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell (s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	None	638.35	n/a	

Code	Description	PAR	Maximum Purchase	Maximum Rental	Comments
			Amount	Amount	
	<u>Sacroiliac</u> <u>Flexible</u>				
L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	None	64.37	n/a	
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated, Semi-rigid	None	145.77	n/a	
L0623	Sacroiliac orthosis, provides	None	BI	n/a	
	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				
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	None	BI	n/a	
	Cervical-Thoracic-Lumbar-S		osis (CTLS	<u>0)</u>	
	Anterior-posterior-lateral co			1	1
L0700	CTLSO, anterior-posterior- lateral control, molded to patient model (Minerva type)	None	1135.52	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L0710	CTLSO, anterior-posterior- lateral control, molded to patient model, with interface material (Minerva type)	None	1482.45	n/a	
	<u>Halo procedure</u>		•	•	
L0810	Halo procedure, cervical halo incorporated into jacket vest	None	1330.39	n/a	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	None	1221.07	n/a	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	None	1898.72	n/a	
L0861	Addition to halo procedure, replacement liner/interface material	None	BI	n/a	
	Torso Supports		•	•	
L0960	Torso support, post surgical support, pads for post surgical support				Code deleted 12/31/07
	Additions to Spinal Orthosis	6			
L0970	TLSO, corset front	None	122.32	n/a	
L0972	LSO, corset front	None	67.11	n/a	
L0974	TLSO, full corset	None	80.57	n/a	
L0976	LSO, full corset	None	148.85	n/a	
L0978	Axillary crutch extension	None	66.04	n/a	
L0980	Peroneal straps, pair	None	10.65	n/a	
L0982	Stocking supporter grips, set of four (4)	None	11.09	n/a	
L0984	Protective body sock, each	None	41.39	n/a	
L0999	Addition to spinal orthosis, NOS	None	BI	n/a	
	Orthotic Devices - Scoliosis				
14000	Cervical-thoracic-lumbar-sa				<u>96)</u>
L1000	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	None	1543.29	n/a	
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1010	Addition to CTLSO or scoliosis orthosis, axilla sling	None	30.13	n/a	
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	None	59.01	n/a	
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	None	85.84	n/a	
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	None	39.50	n/a	
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	None	44.75	n/a	
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	None	51.73	n/a	
L1060	Additions to CTLSO or scoliosis orthosis, thoracic pad	None	59.41	n/a	
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	None	42.94	n/a	
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	None	53.04	n/a	
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	None	56.29	n/a	
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	None	54.50	n/a	
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	None	62.97	n/a	
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	None	80.11	n/a	
L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	None	16.24	n/a	
	Thoracic-lumbar-sacral orth	osis (TLS	<u>O) (Low Pro</u>	file)	
L1200	TLSO, inclusive of furnishing initial orthosis only	None	1167.11	n/a	
L1210	Addition to TLSO, (low profile), lateral thoracic extension	None	197.02	n/a	

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans"

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1220	Addition to TLSO, (low profile), anterior thoracic extension	None	143.49	n/a	
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	None	701.47	n/a	
L1240	Addition to TLSO, (low profile), lumbar derotation pad	None	48.24	n/a	
L1250	Addition to TLSO, (low profile), anterior ASIS pad	None	29.23	n/a	
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	None	46.99	n/a	
L1270	Addition to TLSO, (low profile), abdominal pad	None	40.05	n/a	
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	None	53.58	n/a	
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	None	48.82	n/a	
	Other scoliosis procedures				
L1300	Other scoliosis procedure, body jacket molded to patient model	None	1289.46	n/a	
L1310	Other scoliosis procedure, postoperative body jacket	None	1706.56	n/a	
L1499	Spinal orthosis, not otherwise specified	None	BI	n/a	
	Thoracic-hip-knee-ankle or	<u>thosis (THK</u>	<u>(AO)</u>		
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes/CFMC	1292.75	n/a	
L1510	THKAO, standing frame, with or without tray and accessories	Yes/CFMC	965.59	n/a	
L1520	THKAO, swivel walker	Yes/CFMC	1314.53	n/a	
	Orthotic Devices - Lower Li	mb			
	Hip orthosis (HO) - Flexible			<u> </u>	
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	None	81.87	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	None	25.44	n/a	
L1620	HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	None	83.22	n/a	
L1630	HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	None	BI	n/a	
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	None	351.66	n/a	
L1650	HO, abduction control of hip joints, static, adjustable (lifted type), prefabricated, includes fitting and adjustment	None	162.04	n/a	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	None	BI	n/a	
L1660	HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	None	106.31	n/a	
L1680	HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	None	756.83	n/a	
L1685	HO abduction control of hip joint, postoperative hip abduction type, custom fabricated	None	546.12	n/a	
L1686	HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	None	638.61	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	None	1298.68	n/a	
	Legg perthes		1	1	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	None	BI	n/a	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	None	1022.42	n/a	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	None	891.44	n/a	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	None	704.19	n/a	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	None	BI	n/a	
	Knee Orthosis (KO)				
E1810	Dynamic adjustable knee extension/ flexion device, includes soft interface material	None	BI	n/a	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
E1812	Dynamic knee, extension/flexion device with active resistance control	None	BI	n/a	
L1800	KO, elastic with stays, prefabricated, includes fitting and adjustment	None	41.32	n/a	
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	None	62.68	n/a	
L1815	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	None	60.17	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	None	88.08	n/a	
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	None	34.16	n/a	
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	None	57.38	n/a	
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	None	343.32	n/a	
L1834	KO, without knee joint, rigid, custom fabricated	None	BI	n/a	
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1840	KO, derotation, medial- lateral, anterior cruciate ligament, custom fabricated	None	519.24	n/a	
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	None	547.82	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	None	1013.59	n/a	
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	None	524.37	n/a	
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, custom fabricated	None	BI	n/a	
L1847	KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment	None	489.27	n/a	
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	None	230.40	n/a	
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated				Code deleted 12/31/07, see code L1846
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)				Code deleted 12/31/07, see code L1846
L1870	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	None	465.79	n/a	
L1880	KO, double upright, non- molded thigh and calf cuffs/lacers with knee joints, custom fabricated	None	BI	n/a	Code deleted 12/31/07, see code L1846

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Ankle-Foot Orthosis (AFO)				-
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material	None	BI	n/a	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
L1900	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	None	BI	n/a	
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	None	49.59	n/a	
L1904	AFO, molded ankle gauntlet, custom fabricated	None	344.26	n/a	
L1906	AFO, multi-ligamentous ankle support, prefabricated, includes fitting and adjustment	None	99.59	n/a	
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	None	BI	n/a	
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	None	207.83	n/a	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated	None	273.12	n/a	
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	None	145.81	n/a	
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L1940	AFO, plastic or other material, custom fabricated	None	279.27	n/a	
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	None	564.76	n/a	
L1950	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	None	500.56	n/a	
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1960	AFO, posterior solid ankle, plastic, custom fabricated	None	313.00	n/a	
L1970	AFO, plastic, with ankle joint, custom fabricated	None	464.36	n/a	
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	None	BI	n/a	
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	None	254.69	n/a	
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	None	251.70	n/a	
	Knee-Ankle-Foot Orthosis (
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	None	743.67	n/a	
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	None	BI	n/a	

Code	Description	PAR	Maximum Purchase	Maximum Rental	Comments
			Amount	Amount	
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	None	645.17	n/a	
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	None	659.35	n/a	
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	None	629.25	n/a	
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	None	BI	n/a	
L2035	Knee ankle foot orthosis, full plastic, static, (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	None	BI	n/a	
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	None	1265.04	n/a	
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	None	1034.59	n/a	
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	None	835.01	n/a	
1 2040	Torsion Control: Hip-Knee-				
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	None	143.30	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	None	394.57	n/a	
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	None	451.76	n/a	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	None	78.48	n/a	
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	None	223.41	n/a	
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	None	343.15	n/a	
	Fracture orthosis				
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	None	335.57	n/a	
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	None	941.77	n/a	
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	None	289.81	n/a	
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None	363.51	n/a	
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	None	442.20	n/a	
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	None	785.91	n/a	
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	None	1169.07	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	None	BI	n/a	
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	None	645.17	n/a	
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	None	763.21	n/a	
	Additions to fracture orthos		1	1	
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	None	94.72	n/a	
L2182	Additions to lower extremity fracture orthosis, drop lock knee joint	None	27.07	n/a	
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	None	75.74	n/a	
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	None	96.94	n/a	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	None	194.89	n/a	
L2190	Addition to lower extremity fracture orthosis, waist belt	None	55.54	n/a	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	None	235.44	n/a	
	Additions to lower extremity	vorthosis:	Shoe-Ank	le-Shin-Kn	ee
L2200	Addition to lower extremity, limited ankle motion, each joint	None	35.81	n/a	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	None	55.67	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	None	65.90	n/a	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	None	51.99	n/a	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	None	BI	n/a	
L2240	Addition to lower extremity, round caliper and plate attachment	None	51.95	n/a	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attached	None	261.29	n/a	
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	None	142.38	n/a	
L2265	Addition lower extremity, long tongue stirrup	None	73.15	n/a	
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	None	36.64	n/a	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	None	92.52	n/a	
L2280	Addition to lower extremity, molded inner boot	None	255.69	n/a	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	None	167.23	n/a	
L2310	Addition to lower extremity, abduction bar, straight	None	109.33	n/a	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	None	163.09	n/a	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	None	259.80	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2335	Addition to lower extremity, anterior swing band	None	148.06	n/a	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	None	277.61	n/a	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	None	646.47	n/a	
L2360	Addition to lower extremity, extended steel shank	None	35.71	n/a	
L2370	Addition to lower extremity, Patten bottom	None	158.87	n/a	
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	None	65.64	n/a	
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	None	160.21	n/a	
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	None	110.92	n/a	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	None	BI	n/a	
L2390	Addition to lower extremity, offset knee joint, each joint	None	90.65	n/a	
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	None	115.49	n/a	
L2397	Addition to lower extremity orthosis, suspension sleeve	None	79.99	n/a	
1.0.405	Additions to straight knee o				
L2405	Addition to knee joint, drop lock, each	None	42.16	n/a	
L2415	Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint	None	118.08	n/a	
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	None	135.15	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	None	BI	n/a	
L2492	Addition to knee joint, lift loop for drop lock ring	None	70.00	n/a	
	Additions: Thigh/weight be	aring – Glu	iteal/Ischial	weight be	aring
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	None	226.24	n/a	
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model	None	426.51	n/a	
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted	None	306.26	n/a	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	None	769.51	n/a	
L2526	Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	None	523.96	n/a	
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	None	159.13	n/a	
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	None	274.41	n/a	
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	None	314.46	n/a	
	Additions: Pelvic and thora	cic control	<u> </u>		
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each	None	295.86	n/a	
L2580	Addition to lower extremity, pelvic control, pelvic sling	None	429.16	n/a	
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	None	138.51	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	None	199.17	n/a	
L2620	Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	None	192.70	n/a	
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	None	190.49	n/a	
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	None	205.68	n/a	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	None	BI	n/a	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	None	1261.42	n/a	
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	None	205.08	n/a	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	None	208.74	n/a	
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	None	74.42	n/a	
L2660	Addition to lower extremity, thoracic control, thoracic band	None	315.56	n/a	
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	None	231.38	n/a	
L2680	Addition to lower extremity, thoracic control, lateral support uprights	None	191.34	n/a	
	Additions: General		-	1	
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	None	34.64	n/a	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	None	87.73	n/a	
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	None	50.32	n/a	
L2768	Orthotic side bar disconnect device, per bar	None	BI	n/a	
L2770	Addition to lower extremity orthosis, any material, per bar or joint	None	51.14	n/a	
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	None	42.04	n/a	
L2785	Addition to lower extremity orthosis, drop lock retainer, each	None	19.69	n/a	
L2795	Addition to lower extremity orthosis, knee control, full kneecap	None	52.77	n/a	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	None	72.66	n/a	
L2810	Addition to lower extremity orthosis, knee control, condylar pad	None	48.52	n/a	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	None	65.38	n/a	
L2830	Addition to lower extremity orthosis soft interface for molded plastic, above knee section	None	77.81	n/a	
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	None	18.37	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	None	49.38	n/a	
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	None	BI	n/a	
L2999	Lower extremity orthoses, NOS	None	BI	n/a	
	<u>Orthopedic shoes</u> <u>Inserts</u>				
L3000	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	Yes/CFMC	232.90	n/a	
L3001	Foot insert, removable, molded to patient model, Spenco, each	Yes/CFMC	BI	n/a	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Yes/CFMC	119.75	n/a	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	Yes/CFMC	BI	n/a	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Yes/CFMC	129.18	n/a	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Yes/CFMC	147.09	n/a	
L3030	Foot insert, removable, formed to patient foot, each	Yes/CFMC	56.58	n/a	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Yes/CFMC	BI	n/a	
L3040	Foot, arch support, removable, pre-molded, longitudinal, each	Yes/CFMC	34.88	n/a	
L3050	Foot, arch support, removable, pre-molded, metatarsal, each	Yes/CFMC	34.88	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3060	Foot, arch support, removable, pre-molded, longitudinal/metatarsal, each	Yes/CFMC	54.71	n/a	
	Arch support, non-removal				
L3070	Foot, arch support, non- removable, attached to shoe, longitudinal, each	Yes/CFMC	23.57	n/a	
L3080	Foot, arch support, non- removable attached to shoe, metatarsal, each	Yes/CFMC	23.57	n/a	
L3090	Foot, arch support, non- removable attached to shoe, longitudinal/metatarsal, each	Yes/CFMC	BI	n/a	
L3100	Hallus-valgus night dynamic splint	Yes/CFMC	32.07	n/a	
	Abduction and rotation bar		-		Γ
L3140	Foot, abduction rotation bar, including shoes	Yes/CFMC	66.01	n/a	
L3150	Foot, abduction rotation bar, without shoes	Yes/CFMC	60.35	n/a	
L3160	Foot, adjustable shoe-styled positioning device	Yes/CFMC	BI	n/a	
L3170	Foot, plastic, silicone or equal, heel stabilizer, each	Yes/CFMC	52.74	n/a	
	Orthopedic footwear				
L3201	Orthopedic shoe, oxford with supinator or pronator, Infant	None	52.74	n/a	
L3202	Orthopedic shoe, oxford with supinator or pronator, Child	None	44.99	n/a	
L3203	Orthopedic shoe, oxford with supinator or pronator, Junior	None	BI	n/a	
L3204	Orthopedic shoe, high top with supinator or pronator, Infant	None	52.74	n/a	
L3206	Orthopedic shoe, high top with supinator or pronator, Child	None	BI	n/a	
L3207	Orthopedic shoe, high top with supinator or pronator, Junior	None	119.15	n/a	
L3208	Surgical boot, each, infant	None	BI	n/a	
L3209	Surgical boot, each, child	None	69.88	n/a	
L3211	Surgical boot, each, junior	None	BI	n/a	
L3212	Benesch boot, pair, infant	None	72.11	n/a	
L3213	Benesch boot, pair, child	None	BI	n/a	
L3214	Benesch boot, pair, junior	None	103.71	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3215	Orthopedic footwear, ladies shoe, oxford, each	Yes/CFMC	119.15	n/a	
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Yes/CFMC	119.15	n/a	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Yes/CFMC	BI	n/a	
L3219	Orthopedic footwear, men's shoe, oxford, each	Yes/CFMC	95.93	n/a	
L3221	Orthopedic footwear, men's shoe, depth inlay, each	Yes/CFMC	BI	n/a	
L3222	Orthopedic footwear, men's shoe, hightop, depth inlay, each	Yes/CFMC	BI	n/a	
L3224	Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis)	Yes/CFMC	39.71	n/a	
L3225	Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis)	Yes/CFMC	BI	n/a	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes/CFMC	248.23	n/a	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Yes/CFMC	BI	n/a	
L3251	Foot, shoe molded to patient model, silicone shoe, each	Yes/CFMC	BI	n/a	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Yes/CFMC	248.23	n/a	
L3253	Foot, molded shoe Plastozote (or similar), custom fitted, each	Yes/CFMC	BI	n/a	
L3254	Nonstandard size or width	Yes/CFMC	BI	n/a	
L3255	Nonstandard size or length	Yes/CFMC	BI	n/a	
L3257	Orthopedic footwear, additional charge for split size	Yes/CFMC	BI	n/a	
L3260	Surgical boot/shoe, each	Yes/CFMC	158.87	n/a	
L3265	Plastazote sandal, each	Yes/CFMC	108.98	n/a	
	Shoe modification - lifts				
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Yes/CFMC	38.67	n/a	

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans"

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3310	Lift, elevation, heel and sole, neoprene, per inch	Yes/CFMC	60.35	n/a	
L3320	Lift, elevation, heel and sole, cork, per inch	Yes/CFMC	63.47	n/a	
L3330	Lift, elevation, metal extension (skate)	Yes/CFMC	BI	n/a	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Yes/CFMC	54.71	n/a	
L3334	Lift, elevation, heel, per inch	Yes/CFMC	BI	n/a	
	Shoe modification - wedges	6			
L3340	Heel wedge, SACH	Yes/CFMC	BI	n/a	
L3350	Heel wedge	Yes/CFMC	16.98	n/a	
L3360	Sole wedge, outside sole	Yes/CFMC	26.40	n/a	
L3370	Sole wedge, between sole	Yes/CFMC	36.78	n/a	
L3380	Clubfoot wedge	Yes/CFMC	36.78	n/a	
L3390	Outflare wedge	Yes/CFMC	BI	n/a	
L3400	Metatarsal bar wedge, rocker	Yes/CFMC	30.17	n/a	
L3410	Metatarsal bar wedge, between sole	Yes/CFMC	BI	n/a	
L3420	Full sole and heel wedge, between sole	Yes/CFMC	BI	n/a	
	Shoe modifications - heels				
L3430	Heel, counter, plastic reinforced	Yes/CFMC	BI	n/a	
L3440	Heel, counter, leather reinforced	Yes/CFMC	BI	n/a	
L3450	Heel, SACH cushion type	Yes/CFMC	BI	n/a	
L3455	Heel, new leather, standard	Yes/CFMC	BI	n/a	
L3460	Heel, new rubber, standard	Yes/CFMC	25.73	n/a	
L3465	Heel, Thomas with wedge	Yes/CFMC	BI	n/a	
L3470	Heel, Thomas extended to ball	Yes/CFMC	BI	n/a	
L3480	Heel, pad and depression for spur	Yes/CFMC	BI	n/a	
L3485	Heel, pad, removable for spur	Yes/CFMC	25.73	n/a	
	Miscellaneous shoe additio	ns			
L3500	Orthopedic shoe addition, insole, leather	Yes/CFMC	BI	n/a	
L3510	Orthopedic shoe addition, insole, rubber	Yes/CFMC	BI	n/a	
L3520	Orthopedic shoe addition, insole, felt covered with leather	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3530	Orthopedic shoe addition, sole, half	Yes/CFMC	BI	n/a	
L3540	Orthopedic shoe addition, sole, full	Yes/CFMC	BI	n/a	
L3550	Orthopedic shoe addition, toe tap, standard	Yes/CFMC	BI	n/a	
L3560	Orthopedic shoe addition, toe tap, horseshoe	Yes/CFMC	BI	n/a	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Yes/CFMC	BI	n/a	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Yes/CFMC	BI	n/a	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Yes/CFMC	BI	n/a	
L3595	Orthopedic shoe addition, March bar	Yes/CFMC	BI	n/a	
	Transfer or replacement				
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Yes/CFMC	BI	n/a	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Yes/CFMC	BI	n/a	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Yes/CFMC	BI	n/a	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Yes/CFMC	BI	n/a	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Yes/CFMC	32.06	n/a	
L3649	Orthopedic shoe, modification, additional or transfer, NOS	Yes/CFMC	BI	n/a	
	<u>Orthotic Devices – Upper Li</u> <u>Shoulder Orthosis (SO)</u>	imb			
L3650	SO, figure of eight design abduction re-strainer, prefabricated, includes fitting and adjustment	None	17.83	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3651	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L3652	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L3660	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	None	81.53	n/a	
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	None	54.93	n/a	
L3671	Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes non- torsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3677	SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Elbow Orthosis (EO)				
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	None	BI	n/a	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
L3700	EO, elastic with stays, prefabricated, includes fitting and adjustment	None	42.42	n/a	
L3701	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	None	75.15	n/a	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	None	BI	n/a	
L3720	EO, double upright with forearm/arm cuffs, free motion custom fabricated	None	BI	n/a	
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	None	498.12	n/a	
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	None	649.60	n/a	
E1818	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3760	EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	None	BI	n/a	
L3762	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	None	BI	n/a	
1.0700	/Elbow-Wrist-Hand Orthosis			,	
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3764	Elbow wrist hand orthosis, includes one or more non- torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
	Elbow-Wrist-Hand-Finger Or	rthosis			•
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3766	Elbow wrist hand finger orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment Wrist-Hand-Einger Orthosis	None	BI	n/a	
	Wrist-Hand-Finger Orthosis	<u>(WHFU)</u>			0 1 1 1 4 1 40/04/07
L3800	WHFO, short opponens, no attachments, custom fabricated				Code deleted 12/31/07, see code L3808
L3805	WHFO, long opponens, no attachment, custom fabricated				Code deleted 12/31/07, see code L3808

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3806	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include sofe interface material, straps, custom fabricated, includes fitting and adjustment	None	263.30	n/a	
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	None	BI	n/a	
L3808	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	None	163.52	n/a	
L3810	WHFO, additions to short and long opponens, thumb abduction ("C") bar				Code deleted 12/31/07
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist				Code deleted 12/31/07
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop				Code deleted 12/31/07
L3825	WHFO, addition to short and long opponens, M.P. extension stop				Code deleted 12/31/07
L3830	WHFO, addition to short and long opponens, M.P. extension assist				Code deleted 12/31/07
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist				Code deleted 12/31/07
L3840	WHFO, addition to short and long opponens, spring swivel thumb				Code deleted 12/31/07
L3845	WHFO, addition to short and long opponens, thumb I. P. extension assist, with M. P. stop				Code deleted 12/31/07
L3850	WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist				Code deleted 12/31/07
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control				Code deleted 12/31/07

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.				Code deleted 12/31/07
L3890	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	None	BI	n/a	
	Dynamic flexor hinge, recip	rocal wrist	extension/	flexion, fin	<u>ger flexion/extension</u>
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	None	786.50	n/a	
L3901	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	None	920.13	n/a	
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	None	BI	n/a	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	None	BI	n/a	
	External power		I	1	
L3904	WHFO, external powered, electric, custom fabricated	None	1555.60	n/a	
L3905	Other WHFOs – Custom fitte Wrist hand orthosis, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting	ed None	BI	n/a	
L3906	and adjustment Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	255.44	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated				Code deleted 12/31/07, see code L3808
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	None	33.10	n/a	
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3931
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	None	BI	n/a	
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	None	77.41	n/a	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3915	WHFO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	None	44.32	n/a	
L3916	WHFO, wrist extension cock- up, with outrigger, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3931
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3929

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	•
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3929
L3921	Hand finger orthosis, includes one or more non- torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	•
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3929
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment				Code deleted 12/31/07, see code L3931
L3925	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non-torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment	None	29.21	n/a	New code effective 1/1/08.
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3927	FO, proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	New code effective 1/1/08.

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3929
L3929	HFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	None	46.26	n/a	New code effective 1/1/08.
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3931	WHFO, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	None	114.27	n/a	New code effective 1/1/08.
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3925
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	None	BI	n/a	•
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3925
L3935	Finger orthosis, non-torsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	None	BI	n/a	•
L3936	WHFO, Palmer, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3938	WHFO, dorsal, wrist, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3929
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3929
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3929
L3948	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3925
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3931
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	None	BI	n/a	Code deleted 12/31/07, see code L3923
L3956	Addition of joint to upper extremity orthosis, any material; per joint	None	BI	n/a	
L3960	Shoulder-Elbow-Wrist-Hand SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment	None	446.72	n/a	
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3962	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	None	408.97	n/a	
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	None	BI	n/a	
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	None	757.34	n/a	
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	None	570.54	n/a	
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	None	591.05	n/a	
L3969	SEO, mobile arm support, mono-suspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	None	504.90	n/a	
L3970	SEO, addition to mobile arm support, elevating proximal arm	None	227.33	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	None	132.62	n/a	
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3974	SEO, addition to mobile arm support, supinator	None	111.09	n/a	
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more non-torsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	None	BI	n/a	
	Fracture orthosis				
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	None	187.90	n/a	
L3982	Upper extremity fracture orthosis, radius/ulna, prefabricated, includes fitting and adjustment	None	232.33	n/a	
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	None	258.70	n/a	
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	None	BI	n/a	Code deleted 12/31/07, see code L3764
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulna, wrist (example: Colles' fracture), custom fabricated	None	BI	n/a	Code deleted 12/31/07, see code L3763
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	None	19.88	n/a	
L3999	Upper limb orthosis, NOS	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	<u>Specific repair</u>			-	
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	None	BI	n/a	
E1821	Replacement soft interface material/cuffs for bi- directional static progressive stretch device	None	BI	n/a	
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	None	719.86	n/a	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	None	BI	n/a	
L4010	Replace trilateral socket brim	None	361.56	n/a	
L4020	Replace quadrilateral socket brim, molded to patient model	None	398.37	n/a	
L4030	Replace quadrilateral socket brim, custom fitted	None	267.39	n/a	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	None	267.39	n/a	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	None	271.63	n/a	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	None	238.16	n/a	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	None	164.92	n/a	
L4060	Replace high roll cuff	None	267.39	n/a	
L4070	Replace proximal and distal upright for KAFO	None	243.57	n/a	
L4080	Replace metal bands KAFO, proximal thigh	None	68.20	n/a	
L4090	Replace metal bands KAFO- AFO, calf or distal thigh	None	64.94	n/a	
L4100	Replace leather cuff KAFO, proximal thigh	None	62.10	n/a	
L4110	Replace leather cuff KAFO- AFO, calf or distal thigh	None	56.10	n/a	
L4130	Replace pretibial shell	None	259.80	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	<u>Repairs</u>				
L4205	Repair of orthotic device, labor component, per 15 minutes	None	BI	n/a	
L4210	Repair of orthotic device, repair or replace minor parts	None	BI	n/a	
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g. pneumatic, gel), prefabricated, includes fitting and adjustment	None	50.48	n/a	
L4360	Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	None	168.73	n/a	
L4370	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	None	128.62	n/a	
L4380	Pneumatic knee splint, prefabricated, includes fitting and adjustment	None	66.72	n/a	
L4386	Walking boot, non- pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	None	BI	n/a	
L4392	Replacement soft interface material, static AFO	None	BI	n/a	
L4394	Replace soft interface material, foot drop splint	None	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	None	110.67	n/a	
L4398	Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Prosthetic Procedures L500	<u>0-L9999</u>		l	
	Lower limb				
	Partial foot		-	1	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	None	334.35	n/a	
L5010	Partial foot, molded socket, ankle height, with toe filler	None	883.84	n/a	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	None	1550.73	n/a	
	Ankle				
L5050	Ankle, Symes, molded socket, SACH foot	None	1647.54	n/a	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	None	2064.51	n/a	
	<u>Below knee</u>		T	I	1
L5100	Below knee, molded socket, shin, SACH foot	None	1538.03	n/a	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	None	2521.92	n/a	
	Knee disarticulation				
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	None	2548.46	n/a	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	None	2720.72	n/a	
1 5000	Above knee	N 1	0007.40		
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	None	2307.46	n/a	
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	None	1828.00	n/a	
L5220	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	None	1985.40	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	None	3356.61	n/a	
	Hip disarticulation			1	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None	3875.07	n/a	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot	None	3915.38	n/a	
	<u>Hemipelvectomy</u>		-		
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	None	4108.60	n/a	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	None	1748.93	n/a	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system	None	3070.00	n/a	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	None	2805.87	n/a	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None	4479.10	n/a	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	None	4993.38	n/a	
	Immediate post surgical or e			es	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	None	1050.48	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, blow knee, each additional cast change and realignment	None	266.30	n/a	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	None	1261.33	n/a	
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	None	309.90	n/a	
L5450	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, below knee	None	528.82	n/a	
L5460	Immediate post surgical or early fitting, application of non weight-bearing rigid dressing, above knee	None	580.00	n/a	
L5500	Initial prosthesis Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	None	1166.99	n/a	
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	None	1486.21	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Preparatory prosthesis				
L5510	Preparatory, below knee "PTB" type socket, non- alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None	1229.25	n/a	
L5520	Preparatory, below knee "PTB" type socket, non- alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None	1142.38	n/a	
L5530	Preparatory, below knee "PTB" type socket, non- alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	None	1580.81	n/a	
L5535	Preparatory, below knee "PTB" type socket, non- alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	None	580.63	n/a	
L5540	Preparatory, below knee "PTB" type socket, non- alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	None	1344.26	n/a	
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	None	1764.10	n/a	
L5570	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	None	2053.51	n/a	
L5580	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	None	2253.85	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	None	2137.94	n/a	
L5590	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	None	2031.68	n/a	
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	None	2519.43	n/a	
L5600	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	None	2822.38	n/a	
	Additions: Lower extremity				
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	None	1477.98	n/a	
L5611	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control	None	1421.62	n/a	
L5613	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control	None	2225.12	n/a	
L5614	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	None	1170.74	n/a	
L5617	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	None	BI	n/a	
L5618	Additions: Test sockets Addition to lower extremity, test socket, Symes	None	186.11	n/a	
L5620	Addition to lower extremity, test socket, below knee	None	183.98	n/a	
L5622	Addition to lower extremity, test socket, knee disarticulation	None	239.90	n/a	
L5624	Addition to lower extremity, test socket, above knee	None	241.34	n/a	
L5626	Addition to lower extremity, test socket, hip disarticulation	None	259.81	n/a	
L5628	Addition to lower extremity, test socket, hemipelvectomy	None	280.11	n/a	
L5629	Addition to lower extremity, below knee, acrylic socket	None	210.31	n/a	
	Additions: Socket variation	S	1	1	
L5630	Addition to lower extremity, Symes type, expandable wall socket	None	260.17	n/a	
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	None	290.77	n/a	
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	None	180.65	n/a	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	None	364.68	n/a	
L5636	Addition to lower extremity, Symes type, medial opening socket	None	224.82	n/a	
L5637	Addition to lower extremity, below knee, total contact	None	191.17	n/a	
L5638	Addition to lower extremity, below knee, leather socket	None	510.59	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5639	Addition to lower extremity, below knee, wood socket	None	1741.46	n/a	
L5640	Addition to lower extremity, knee disarticulation, leather socket	None	607.99	n/a	
L5642	Addition to lower extremity, above knee, leather socket	None	587.83	n/a	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	None	934.06	n/a	
L5644	Addition to lower extremity, above knee, wood socket	None	747.78	n/a	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	None	704.01	n/a	
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	None	315.86	n/a	
L5647	Addition to lower extremity, below knee, suction socket	None	642.72	n/a	
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	None	382.15	n/a	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	None	1275.39	n/a	
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	None	430.75	n/a	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	None	1059.61	n/a	
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	None	384.69	n/a	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	None	BI	n/a	
	Additions: Socket insert an			1	
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	220.65	n/a	
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	175.51	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	BI	n/a	
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	None	275.80	n/a	
L5661	Addition to lower extremity, socket insert, multidurometer, Symes	None	BI	n/a	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee	None	269.52	n/a	
L5666	Addition to lower extremity, below knee, cuff suspension	None	46.34	n/a	
L5668	Addition to lower extremity, below knee, molded distal cushion	None	66.82	n/a	
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	None	217.66	n/a	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	None	BI	n/a	
L5672	Addition to lower extremity, below knee, removable medial brim suspension	None	256.83	n/a	
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or elastomeric or equal, for use with locking mechanism	None	BI	n/a	
L5676	Addition to lower extremity, below knee, knee joints single axis, pair	None	296.58	n/a	
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	None	326.28	n/a	
L5678	Addition to lower extremity, below knee joint covers, pair	None	34.20	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	None	BI	n/a	
L5680	Addition to lower extremity, below knee, thigh lacer, non- molded	None	245.92	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)	None	BI	n/a	
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	None	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)	None	BI	n/a	
L5684	Addition to lower extremity, below knee, fork strap	None	35.05	n/a	
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	None	57.71	n/a	
L5686	Addition to lower extremity, below knee, back check (extension control)	None	35.05	n/a	
L5688	Addition to lower extremity, below knee, waist belt, webbing	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	None	53.99	n/a	
L5692	Addition to lower extremity, above knee, pelvic control belt, light	None	90.99	n/a	
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	None	133.84	n/a	
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	None	131.19	n/a	
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	None	120.20	n/a	
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	None	69.02	n/a	
L5699	All lower extremity prostheses, shoulder harness	None	100.98	n/a	
	<u>Replacements</u>		-	1	
L5700	Replacement, socket, below knee, molded to patient model	None	1877.83	n/a	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	None	2506.35	n/a	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	None	BI	n/a	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	None	BI	n/a	
L5704	Custom shaped protective cover, below knee	None	391.86	n/a	
L5705	Custom shaped protective cover, above knee	None	665.35	n/a	
L5706	Custom shaped protective cover, knee disarticulation	None	BI	n/a	
L5707	Custom shaped protective cover, hip disarticulation	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Additions: Exoskeletal knee	e-shin sys		1	1
L5710	Addition, exoskeletal knee- shin system, single axis, manual lock	None	BI	n/a	
L5711	Addition, exoskeletal knee- shin system, single axis, manual lock, ultra-light material	None	314.12	n/a	
L5712	Addition, exoskeletal knee- shin system, single axis, friction swing and stance phase control (safety knee)	None	315.82	n/a	
L5714	Addition, exoskeletal knee- shin system, single axis, variable friction swing phase control	None	BI	n/a	
L5716	Addition, exoskeletal knee- shin system, polycentric, mechanical stance phase lock	None	876.83	n/a	
L5718	Addition, exoskeletal knee- shin system, polycentric, friction swing and stance phase control	None	980.69	n/a	
L5722	Addition, exoskeletal knee- shin system, single axis, pneumatic swing, friction stance phase control	None	BI	n/a	
L5724	Addition, exoskeletal knee- shin system, single axis, fluid swing phase control	None	1092.69	n/a	
L5726	Addition, exoskeletal knee- shin system, single axis, external joints, fluid swing phase control	None	1025.39	n/a	
L5728	Addition, exoskeletal knee- shin system, single axis, fluid swing and stance phase control	None	BI	n/a	
L5780	Addition, exoskeletal knee- shin system, single axis, pneumatic/hydra pneumatic swing phase control	None	811.17	n/a	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	None	BI	n/a	
	Component modification				
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	None	343.82	n/a	
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	None	BI	n/a	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None	580.63	n/a	
	Additions: Endoskeletal kn	ee-shin sy	stem		
L5810	Addition, endoskeletal knee- shin system, single axis, manual lock	None	389.71	n/a	
L5811	Addition, endoskeletal knee- shin system, single axis, manual lock, ultra-light material	None	625.14	n/a	
L5812	Addition, endoskeletal knee- shin system, single axis, friction swing and stance phase control (safety knee)	None	460.19	n/a	
L5814	Addition, endoskeletal knee- shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	None	2499.07	n/a	
L5816	Addition, endoskeletal knee- shin system, polycentric, mechanical stance phase lock	None	BI	n/a	
L5818	Addition, endoskeletal knee- shin system, polycentric, friction swing and stance phase control	None	811.88	n/a	
L5822	Addition, endoskeletal knee- shin system, single axis, pneumatic swing, friction stance phase control	None	1542.57	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5824	Addition, endoskeletal knee- shin system, single axis, fluid swing phase control	None	BI	n/a	
L5826	Addition, endoskeletal knee- shin system, single axis, hydraulic swing phase control, with miniature high activity frame	None	2101.42	n/a	
L5828	Addition, endoskeletal knee- shin system, single axis, fluid swing and stance phase control	None	2101.44	n/a	
L5830	Addition, endoskeletal knee- shin system, single axis, pneumatic/swing phase control	None	1287.50	n/a	
L5840	Addition, endoskeletal knee- shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	None	2582.55	n/a	
L5845	Addition, endoskeletal knee- shin system, stance flexion feature, adjustable	None	1206.09	n/a	
L5848	Addition to endoskeletal, knee-shin system, fluid stance extension, dampening feature, with or without adjustability	None	BI	n/a	
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	None	112.88	n/a	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	None	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	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	None	BI	n/a	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	None	BI	n/a	
L5910	Addition, endoskeletal system, below knee, alignable system	None	319.56	n/a	
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	None	464.96	n/a	
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	None	BI	n/a	
L5930	Addition, endoskeletal system, high activity knee control frame	None	BI	n/a	
L5940	Addition, endoskeletal system, below knee, ultra- light material (titanium, carbon fiber or equal)	None	402.34	n/a	
L5950	Addition, endoskeletal system, above knee, ultra- light material (titanium, carbon fiber or equal)	None	486.31	n/a	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	None	422.18	n/a	
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	None	495.55	n/a	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	None	700.29	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	None	BI	n/a	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	None	BI	n/a	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	None	150.25	n/a	
L5971	All lower extremity prosthesis, solid ankle cushion hell (SACH) foot, replacement only	None	BI	n/a	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	None	231.75	n/a	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	None	156.36	n/a	
L5975	All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot	None	395.14	n/a	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	None	400.15	n/a	
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	None	193.13	n/a	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	None	1827.80	n/a	
L5980	All lower extremity prostheses, flex-foot system	None	3271.49	n/a	
L5981	All lower extremity prostheses, flex-walk system or equal	None	2137.84	n/a	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	None	649.67	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	None	399.17	n/a	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	None	BI	n/a	
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	None	559.12	n/a	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	None	4840.70	n/a	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	None	1344.24	n/a	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	None	BI	n/a	
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)	None	BI	n/a	
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)	None	BI	n/a	
L5995	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knew (for patient weight greater than 300 lbs)	None	BI	n/a	
L5999	Lower extremity prosthesis	None	BI	n/a	
	not otherwise specified Upper Limb The procedures in L6000-L65 modified by listing procedures standard friction wrist and con Partial hand	from the "a	addition" sec	tions. The	base procedures include only
L6000	Partial hand, Robin-aids,	None	893.57	n/a	
L6010	thumb remaining (or equal) Partial hand, Robin-aids, little and/or ring finger remaining (or equal)	None	984.74	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6020	Partial hand, Robin-aids, no finger remaining (or equal)	None	935.03	n/a	
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	None	BI	n/a	
	Wrist disarticulation		-	1	1
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	None	1352.81	n/a	
L6055	Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad	None	1872.94	n/a	
	Below elbow				
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	None	1339.02	n/a	
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	None	1381.93	n/a	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	None	1522.34	n/a	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	None	1728.67	n/a	
	Elbow disarticulation			1	1
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	None	1872.91	n/a	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	None	2273.26	n/a	
	<u>Above elbow</u>				
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6250	Above elbow molded double wall socket, internal locking elbow, forearm	None	1796.62	n/a	
	Shoulder disarticulation		1	I	1
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None	2485.48	n/a	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	None	1950.69	n/a	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	None	1177.98	n/a	
	Interscapular thoracic				
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	None	3295.10	n/a	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	None	2059.59	n/a	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	None	1409.56	n/a	
	Immediate and early post su	Irgical pro	<u>cedures</u>		
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	None	811.88	n/a	
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	None	1082.49	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	None	1407.26	n/a	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	None	297.69	n/a	
L6388	Immediate post surgical or early fitting, application of rigid dressing only	None	405.95	n/a	
	Endoskeletal: Below elbow				l .
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	2047.40	n/a	
	Endoskeletal: Elbow disart	iculation			
L6450	Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping Endoskeletal: Above elbow	None	2293.19	n/a	
L6500	Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping	None	2654.04	n/a	
ļ	Endoskeletal: Shoulder dis	articulatio		1	I.
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	3059.87	n/a	
	Endoskeletal: Interscapula		T	1	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	None	3308.63	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model	None	1271.95	n/a	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed	None	1271.95	n/a	
L6584	Preparatory, wrist disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	None	1202.25	n/a	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	None	1202.25	n/a	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	None	1716.67	n/a	

Code	Description	PAR	Maximum Purchase	Maximum Rental	Comments
			Amount	Amount	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	None	1615.67	n/a	
	Additions: Upper limb				
	The following procedures/mod The items in this section shou procedure, in addition to the b	ld reflect the	e additional	complexity	of each modification
L6600	Upper extremity additions, polycentric hinge, pair	None	97.42	n/a	
L6605	Upper extremity additions, single pivot hinge, pair	None	100.66	n/a	
L6610	Upper extremity additions, flexible metal hinge, pair	None	133.12	n/a	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	None	262.64	n/a	
L6615	Upper extremity addition, disconnect locking wrist unit	None	129.20	n/a	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	None	42.92	n/a	
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	None	225.15	n/a	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	None	BI	n/a	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	None	355.44	n/a	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	None	2042.41	n/a	
L6625	Upper extremity addition, rotation wrist unit with cable lock	None	256.14	n/a	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	None	422.70	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	None	129.08	n/a	
L6630	Upper extremity addition, stainless steel, any wrist	None	136.64	n/a	
L6632	Upper extremity addition, latex suspension sleeve, each	None	57.32	n/a	
L6635	Upper extremity addition, life assist for elbow	None	147.86	n/a	
L6637	Upper extremity addition, nudge control elbow lock	None	178.62	n/a	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	None	BI	n/a	
L6639	Upper extremity addition, heavy duty feature, any elbow	None	972.89	n/a	
L6640	Upper extremity additions, shoulder abduction joint, pair	None	219.49	n/a	
L6641	Upper extremity addition, excursion amplifier, pulley type	None	135.32	n/a	
L6642	Upper extremity addition, excursion amplifier, lever type	None	119.07	n/a	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	None	184.53	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	None	BI	n/a	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	None	BI	n/a	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	None	BI	n/a	
L6650	Upper extremity addition, shoulder universal joint, each	None	222.90	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6655	Upper extremity addition, standard control cable, extra	None	49.70	n/a	
L6660	Upper extremity addition, heavy duty control cable	None	62.22	n/a	
L6665	Upper extremity addition, Teflon, or equal, cable lining	None	30.48	n/a	
L6670	Upper extremity addition, hook to hand, cable adapter	None	31.74	n/a	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	None	166.38	n/a	
L6675	Upper extremity addition, harness, (e.g. figure of eight type), single cable design	None	79.47	n/a	
L6676	Upper extremity addition, harness, (e.g. figure of eight type), dual cable design	None	93.68	n/a	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	None	BI	n/a	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	None	162.62	n/a	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	None	177.25	n/a	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	None	227.33	n/a	
L6686	Upper extremity addition, suction socket	None	390.69	n/a	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	None	508.95	n/a	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	None	265.21	n/a	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	None	346.40	n/a	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	None	346.40	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6691	Upper extremity addition, removable insert, each	None	228.43	n/a	
L6692	Upper extremity addition, silicone gel insert or equal, each	None	463.02	n/a	
L6693	Upper extremity addition, locking elbow, forearm counter balance	None	2419.71	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	None	BI	n/a	
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	None	BI	n/a	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	None	BI	n/a	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	None	BI	n/a	
	Terminal Devices			1	
L6703	Terminal device, passive hand/mitt, any material, any size	None	232.02	n/a	
L6704	Terminal device, sport/recreation/work attachment, any material, any size	Yes/CFMC	451.65	n/a	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	None	290.31	n/a	
L6707	Terrminal device, hook, mechanical, voluntary closing, any material, any sized, lined or unlined	None	896.57	n/a	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	None	624.77	n/a	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	None	968.81	n/a	
L6805	Addition to terminal device, modifier wrist unit	None	257.64	n/a	
L6810	Addition to terminal device, precision pinch device	None	176.65	n/a	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes/CFMC	BI	n/a	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes/CFMC	BI	n/a	
L7611	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	None	BI	n/a	New code effective 1/1/08

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	None	BI	n/a	New code effective 1/1/08
L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	None	BI	n/a	New code effective 1/1/08
L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	None	BI	n/a	New code effective 1/1/08
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	None	BI	n/a	New code effective 1/1/08
L7622	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	None	BI	n/a	New code effective 1/1/08
	Replacement Sockets			-	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	None	BI	n/a	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	None	BI	n/a	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	None	BI	n/a	
	<u>Gloves for above hands</u>	1		1	
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes/CFMC	120.24	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments							
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Yes/CFMC	455.42	n/a								
	Hand restoration	I		1	1							
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Yes/CFMC	1099.87	n/a								
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Yes/CFMC	1079.30	n/a								
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Yes/CFMC	1095.54	n/a								
L6915	Hand restoration (shading and measurements included), replacement glove for above	Yes/CFMC	405.40	n/a								
	External Power											
	<u>Base devices</u>	1	[Γ							
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	None	4385.03	n/a								
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	4725.34	n/a								
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	None	4847.01	n/a								

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	5452.89	n/a	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	None	5888.11	n/a	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	6842.37	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	None	6255.37	n/a	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	9580.31	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	None	7841.38	n/a	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	BI	n/a	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	None	8930.28	n/a	
L6975	Intercapsular thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	None	9923.13	n/a	
L7007	Electric hand, switch or myoelectric, controlled, adult	None	2158.72	n/a	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	None	3632.74	n/a	
L7009	Electric hook, switch or myoelectric controlled, adult	None	2260.42	n/a	
L7040	Prehensile actuator, switch controlled	None	1817.63	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L7045	Electronic hook, switch or myoelectric controlled, pediatric	None	930.27	n/a	
	<u>Elbow</u>		1		
L7170	Electronic elbow, Hosmer or equal, switch controlled	None	3897.81	n/a	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	None	BI	n/a	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	None	BI	n/a	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	None	4039.17	n/a	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	None	7387.29	n/a	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	None	5048.97	n/a	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	None	8122.05	n/a	
L7260	Electronic wrist rotator, Otto Bock or equal	None	1544.99	n/a	
L7261	Electronic wrist rotator, for Utah arm	None	2877.91	n/a	
L7266	Servo control, Steeper or equal	None	642.09	n/a	
L7272	Analogue control, UNB or equal	None	1413.71	n/a	
L7274	Proportional control 6-12 volt, Liberty, Utah or equal	None	4145.43	n/a	
	Battery components			1	
L7360	Six volt battery, each	None	108.25	n/a	
L7362	Battery charger, six volt, each	None	303.10	n/a	
L7364	Twelve volt battery, each	None	62.78	n/a	
L7366	Battery charger, twelve volt, each	None	108.25	n/a	
L7367	Lithium ion battery, replacement	None	BI	n/a	
L7368	Lithium ion battery charger	None	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	Addition to upper extremity	<u>v prosthesis</u>			
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	None	BI	n/a	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	None	BI	n/a	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	None	BI	n/a	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	None	BI	n/a	
L7499	Upper extremity prosthesis, NOS	None	BI	n/a	
L7500	Repairs Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx)	None	BI	n/a	
L7510	Repair of prosthetic device, repair or replace minor parts	None	BI	n/a	
L7520	Repair prosthetic device, labor component, per 15 minutes	None	16.21	n/a	
	<u>General</u>				I
L7900	Vacuum erection system	Yes/CFMC	BI	n/a	
L8000	Prostheses Breast prosthesis, mastectomy bra	None	24.87	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	None	BI	n/a	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	None	BI	n/a	
L8010	Breast prosthesis, mastectomy sleeve	None	53.52	n/a	
L8015	External breast prosthesis garment, with mastectomy form, post-mastectomy	None	51.09	n/a	
L8020	Breast prosthesis, mastectomy form	None	120.69	n/a	
L8030	Breast prosthesis, silicone or equal	None	235.58	n/a	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	None	BI	n/a	
L8039	Breast prosthesis, NOS	None	BI	n/a	
L8040	Nasal prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8041	Midfacial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8042	Orbital prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8043	Upper facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8044	Hemi-facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8045	Auricular prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8046	Partial facial prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8047	Nasal septal prosthesis, provided by a non-physician	Yes/CFMC	BI	n/a	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Yes/CFMC	BI	n/a	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
	<u>Trusses</u>				
L8300	Truss, single with standard pad	None	66.22	n/a	
L8310	Truss, double with standard pads	None	109.52	n/a	
L8320	Truss, addition to standard pads, water pad	None	27.61	n/a	
L8330	Truss, addition to standard pads, scrotal pad	None	31.39	n/a	
	Prosthetic socks				
L7600	Prosthetic donning sleeve, any material, each	None	BI	n/a	
L8400	Prosthetic sheath, below knee, each	None	9.47	n/a	
L8410	Prosthetic sheath, above knee, each	None	14.50	n/a	
L8415	Prosthetic sheath upper limb each	None	15.65	n/a	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	None	50.60	n/a	
L8420	Prosthetic sock, multiple ply, below knee, each	None	10.98	n/a	
L8430	Prosthetic sock, multiple ply, above knee, each	None	13.86	n/a	
L8435	Prosthetic sock, multiple ply, upper limb, each	None	13.93	n/a	
L8440	Prosthetic shrinker, below knee, each	None	27.68	n/a	
L8460	Prosthetic shrinker, above knee, each	None	44.11	n/a	
L8465	Prosthetic shrinker, upper limb, each	None	35.34	n/a	
L8470	Prosthetic sock, single ply, fitting, below knee, each	None	5.35	n/a	
L8480	Prosthetic sock, single ply, fitting, above knee, each	None	8.12	n/a	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	None	8.83	n/a	
	Prosthetic Implants				
	Integumentary system				
L8500	Artificial larynx, any type	None	457.63	n/a	
L8501	Tracheostomy speaking valve	None	63.59	n/a	
L8505	Artificial larynx replacement battery/accessory, any type	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Yes/CFMC	BI	n/a	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Yes/CFMC	BI	n/a	
L8510	Voice amplifier	Yes/CFMC	BI	n/a	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	None	BI	n/a	
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	None	BI	n/a	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	None	BI	n/a	
L8514	Tracheoesophageal puncture dilator, replacement only, each	None	BI	n/a	
L8515	Gelatin capsule application device for use with tracheoesophageal voice prosthesis, each	None	BI	n/a	
	Head: Skull, facial bones, a	and tempore	omandibula	ar joint	
L8610	Ocular implant	Yes/CFMC	BI	n/a	
L8619	Cochlear implant external speech processor, replacement	Yes/CFMC	BI	n/a	
	Speech augmentation devie			1	1
A4601	Lithium ion battery for non- prosthetic use, replacement	Yes/CFMC	BI	n/a	
E1902	Communication board, non- electronic augmentative or alternative communication device	Yes/CFMC	BI	n/a	
E2500	Speech generating device, digitalized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Yes/CFMC	BI	n/a	

Code	Description	PAR	Maximum Purchase Amount	Maximum Rental Amount	Comments
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/CFMC	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/CFMC	BI	n/a	
E2506	Speech generating device, digitalized speech, using pre-recorded messages, greater than 40 minutes recording time	Yes/CFMC	BI	n/a	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Yes/CFMC	BI	n/a	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Yes/CFMC	BI	n/a	
E2511	Speech generating software program, for personal computer or personal digital assistant	Yes/CFMC	BI	n/a	
E2512	Accessory for speech generating device, mounting system	Yes/CFMC	BI	n/a	
E2599	Accessory for speech generating device, not otherwise classified	Yes/CFMC	BI	n/a	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	Yes/CFMC	BI	n/a	

							IN	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
44206	46. 67	A4330	69	A4392	66	A4481		A4670	71	A6023		A6241		A6501	
44207		A4331		A4393		A4483		A4772				A6242		A6502	
A4208		A4332		A4394		A4490		A4860	62	A6025		A6243		A6503	
A4209	68	A4333		A4395	65	A4495		A4927		A6154		A6244		A6504	
A4211	47	A4334	69	A4396				A4930		A6196		A6245	51	A6505	
A4213	68	A4335	69	A4397	61	A4510	70	A5051	65	A6197		A6246	51	A6506	58
A4215	46, 68	A4338	70	A4398	59	A4534	62	, 1000L	65		53	A6247	51	A6507	58
A4216	47	A4340	61	A4399	59			A5053		A6199		A6248	51	A6508	58
A4217		/		/		A4556		A5054					48, 59	A6509	58
A4218	47	A4349	69			A4557				A6201		A6251		A6510	58
A4230	46	A4351		A4404		A4558		A5061				A6252		A6511	58
A4231		A4352		A4405		A4561	57	A5062		A6203		A6253		A6512	58
A4232	46, 68	A4352-22		A4406				A5063				A6254		A6513	58
A4233	46	A4353	62	A4407		A4565		A5071	66		53	A6255	54	A6530	70
A4234	47	A4354	61	A4408		A4570	57	A5072	66			A6256		A6531	70
A4235	47	A4356				A4595		A5073		A6207		A6257		A6532	70
A4236	47	A4357				A4600	93	A5081	66	A6208	53	A6258	48	A6533	70
A4244	48	A4358	61	A4411	60	A4601	190	A5082	67	A6209	53	A6259	48	A6534	70
A4245	48, 91		58		65	A4604		A5083	67	A6210	53	A6260	56	A6535	70
A4246	48	A4362	59	A4413	65	A4605		A5093	67	A6211	53	A6261	56	A6536	70
A4247	48	A4363	59	A4414	60	A4606	85	A5102	67	A6212	53	A6262	56	A6537	
A4250	46	A4364	59	A4415	60	A4608		A5105	67	A6213	54	A6266	51	A6538	7 [,]
A4252	46	A4365	59	A4416		A4611		A5112	67	A6214	54	A6402		A6539	7 [,]
A4253	46	A4366	59	A4417	60	A4612		A5113	67	A6215	54	A6403	49	A6540	7 [,]
A4255	47	A4367	59	A4418	60	A4613		A5114	67	A6216	49	A6404	50	A6541	71
A4258	47	A4368	59	A4419		A4614		A5120	67		49			A6542	7 [,]
	47	A4369	67	A4420		A4615			67		49			A6543	7 [,]
A4265	70	A4371	67	A4421	64	A4616		A5122	67	A6219	49	A6411	70	A6544	7′
		A4372		A4422	61	A4617		A5126	67	A6220	49	A6412	70	A6549	71
A4281	100	A4373	59	A4423				A5131	67	A6221	49	A6441	55	A7000	
A4282	100	A4375	65	A4424	61	A4619		A5200		A6222		A6442	55	A7001	
A4283	100	A4376	65	A4425		A4620		A5500		A6223	50	A6443	55	A7002	
44284		A4377		A4426	61	A4623		A5501	104	A6224		A6444	55	A7003	
A4286		A4378		A4427	64	A4624		A5503		A6228	50	A6445	55	A7004	
A4305		A4379		A4428	64	A4627		A5504	104	A6229		A6446	55	A7006	85
A4306	101	A4380	66	A4429		A4628		A5505	104	A6230		A6447	55	A7007	85
A4310	68	A4381	66	A4430	64	A4629		A5506		A6231		A6448		A7008	
A4311	68	A4382	66	A4431	64	A4630		A5507		A6232	51	A6449	55	A7009	
A4312	68	A4383	66	A4432	64	A4635	11	A5508		A6233	51	A6450	55	A7010	
A4314	69	A4384		A4433					105			A6451		A7011	85
A4315	69	A4385		A4434					105					A7012	85
A4320	69	A4387		A4450		A4638						A6453		A7013	
A4322	69	A4388			57	A4640	15	A6010		A6237		A6454		A7014	85
A4326		A4389		A4455	57	A4649				A6238		A6455		A7015	
A4327		A4390			57	A4660				A6239				A7016	
44328		A4391					71							A7017	

							INI	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
A7018	85	B4035		E0141		E0236	71	E0431-01	76	E0585	84	E0744		E0957	44
A7025	83	B4036						E0431-RR	77	E0600	84	E0745		E0958	30
A7026	83	B4081					12	E0434-RR	79	E0601	81	E0747-RR		E0959	30
A7027		B4082						E0434-TT-R				E0748		E0960	
A7028		B4083			11			E0435-RR			100			E0961	
A7029	81	B4086			11			E0435-TT-R			46, 71		91	E0966	30
A7030		B4086-52			11	E0245	12	E0439-RR	77, 79	E0610				E0967	
	82	B4087			11	E0246	12	E0439-TT-R	R79		72			E0968	
		B4088			11	E0247	13	E0440-RR	76, 78			E0762-KI		E0969	
A7033		B4100			11	E0248	13	E0440-TT-R	R78	E0621	17	E0776		E0971	
		B4102			11						17			E0973	34
A7035		B4103			11			E0442				E0780-KR		E0974	
A7036		B4104			12			E0443			17			E0978	
A7037		B4149						E0444				E0784		E0980	
		B4150						E0445			17			E0981	
A7039		B4152						E0445-KR				E0830	92	E0982	
A7044		B4153								E0638				E0983	
A7045	82	B4154						E0455						E0984	
A7046	74	B4155										E0850		E0985	
A7501	86	B4157				E0272	15	E0459	80	E0642	95	E0855		E0986	
A7502	86	B4158									92			E0990	35
A7503	87	B4159				E0274	16	E0461-RR	80	E0651	93	E0860		E0992	
A7504	87	B4160										E0870		E0992-22	
A7505	87	B4161			15, 27			E0463		E0655	93	E0880		E0995	
A7506		B4162		E0182	15, 27	E0277				E0660	93	E0890		E1002	
A7507		B4220						E0470		E0665		E0900		E1003	
A7508		B4224				E0300	14	E0471	81	E0666	93	E0910	91	E1004	
A7509	87	B9000-RR.		E0186		E0301	14	E0472	81	E0667	93	E0911		E1005	
A7520		B9002-RR.					14	E0480				E0912		E1006	
A7521		B9004-RR.			15, 27			E0482						E1007	
A7522	87	B9006-RR.	101		15, 27	E0304	14	E0483	83	E0675	93	E0930	91	E1008	
A7523	88	B9998	9, 100	E0190		E0305	17	E0485	80	E0676	93	E0935-KR		E1009	
A7524	88	B9999	9, 103	E0191		E0310	17	E0486	80	E0691-KR.	73	E0936		E1010	
A7525	88	E0100	10	E0193- KF	R 16	E0315	17	E0500-RR	74	E0692-KR.	73	E0940	92	E1011	40
	88	E0105	10	E0194		E0316	17	E0550	73	E0693-KR.	73	E0941		E1014	
A7527	88	E0110	10	E0196		E0325	17	E0555	73	E0694-KR.	73	E0942		E1015	40
		E0111	10				17	E0560	73	E0700	17	E0944		E1016	
A8001		E0112	10	E0198		E0328	14	E0561	73, 82	E0705	31	E0945		E1017	40
A8002		E0113	10								17, 30			E1018	
A8003		E0114			71	E0370									
A8004		E0116			73					E0720-KH.		E0948		E1028	
A9274		E0117		E0215	71	E0372	16	E0571	84	E0720-KI	90	E0950	30	E1029	
		E0118		E0217	71	E0373		E0572		E0730				E1030	
A9900		E0130		E0218	71	E0424-RR								E1035	
A9999		E0135	11	E0221	71	E0425-RR	76, 77	E0575	84	E0730-KI	90	E0955	30		
B4034				F0235	70	E0430-RR		E0580					44	F1038	

							INI	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
E1039		E1841-KR		E2325	41	E2399	9, 43	K0014	19	K0736.	29	K0859		L0472	
E1161		E1902			41	E2402-KR.	94	K0015	34			K0860		L0480	
E1225	31	E2000				E2500	190	K0017	34	K0738-	RR77	K0861.		L0482	
E1226	31	E2100				E2502	191	K0018	34	K0800.	19	K0862		L0484	
E1229									34		19				
E1230		E2120									19	K0864 .			
E1231		E2201		E2340							19			L0490	
E1232		E2202		E2341			191	K0038			20			L0491	
		E2203			27									L0492	
E1234		E2204		E2343			191	K0040	34					L0621	
E1235		E2205			42						20				
E1236		E2206						K0042		K0814.	20	K0878 .		L0623	
E1237		E2207							34		20			L0624	
		E2208							35						114
		E2209							35		20				114
E1300	13	E2210	35				28	K0046						L0627	
E1340								K0047						L0628	
E1340-MS	. 18, 34, 89	E2212	35	E2366		E2607	28				20			L0629	
1353	86	E2213	35	E2367							21				
E1355	86	E2214		E2368		E2609	28	K0052	35		21			L0631	
E1372	84	E2215					28	K0056	27					L0632	
E1390-RR	83	E2216		E2370					37	K0827.	21	L0112.		L0633	
E1390-TT	83	E2217		E2371		E2612	28		37		21			L0634	117
E1391-RR	83	E2218		E2372			29		37	K0829.	21	L0130.		L0635	
E1391-TT	83	E2219		E2373		E2614	29		37	K0830.	21	L0140.		L0636	
E1392-RR	83	E2220		E2374		E2615	29	K0072	37	K0831.	21	L0150.	106	L0637	
E1392-TT	83	E2221				E2616	29	K0073	37		21	L0160.	106	L0638	
E1399 9,	13, 16, 33	E2222					29	K0077	37	K0836.	21	L0170.	106	L0639	
	74								40				106	L0640	
E1406	74	E2224						K0105	30	K0838.	22	L0174	106	L0700	
E1800	144	E2225							9, 33		22			L0710	
Ξ1801		E2226		E2383		E2621	45	K0195						L0810	
E1802	144	E2227	37	E2384		E8000	95	K0455	102		22			L0820	
E1805		E2228		E2385		E8001	95		R34	K0842.	22	L0210.		L0830	
E1806	147	E2291		E2386		E8002	95	K0552	102	K0843.	22	L0220.		L0861	
E1810	125	E2292	44	E2387		K0001	26	K0556	165	K0848.	22	L0450		L0960	
E1811	125	E2293		E2388		K0002	26	K0601	103	K0849.	22	L0452	107	L0970	
E1812	125	E2294	44	E2389		K0003	26	K0602	103	K0850.	22	L0454	107	L0972	
		E2310				K0004	26	K0603	103	K0851.	23	L0456	107	L0974	
	128			E2391		K0005	26	K0604	103	K0852.	23	L0458.	108	L0976	121
E1818		E2312	41	E2392		K0006	26	K0605	103	K0853.	23	L0460.	108	L0978	121
		E2313	41			K0007	26	K0669	28	K0854.	23	L0462	109		121
	155					K0009					23	L0464		L0982	
		E2322		E2395		K0010		K0733						L0984	
			41								23				121
	173	E2324									23				

							IN	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
.1001		L1720	125	L2020		L2335	134	L2785	137	L3222	140	L3590	142	L3860	
.1005		L1730	125	L2030		L2340	134	L2795	137	L3224	140	L3595	142	L3890	147
.1010	122	L1755	125	L2034	130	L2350	134	L2800	137	L3225	140	L3600	142	L3900	147
.1020	122		125	L2035	130	L2360	134	L2810	137	L3230	140	L3610	142	L3901	147
.1025	122		125						137					L3904	147
.1030	122		125		130									L3905	147
.1040	122		126		130				137					L3906	147
.1050	122		126		130									L3907	148
.1060	122		126		131				138					L3908	
.1070	122		126											L3909	
.1080	122		126						138					L3910	
1085	122	L1834	126	L2080						L3260	140	L3660	143	L3911	148
.1090	122		126						138					L3912	148
	122		126											L3913	
.1110	122		126		131				138					L3915	
.1120	122	L1844	127	L2112	131	L2430	135	L3020	138	L3320	141	L3673	143	L3916	148
.1200			127	L2114	131	L2492	135	L3030	138	L3330	141	L3675	143	L3917	
.1210		L1846	127	L2116	131	L2500	135	L3031	138	L3332	141	L3677	143	L3918	
.1220		L1847	127	L2126										L3919	
	123		127										144	L3920	
			127	L2132		L2525		L3060	139	L3350	141	L3702		L3921	
.1250	123		127							L3360	141	L3710	144	L3922	
			127						139						
1270			127										144	L3924	
			128						139						
1290		L1901	128	L2184		L2570		L3140	139	L3400	141	L3760	145	L3926	
1300			128						139					L3927	
				L2188										L3928	
			128						139					L3929	
														L3930	
														L3931	
														L3932	
1600		L1930												L3933	
										L3465	141	L3806		L3934	
		L1940		L2232										L3935	
						L2640					141			L3936	
														L3938	
														L3942	
														L3944	
														L3946	-
									140						
		L2000		L 2310											
		1 2005		1 2320					140						

							INI	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
_3960		L4380		L5600		L5673	164	L5812		L5994	172	L6623	177	L6707	
_3961		L4386										L6624		L6708	
_3962			156									L6625	177	L6709	
_3964	152	L4394	156				164				172			L6805	
.3965		L4396	156	L5614	161	L5679	165	L5822	168	L6010	172	L6629	178	L6810	
_3966		L4398	156	L5616		L5680	165	L5824	169	L6020	173	L6630	178	L6881	
.3967		L5000	157				165				173	L6632	178	L6882	
_3968		L5010	157				165			L6050	173	L6635	178	L6883	
_3969		L5020	157	L5620		L5683	165	L5830	169	L6055	173	L6637	178	L6884	
_3970		L5050	157	L5622		L5684	165	L5840	169	L6100	173	L6638	178	L6885	
_3971	153	L5060	157				165						178	L6890	
_3972			157			L5686	165	L5848	169	L6120	173	L6640	178	L6895	
_3973	153	L5105	157	L5628		L5688	165	L5850	169	L6130	173	L6641	178	L6900	
_3974	153	L5150	157	L5629		L5690	166	L5855	169	L6200	173	L6642	178	L6905	
_3975	153		157			L5692	166	L5856	169	L6205	173	L6645	178	L6910	
_3976	153	L5200	157	L5631		L5694	166	L5857	170	L6250	174	L6646	178	L6915	
_3977		L5210	157	L5632		L5695		L5858	170	L6300	174	L6647	178	L6920	
						L5696	166	L5910	170	L6310	174	L6648	178	L6925	
_3980		L5230	158										178	L6930	
			158											L6935	
		L5270	158	L5638		L5700		L5930		L6360				L6940	
_3985			158											L6945	
_3986														L6950	
_3995		L5311	158									L6672		L6955	
_3999													179	L6960	
_4000	155	L5331	158										179	L6965	
												L6677		L6970	
_4010												L6680		L6975	
			159							L6450				L7007	
_4030												L6684		L7008	
			159											L7009	
														L7040	
						L5716		L5975			-			L7045	-
_4055														L7170	-
_4060														L7180	
_4070		L5510	160							L6586		L6691		L7181	
														L7185	-
														L7186	-
												L6694		L7190	-
_4110														L7191	
												L6696		L7260	
_4205														L7261	
												L6698		L7266	-
_4350												L6703	-	L7272	
_4360	57, 156									L6620		L6704	-	L7274	-
_4370															

Page 197

							IN	DEX							
Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page	Code	Page
L7362		L8400		S8189											
					94										
L7520		L8501		S8429											
					63										
L8020		L8618		T4526											
				T4530											
					63										
L8320		S8185													
0220		S0106	82												

Department of Health Care Policy and Financing – "Improving access to cost-effective, quality health care services for Coloradans" Note: CPT codes, descriptions, & 2 digit modifiers are copyright American Medical Association. All rights reserved.

•					•	•
Δ	n	n	a١	ററ	IIV.	А
	μ	ν	CI	10	uл	\mathbf{n}

Prior Author	ization Request
PO Box 30	-
Denver CO	80201-0030

Fiscal Agent for Colorado Medicaid ACS Medical Review Department

303-534-0279 1-800-237-7647

QUESTIONNAIRE #1 HOSPITAL BED

Client Name:

Colorado Medicaid Client ID#:

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

Relevant Diagnosis(es):

How many hours per day is this client in bed?

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

What other alternatives have been tried?

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

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

Can the client work the controls of an electric bed independently? Yes No	
Is a caregiver available to assist this client in changing position? Yes No	
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:	

Append	ix E	З
--------	------	---

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for Colorado Medicaid ACS	303-534-0279 1-800-237-7647
	Medical Review Department QUESTIONNAIRE #2	
F	PRESSURE RELIEF MATTRESS	
	Client Name	
Questionnaire or PAR, please contact th	nired in order to determine medical necessity. The Medical Review Department at the phone nu eted Prior Authorization Request (PAR) to the add	If you have questions related to this imbers listed above. After you have
Relevant Diagnosis (es):		
What is the client currently using?		
What other alternatives have been tried?		
What type of mattress is necessary to meet the	ne client's needs?	
How many hours per day is this client in be		
Does this client have a history of skin brea	kdown? Yes No If yes, explain:	
	? Yes 🗌 No 🗌 If yes, explain level and	location:
Level 2		
	cessary?	
	nat will assist us in determining medical necessit	
Physician Signature:		Date:
	EASE PHOTOCOPY THIS BLANK FORM AS NEEDED	

		Appendix C
Prior Authorization Request PO Box 30	Fiscal Agent for Colorado Medicaid ACS	303-534-0279 1-800-237-7647
Denver CO 80201-0030	Medical Review Department	
	QUESTIONNAIRE #3	
	LIFT	
The information requested below is requ	Colorado Medicaid Client ID#: uired in order to determine medical necessity. If y	
Questionnaire or PAR, please contact the	he Medical Review Department at the phone numb leted Prior Authorization Request (PAR) to the addres	pers listed above. After you have
Relevant Diagnosis (es):		
What type of lift is necessary to meet the c	lient's needs?	
Will the client be confined to bed without th	e 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	t, and age:	
List any specific weaknesses and/or impair	rments 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 assi commode? Yes No No	istance of more than one caregiver to transfer betwee	n bed, chair, wheelchair, or
Indicate caregiver's approximate height, we	eight, and age:	
To what degree can this client assist the ca	aregiver with transfers?	
Can this client ambulate?	If yes, how far and with what degree of assistance	9?
How long will this client require the lift?		
Who will operate this lift?		
	nat will assist us in determining medical necessity for	
Physician Signature:		Date:
PLE	ASE PHOTOCOPY THIS BLANK FORM AS NEEDED	

PO Box 30	ACS	1-800-237-7647
Denver CO 80201-0030	Medical Review Department	
	QUESTIONNAIRE #4	
	SEAT LIFT	
	Client Name:	
	Colorado Medicaid Client ID#:	
Questionnaire or PAR, please contact th	red in order to determine medical necessity. If yone Medical Review Department at the phone recompleted Prior Authorization Request (PA	numbers listed above. After you
Relevant Diagnosis (es):		
 Does the client have one of the following of Severe arthritis of the knee Severe arthritis of the hip 	conditions?	
Does the client live alone? Yes	No 🗌	
	ect improvement or arrest or retard deterioration rrest the client's condition	in the client's condition? rd deterioration
Is the client completely incapable of stand	ling from any chair in the home?	
Once standing can the client ambulate inc	dependently?	
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 t	hat will assist us in determining medical neces	s sity for this request:

Physician Signature:

Prior Authorization Request

Date: _____

303-534-0279 1-800-237-7647

Fiscal Agent for Colorado Medicaid

Appendix E

Prior Authorization Request	
PO Box 30	
Denver CO 80201-0030	

Fiscal Agent for **Colorado Medicaid** ACS Medical Review Department

303-534-0279 1-800-237-7647

QUESTIONNAIRE #5 BLOOD PRESSURE UNIT/MONITOR

Client Name:

Colorado Medicaid Client ID#:

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

Relevant Diagnosis(es):

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

How frequently does the blood pressure need to be monitored?

What medication(s) is the client on?

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

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

Physician Signature: _____ Date: _____

Appendix F

Prior Authorization Request	Fiscal Agent for Colorado Medicaid	303-534-0279
PO Box 30 Denver CO 80201-0030	ACS	1-800-237-7647
	Medical Review Department QUESTIONNAIRE #6	
	PULSE OXIMETER	
	Client Name:	
	Colorado Medicaid Client ID#:	
	assess whether a client's medical condition pring period. Medical necessity must be doo	
Questionnaire or PAR, please contact the	ired in order to determine medical necessi e Medical Review Department at the phone eted Prior Authorization Request (PAR) to the	e numbers listed above. After you have
Relevant Diagnosis (es):		
Client's age:		
Provide the dates and readings for one mo	nth of pulse oximetry:	
Are pulse ox readings being taken on a dai	ily basis? If yes, how many	times per day?
What type of treatment is done when client	desaturates?	
Is client on continuous oxygen? Yes		n intermittently? Yes 🗌 No 🗌
It so, how many liters per minute:		
How long will client need routine oximetry?		
Please supply any additional information th	nat will assist us in determining medical nece	essity for this request:
Physician Signature:		Date:

A	p	p	er	٦d	ix	G
<i>'</i> '	r	М	~	i u	~	\sim

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for Colorado Medicaid ACS	303-534-0279 1-800-237-7647
Denver CO 80201-0030	Medical Review Department	
	QUESTIONNAIRE #7 APNEA MONITOR	
	Client Name:	
	Colorado Medicaid Client ID#:	
	assess whether a client's medical condition necessita oring period. Medical necessity must be documented	
Questionnaire or PAR, please contact t	quired in order to determine medical necessity. If y the Medical Review Department at the phone numb npleted Prior Authorization Request (PAR) to the ad	pers listed above. After you hav
Relevant Diagnosis (es):		
	ntly have apneic episodes occurred?	
Dates:		
List all documented apneic episodes dur	ing the initial 6-month monitoring period:	
Has client been hospitalized due to apne If yes, what dates?	eic episodes or related diagnosis?	
	No Signal Is client using oxygen interm	
How long will client need apnea monitori	ing?	
	ing?	

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for Colorado Medicaid ACS Medical Review Department	303-534-0279 1-800-237-7647
	QUESTIONNAIRE #8 CPAP/BIPAP	
	Client Name:	
	Colorado Medicaid Client ID#:	
to this Questionnaire or PAR, please of After you have completed this form, ma listed above. Thank you for your cooper	uired in order to determine medical necess ontact the Medical Review Department at ail it with the completed Prior Authorization ration.	the phone numbers listed above.
Relevant Diagnosis(es):		
Send a written sleep study report with w	ritten results for CPAP.	
If BIPAP is utilized for sleep apnea, has a	sleep study been done? Yes 🗌 No 🛛	г .
If yes, please include written resul		
Supply any additional information that will	assist us in determining medical necessity	for this request:
Physician Signature:		Date:

Prior Authorizat PO Box 30	ion Request	Fiscal Agent for Colorado Medicaid	303-534-0279 1-800-237-7647
Denver CO 802	201-0030	ACS	1-000-237-7047
		Medical Review Department	
		QUESTIONNAIRE #9	
TENS or N	MES (TRANSCUTAI	NEOUS OR NEUROMUSCULAR ELEC	
		Colorado Medicaid Client ID#:	
intractable pain. Ge continuous use of a	nerally, a physician shoul	nerve stimulation (TENS or NMES) is an acceptable Id be able to assess whether or not a client is likely n a trial period of 2 months. Medical necessity must	to derive a significant therapeutic benefit from
please contact the	Medical Review Departm	n order to determine medical necessity. If you have nent at the phone numbers listed above. After you to the address listed above. Thank you for your coo	bu have completed this form, mail it with the
Relevant Diagnosis(e	s):		
During the trial period	did the TENS or NMES:		
A. Produce no relief?	B. Produce	e greater discomfort than the original pain?	C. Significantly alleviate pain?
List any used or pre	scribed analgesics (drug/d	lose/route/frequency) <i>prior</i> to using TENS or NMES:	
Identify any of the a	pove medications that wer	e reduced in dosage/frequency as a result of the use	of TENS or NMES:
_			
Identify any of the a	pove medications that wer	e discontinued as a result of the use of TENS or NM	ES:
What was the degre	e of range of motion or mo	obility prior to initiation of treatment?	
Did the client's rang	e of motion or mobility imp	prove as a result of using a TENS or NMES?	If yes, describe:
Do you feel your clie	ent derived significant thera	apeutic benefits to warrant continued (long term) use	of a nerve stimulator?
	he clinical results of each.	al alternative in pain management. Comment on the This information is <i>required</i> to establish medical networks and the stablish medical networks and the stablish medical networks are as a set of the stable of the	
A. Traction			
B. Trigger point			
C. Surgery			
D. Drugs			
Physician Signature			Date:
i nysiolan olynaidle		EASE PHOTOCOPY THIS BLANK FORM AS NEE	

Appendix J

Prior Authorization Request PO Box 30 Denver CO 80201-0030	Fiscal Agent for Colorado Medicaid ACS Medical Review Department	303-534-0279 1-800-237-7647								
QUESTIONNAIRE #10 ORAL AND ENTERAL NUTRITION FORMULAE Client Name:										
	Colorado Medicaid Client ID#:									
The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.										
Relevant Diagnosis(es):										
Client's height: Client	t's current weight:	Client's ideal body weight:								
What brand name(s) of formula are rec	quested to meet the client's need?	?								
Number of calories this formula will pro	ovide for the client <i>per day</i> :									
Is the requested formula a supplement	t or the sole source of nutrition?									
How is formula given? Oral	Enteral									
Does this client have difficulty with che	wing/swallowing?	If yes, describe:								
If therapeutic intent of this formula is to	o serve as a protein supplement, i	ndicate most recent serum albumin level:								
Please supply any additional information	on that will assist us in determinin	g medical necessity for this request:								
Physician Signature:		Date:								

Appendix K

303-534-0279 1-800-237-7647

Fiscal Agent for Colorado Medicaid ACS Medical Review Department

QUESTIONNAIRE #11 ADULT ORTHOTICS and PROSTHETICS

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

Client's Name:

Colorado Medicaid Client ID#:

Name and title of person completing this form:

General information questions:

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

	2. If the client previously lacked this equipment, what medical repercussions has the client experienced in the past 12 months? (check all that apply)							
	Increased disability		Physician assessment					
	Loss of independence		Disability related hospitalization	IS				
	Lack of rehabilitation		Related ER care required					
	Continuing pain/discomfort/increased use of r	medication	Use of other DME support func	tion; specify type:				
	Surgery	_						
3. I	n the next year, if the equipment is supplied, wh	nat medical events and	d costs can be avoided? (check	all that apply)				
	Surgery (CPT code)	Continuing	use of durable medical equipm	ent named in #2 above				
	Medication reduction							
	Hospitalizations	Other, Describe:						
	Physician assessment							
4. W	/hat change in the client's condition do you anti	cipate if the equipmen	t is supplied?					
	Problem correction	Prevention of	of associated problems					
	Problem alleviation	Potential of	avoiding surgery with use of ortl	notic or prosthetic				
Ques	stions specific to prostheses:							
5. Fu	unctional level as defined by Medicare. Circle o	ne.						
	Level 0 Level 1	Level 2	Level 3	Level 4				
6. W	hat is the client's height?	Weight?	?					
7. Is	this a replacement?	If this is a replaceme	nt, in what year was the current	O/P issued?				
I	f this is a new prosthesis, when was the amput	ation/surgery performe	ed? Month	Year				
Ques	stions specific to orthosis:							
8. Is	the orthosis pre-manufactured/custom fitted?		Custom fabric	cated?				
9. W	/hat is the reason a pre-manufactured device is	not appropriate?						

Prior Authorization Request PO Box 30	Fiscal Agent Colorado Mec			1	303-534-0279 -800-237-7647
Denver CO 80201-0030	ACS Medical Review Do	epartment		I	-000-237-7047
	QUESTIONNAIF	·			
	WOUND CLOSURE				
Client Name:			Medicaid Client I		
The information requested below is required in orc please contact the Medical Review Department completed Prior Authorization Request (PAR) to the	der to determine medical neo at the phone numbers list	ed above. Afte	r you have comp		
1. Wound description, including: location, stage					
2. Previous wound treatment:					
Length of time: Seve	ere coexisting chronic illnes	ss Yes 🗌	No 🗌		
If yes, describe illness:					
3. Does client have a history of skin break dowr	n Yes No	lf yes, explain a	nd include treatn	nent history	
4. Doos the client use a pressure reducing out		Yes 🗌	No 🗌		
4. Does the client use a pressure-reducing surface of the second					
5. If the client has an albumin level less than 3 client is receiving or requires. (Normal range			scribe the type o		
6. Is the client's wound free of necrotic infection	1:	Yes	No 🗌		
If the wound has recently been debrided, ide debridement.	ntify the type and date of	Surgical Date:		Physical Date:	-
 Is the client's wound free of infection: If the wound is infected, identify the wound tr 	eatment, including dosage		No te, and duration	of any medicati	ons.
8. Will the client's overall health status, includin	a nutritional status, affect i	wound bealing:	Yes 🗌 No 🗌	7	
Describe all medical conditions that might aff	-	ss incontinence			one to decrease
 Name of family member/friend/caregiver who been trained to provide the service: 	has			Training date:	
 If the care provider does not see measurab determine the appropriateness of the contin will assess the client for the appropriatenes If Wound Closure Therapy is not reordered open PAR still exists. 	nued use of Wound Closur as of continued use of this t	e Therapy. If th therapy every 62	ere is measurabl 2 days (when the	le improvement new Plan of Ca	, the physician are is prepared).
11. Physician's signature:			Date	:	
PLEAS	E PHOTOCOPY THIS BLA	NK FORM AS N	EEDED		
Reference B0800245 (02/08)					Page I -1

Page L-1

Appendix L

303-534-0279

1-800-237-7647

Prior Authorization Request PO Box 30 Denver CO 80201-0030

Fiscal Agent for **Colorado Medicaid** ACS

Medical Review Department

QUESTIONNAIRE #13 AUGMENTATIVE COMMUNICATION DEVICE

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

Client's name		

Colorado Medicaid Client ID #

1.	Why does the client require this device? Please specify related history, current condition, etc	diagnoses,	including ICD-9	code(s),	co-morbidity, brief
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	e an augme	ntative communica	ation devi	ce:
	Comments				
6.	Using a scale of 1(lowest) to 5 (highest), rate the client's ability to expr	ess though	ts		
	Comments				
7.	Using a scale of 1(lowest) to 5 (highest), rate the client's ability to use the	system an	d memorize neces	sary code	es
	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	e area of e	expressive langua	je	
	Comments				
Na	me and title of person completing this form				
	dress		Telephone #		

	MECHA	QUI NICAL HIGH FRE			VALL	OSCILLA						
Medical center information:			Presc	ribing phy			Dale					
Address:				Phone n	Name							
				T Home H	umber	-						
Client information:												
				Col	orado	Medicaid	Client ID #					
Address:							Date): +.				
Birth date:				_								
Has client received ThAIRap	ov Vest treatment in the	e past?	☐ Yes		🗌 No)	/ igc					
If yes, how recently was					_	6 months	ago	🗌 Mo	ore than 6	6 months	ago	
	If treatments were o						0				0	
Most recent pulmonary fund												
Date:			_				f additiona					
FVC (L):		FEVI (L):	/		%	5 FEF2	5-75 (L/se	c):		/		%
Medications (in past 6 mont	hs)		1	Oth an (as	ما ب ما ت	_						
Inhaled	Dosage	Days		Other (ex antibiotic			Dosage		ſ	Days		
		Dayo	I ·		0)		Doolago			Jujo		
Pulmozyme												
Mucomist												
Corticosteroid			_						<u> </u>			
			Ш									
Antibiotic (excluding	Deserve	Davia		Home IV		•	Deeee				Davia	
home IV therapy)	Dosage	Days	.	Date			Dosag				Days	
									ם_BID TII ב_BID TII			
									ווי סום_ג BID TII ג			
Check if additional in Hospitalization history (in the second sec		nonths prior to T							-			
Admit date:			Reason:				-	-				
Admit date:	Discharge date:		Reason:									
Check if additional info												
Manual percussion therapy		Flutter therapy (i	n nast 6 m	oc)			ther mecl	hanical	thorapy	(in nact	6 mos)	
Times per day	· · · ·	Times per day	n past o ni	For I	าดพ		imes per d					
prescribed/required:		prescribed/require	ed:	long			rescribed/i			long		
Primary caregiver:		Primary caregiver	:			Р	rimary car	egiver:				
Results/Comments:		Results/Comment	ts:			R	esults/Cor	mments:	: <u> </u>			
How would ThAIRapy Vest	promote or allow greate	er independence	?									
	(- II											
Does client have any of the	-											
Suspected pulmonary tubercu	IIOSIS		∐Yes		0	ontusion					∐Yes	_
Complaint of chest wall pain	, , . .		∐Yes				mphysem				∐Yes	
Head &/or neck injury which is	•		∐Yes				ige with he	-		bility	∐Yes	□No
Recent epidural spinal infusio			□Yes		Recen	t skin graf	ts, or flaps	s on the	thorax		∐Yes	□No
Recently placed transvenous			∐Yes	□No								
Summary of health status (i	ncluding severity and f	requency of bro	nchitis):									

Fiscal Agent for Colorado Medicaid

ACS Medical Review Department

Physician signature PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

Prior Authorization Request PO Box 30 Denver CO 80201-0030 Appendix N

303-534-0279 1-800-237-7647

Appendix O

Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for Colorado Medicaid ACS Medical Review Department

303-534-0279 1-800-237-7647

QUESTIONNAIRE #15 WHEELCHAIR TILT / RECLINE DEVICE

Client Name:

Colorado Medicaid Client ID #:

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

Relevant Diagnosis (es):

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

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

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

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

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

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

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

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

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

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

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

Physician Signature:

Date: