NORTH DAKOTA MEDICAID
DME Fee Schedule Effective 07/1/2008

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	No		No		$0.36
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	No		No		$0.29
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No		No		$0.36
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No		No		$0.47
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	No		No		$8.64
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No		No		$0.47
A4215	NEEDLE, STERILE, ANY SIZE, EACH	No		No		$0.25
A4216	STERILE WATER/SALINE, 10 ML	No		No		$0.48
A4217	STERILE WATER/SALINE, 500 ML	No		No		$2.48
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	No		No		$45.97
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	No	4 Per Month.	Yes		$24.66
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	No		Yes		$50.45
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	No		No		$6.74
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	No		No		$4.48
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	No		No		$2.25
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT. EACH	No		No		$0.86
A4234	REPLACEMENT BATTERY, ALKALINE , J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT. EACH	No		No		$3.95
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	No		No		$2.54
A4236	REPLACEMENT BATTER, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	No		No		$1.83
A4244	ALCOHOL OR PEROXIDE, PER PINT	No	1 Per Month.	No		$2.69
A4245	ALCOHOL WIPES, PER BOX	No	2 Per Month.	No		$3.87
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No		No		$10.10
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	No	2 Per Month.	No		$7.97
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	No	3 Per Month.	No		$40.35
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	No	2 Per Month.	No		$3.76
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	No		No		$12.12
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	No	1 Every 6 Months.	No		$14.30
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	No	1 Every 6 Months.	No		$19.62
A4259	LANCETS, PER BOX OF 100	No	2 Per Month.	No		$13.65
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	No		No		$32.54
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	No		No		$23.73
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	No	30 Per Month.	No		$0.30
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	No	30 Per Month.	No		$2.81
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	No	1 Per Month.	No		$10.83
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	No	1 Per Month.	No		$8.66
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No	1 Per Month.	No		$16.83

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A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	No	1 Per Month.	No		$19.47
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	No	1 Per Month.	No		$19.08
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No	1 Per Month.	No		$28.04
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	No	1 Per Month.	No		$26.69
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	No	1 Per Month.	No		$28.39
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	No	15 Per Month.	No		$5.84
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	No	2 Per Month.	No		$3.38
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	No	10 Per Month.	No		$10.54
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	No	4 Per Month.	No		$48.20
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	No	31 Per Month.	No		$11.21
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	No		No		$7.69
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	No	1 Per Month.	No		$3.51
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	No	100 Per Month.	No		$0.09
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	No	15 Per Month.	No		$2.39
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	No	1 Per Month.	No		$5.34
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	No		Yes		$0.00
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	No	1 Per Month.	No		$13.63
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	No	1 Per Month.	No		$32.52
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	No	1 Per Month.	No		$16.94
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	No	1 Per Month.	No		$21.44
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	No	35 Per Month.	No		$1.98
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	No	4 Per Month.	No		$1.92
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	No	4 Per Month.	No		$6.12
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	No	1 Per Month.	No		$7.56
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	No	1 Per Month.	No		$12.34
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	No	20 Per Month.	No		$9.29
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	No	1 Per Quarter.	No		$49.37
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	No	2 Per Month.	No		$9.33
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	No	2 Per Month.	No		$7.08
A4361	OSTOMY FACEPLATE, EACH	No	1 Every 6 Months.	No		$18.74
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	No	20 Per Month.	No		$3.90
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	No		No		$2.40
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	No	4 Per Month.	No		$3.21
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	No	1 Per Month.	No		$12.23
A4366	OSTOMY VENT, ANY TYPE, EACH	No		No		$1.42
A4367	OSTOMY BELT, EACH	No	1 Per Month.	No		$7.94

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A4368	OSTOMY FILTER, ANY TYPE, EACH	No		No		$0.29
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	No	2 Per Month.	No		$2.40
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	No	10 Every 6 Months.	No		$3.95
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	No		No		$4.52
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	No		No		$6.78
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	No	10 Per Month.	No		$18.91
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	No	2 Per Month.	No		$51.39
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	No	10 Per Month.	No		$4.82
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	No	1 Per Month.	No		$33.21
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	No	10 Per Month.	No		$16.22
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	No	1 Per Month.	No		$40.32
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	No	10 Per Month.	No		$4.99
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	No	1 Per Month.	No		$26.59
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	No	1 Per Month.	No		$30.45
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	No		No		$10.38
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	No		No		$5.62
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month.	No		$4.32
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	No	20 Per Month.	No		$4.71
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month.	No		$6.72
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month.	No		$10.38
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month.	No		$7.63
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month.	No		$8.03
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month.	No		$9.83
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	No	16 Per Month.	No		$2.79
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	No	30 Per Month.	No		$0.05
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	No		No		$43.71
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	No	4 Per Month.	No		$4.66
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	No	2 Every 6 Months.	No		$14.54
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	No	2 Every 6 Months.	No		$13.13
A4400	OSTOMY IRRIGATION SET	No		No		$52.54
A4402	LUBRICANT, PER OUNCE	No	8 Per Month.	No		$1.81
A4404	OSTOMY RING, EACH	No	10 Per Month.	No		$1.73
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	No	4 Per Month.	No		$3.66
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	No	4 Per Month.	No		$5.00
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month.	No		$9.68
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	No	20 Per Month.	No		$8.81

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A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month.	No		$6.98
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	No	20 Per Month.	No		$7.73
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	No	20 Per Month.	No		$4.34
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	No	20 Per Month.	No		$2.45
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	No	20 Per Month.	No		$6.18
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month.	No		$4.85
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	No	20 Per Month.	No		$5.64
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	30 Per Month.	No		$3.09
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	No	30 Per Month.	No		$4.17
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	30 Per Month.	No		$2.03
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	No	30 Per Month.	No		$1.96
A4421	OSTOMY SUPPLY; MISCELLANEOUS	No		Yes		$0.00
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	No	30 Per Month.	No		$0.13
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	No	20 Per Month.	No		$2.09
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	20 Per Month.	No		$5.33
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	No	20 Per Month.	No		$4.02
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	No	20 Per Month.	No		$3.06
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	No	20 Per Month.	No		$3.11
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month.	No		$7.31
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month.	No		$9.26
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month.	No		$9.57
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month.	No		$6.98
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	No	20 Per Month.	No		$4.04
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PIECE), EACH	No	20 Per Month.	No		$3.64
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE , WITH FAUCET-TYPE TAP WITH VALVE (TWO PIECE), EACH	No	20 Per Month.	No		$4.11
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	No	40 Per Month.	No		$0.11
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	No	40 Per Month.	No		$0.42
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	No	8 Per Month.	No		$1.73
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	No		No		$0.43
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	No	180 Per Month.	Yes	4	$0.63
A4554	DISPOSABLE UNDERPADS, ALL SIZES	No	70 Per Month.	No	4	$0.47
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	No		Yes		$11.32
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	No	1 Per Year.	No		$21.03
A4558	CONDUCTIVE PASTE OR GEL	No		No		$4.40
A4561	PESSARY, RUBBER, ANY TYPE	No	4 Per Year.	No	21	$20.86
A4562	PESSARY, NON RUBBER, ANY TYPE	No	4 Per Year.	No	21	$51.88

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A4565	SLINGS	No		No		$7.28
A4570	SPLINT	No		No		$7.85
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	No	2 Per Month.	Yes		$31.12
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	No		No		$61.00
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	No		No		$16.93
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	No	1 Per Month.	Yes		$32.76
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	No		No		$65.25
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	No		No		$210.74
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	No		No		$71.38
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	No		No		$125.92
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	No	1 Every 6 Months.	No		$27.48
A4615	CANNULA, NASAL	No	12 Per Year.	No		$1.86
A4616	TUBING (OXYGEN), PER FOOT	No	60 Per Year.	No		$0.24
A4617	MOUTH PIECE	No	12 Per Year.	No		$4.01
A4618	BREATHING CIRCUITS	No		No		$7.30
A4619	FACE TENT	No	12 Per Year.	No		$1.35
A4620	VARIABLE CONCENTRATION MASK	No	12 Per Year.	No		$4.89
A4623	TRACHEOSTOMY, INNER CANNULA	No		No		$7.35
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	No	12 Per Month.	No		$2.66
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	No	1 Per Day.	No		$6.85
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	No		No		$3.31
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	No		No		$28.72
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	No	12 Per Month.	No		$4.12
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	No	1 Per Day.	No		$5.18
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	No		No		$5.73
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	No		Yes		$0.00
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	No		No		$4.47
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	No		No		$3.89
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	No		No		$2.13
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	No		No		$62.32
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	No		No		$34.09
A4663	BLOOD PRESSURE CUFF ONLY	No	1 Per 5 Years.	No		$24.68
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No	1 Per 5 Years.	No		$34.07
A4927	GLOVES, NON-STERILE, PER 100	No	2 Per Month.	Yes		$8.21
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	No	60 Per Month.	No		$2.31
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	60 Per Month.	No		$1.67
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	No	60 Per Month.	No		$1.81
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	No	60 Per Month.	No		$2.02

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A5055	STOMA CAP	No	31 Per Month.	No		$1.71
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	No	20 Per Month.	No		$3.95
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month.	No		$2.36
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	No	20 Per Month.	No		$3.03
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month.	No		$6.75
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month.	No		$3.84
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	No	20 Per Month.	No		$3.53
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	No	31 Per Month.	No		$3.35
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	No	1 Per Month.	No		$13.35
A5093	OSTOMY ACCESSORY; CONVEX INSERT	No	10 Per Month.	No		$2.18
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	No	1 Per Quarter.	No		$25.15
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	No		No		$45.43
A5112	URINARY LEG BAG; LATEX	No	1 Per Month.	No		$38.41
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	No		No		$4.76
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	No		No		$10.04
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	No	20 Per Month.	No		$0.25
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	No	20 Per Month.	No		$8.23
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	No	20 Per Month.	No		$14.42
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	No	20 Per Month.	No		$1.40
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	No	1 Per Month.	No		$15.62
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	No		No		$12.36
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT'S), PER SHOE.	No	2 Per Year.	Yes		$66.55
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	No	2 Per Year.	Yes		$194.38
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	No	2 Per Year.	Yes		$28.83
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	No	2 Per Year.	Yes		$28.83
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	No	2 Per Year.	Yes		$29.63
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE	No	2 Per Year.	Yes		$29.63
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	No	2 Per Year.	Yes		$29.63
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXT. HEAT SOURCE, PREFAB, EACH	No	2 Per Year.	Yes		$19.66
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, CUSTOM FABRICATED, EACH	No	2 Per Year.	Yes		$39.31
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	No		No		$34.73
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	No		No		$2.55
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	No		No		$23.57
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	No		No		$23.58
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	No		No		$213.52
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	No		No		$6.94

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A6154	WOUND POUCH, EACH	No	15 Per Month.	No		$16.11
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	No		No		$8.24
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	No		No		$18.45
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	No		No		$5.94
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$0.00
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$0.00
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$0.00
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$3.76
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	No	15 Per Month.	No		$7.00
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No		No		$8.23
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$8.40
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	No	15 Per Month.	No		$21.67
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$32.96
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$10.89
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	No	15 Per Month.	No		$5.95
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$11.54
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month.	No		$0.06
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	60 Per Month.	No		$1.08
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	No	60 Per Month.	No		$2.91
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	30 Per Month.	No		$2.40
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	30 Per Month.	No		$2.72
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	30 Per Month.	No		$4.05
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No		No		$4.05
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	No	31 Per Month.	No		$5.25
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	No	31 Per Month.	No		$7.72
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	No	31 Per Month.	No		$21.54
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$7.34
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	No	15 Per Month.	No		$18.87
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$30.58
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month.	No		$8.88
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	No	15 Per Month.	No		$25.57
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	No	15 Per Month.	No		$13.72
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	No	15 Per Month.	No		$2.89
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$6.81
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	No	31 Per Month.	No		$13.82

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A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$44.07
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$8.16
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	No	31 Per Month.	No		$11.13
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$26.68
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	No	31 Per Month.	No		$18.22
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$2.24
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	No	31 Per Month.	No		$3.65
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$7.12
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month.	No		$1.37
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	No	31 Per Month.	No		$3.39
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	No	15 Per Month.	No		$1.72
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No	15 Per Month.	No		$4.83
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	No	15 Per Month.	No		$11.36
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD	No		No		$2.16
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month.	No		$0.15
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month.	No		$0.49
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month.	No		$0.87
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	No	60 Per Month.	No		$2.11
A6410	EYE PAD, STERILE, EACH	No		No		$0.44
A6411	EYE PAD, NON-STERILE, EACH	No		No		$0.23
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month.	No		$0.77
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month.	No		$0.20
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month.	No		$0.34
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	No	4 Per Month.	No		$0.62
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month.	No		$0.37
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month.	No		$0.47
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No	4 Per Month.	No		$0.76
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month.	No		$1.31
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month.	No		$1.97
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No	4 Per Month.	No		$2.18
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	No	4 Per Month.	No		$6.64
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month.	No		$0.70
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month.	No		$0.87

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A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No		No		$1.40
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	No	25 Per Month.	Yes		$30.88
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	No	10 Per Month.	No		$10.20
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	No		No		$36.12
A7002	TUBING, USED WITH SUCTION PUMP, EACH	No		No		$4.18
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	No	2 Per Month.	No		$2.92
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	No	1 Every 6 Months.	No		$33.66
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	No	1 Per Month.	No		$10.42
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	No	2 Per Month.	No		$5.03
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	No		No		$12.01
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	No		No		$25.76
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	No		No		$4.64
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	No	2 Per Month.	No		$0.67
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	No	1 Per Quarter.	No		$4.90
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	No	1 Per Month.	No		$2.06
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	No	2 Per Year.	No		$7.92
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	No		No		$146.33
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	No		No		$0.47
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	No	1 Every 6 Months.	No		$194.25
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	No	2 Per Month.	No		$36.75
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	No	2 Per Month.	No		$26.25
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	No	2 Per Year.	No		$206.00
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	No	1 Per Month.	No		$76.19
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	No	2 Per Month.	No		$44.26
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	No	2 Per Month.	No		$31.95
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	No	1 Every 6 Months.	No		$128.47
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Every 6 Months.	No		$43.41
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Every 6 Months.	No		$19.88
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month.	No		$44.79
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	2 Per Month.	No		$5.59
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Every 6 Months.	No		$16.74
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	No	1 Every 6 Months.	No		$21.30
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	No		No		$118.16

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	No		No		$55.99
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No		No		$12.72
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No		No		$0.76
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	No		No		$5.24
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	No		No		$0.37
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No		No		$2.79
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	No		No		$3.22
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No		No		$1.59
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	No		No		$53.24
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	No		No		$52.75
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	No		No		$50.63
A7525	TRACHEOSTOMY MASK, EACH	No	1 Per Month.	No		$2.33
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	No		No		$3.79
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	No		No		$3.04
A8000	HELMET, PROTECTIVE, SOFT, PREFAB., INCLUDES ALL COMPONENTS AND ACCESSORIES	No		No		$163.80
A8001	HELMET, PROTECTIVE, HARD, PREFAB., INCLUDES ALL COMPONENTS AND ACCESSORIES	No		No		$163.80
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	No		Yes		$0.00
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	No	31 Per Month.	Yes		$6.74
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	No	31 Per Month.	Yes		$14.74
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	No	31 Per Month.	Yes		$10.10
B4081	NASOGASTRIC TUBING WITH STYLET	No	1 Per Month.	Yes		$24.96
B4082	NASOGASTRIC TUBING WITHOUT STYLET	No	1 Per Month.	Yes		$17.45
B4083	STOMACH TUBE - LEVINE TYPE	No		No		$2.55
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	Yes	1 Every 3 Months.	Yes		$31.90
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	No		Yes		$1.56
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		Yes		$0.75
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		Yes		$0.61
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		Yes		$2.11
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		Yes		$1.33
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		Yes		$1.04

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
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		Yes		$1.08
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		Yes		$1.08
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		Yes		$1.08
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, FATS, CARBS, VIT AND MIN, 100 CALORIES = 1 UNIT	Yes		Yes		$2.14
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	Yes		Yes		$19.11
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5% 500 ML = 1 UNIT HOME MIX	Yes		Yes		$27.08
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID 7% 500 ML = 1 UNIT HOME MIX	Yes		Yes		$52.42
B4178	PARENTERAL NUTRITION SOLUTION; AMINO ACID GREATER THAN 8,5% 500 ML = 1 UNIT HOME MIX	Yes		Yes		$62.94
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES GREATER THAN 50% 500 ML = 1 UNIT HOME MIX	Yes		Yes		$26.65
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	Yes		Yes		$10.92
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB, WITH LYTES, TRACE ELEMENTS, AND VIT INCLUDES PREPARATION, ANY STRENGTH 10 TO 51 GRAMS OF PROTEIN PREMIX	Yes		Yes		$194.41
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB, WITH LYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH 52 TO 73 GRAMS OF PROTEIN, PREMIX	Yes		Yes		$251.20
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB WITH LYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN. PREMIX	Yes		Yes		$305.81
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARB WITH LYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN, PREMIX	Yes		Yes		$349.46
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, LYTES) _ HOME MIX, PER DAY	Yes		Yes		$8.45
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	Yes		Yes		$8.76
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Yes		Yes		$10.80
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	Yes		Yes		$27.36
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	Yes		Yes		$1,414.62
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Yes		Yes		$1,378.10
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Yes		Yes		$2,402.40
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Yes		Yes		$2,402.40
B9998	NOC FOR ENTERAL SUPPLIES	No		Yes		$0.00
B9999	NOC FOR PARENTERAL SUPPLIES	No		Yes		$0.00
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	No	1 Per 7 Years.	No		$21.84
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	No	1 Per 7 Years.	No		$50.53
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per 7 Years.	No		$82.50
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	No	1 Per 7 Years.	No		$51.69
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per 7 Years.	No		$35.30
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	No	1 Per 7 Years.	No		$21.97
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per 7 Years.	No		$51.53
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per 7 Years.	No		$28.02
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	No	1 Per 7 Years.	No		$210.44
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years.	No		$72.86

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years.	No		$89.57
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	No	1 Per 7 Years.	No		$393.90
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years.	No		$119.94
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years.	No		$122.98
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per 7 Years.	No		$343.61
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per 7 Years.	Yes		$627.69
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per 7 Years.	No		$138.74
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per 7 Years.	No		$223.06
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No		No		$69.28
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No		No		$76.47
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No		No		$32.96
E0156	SEAT ATTACHMENT, WALKER	No		No		$24.33
E0157	CRUTCH ATTACHMENT, WALKER, EACH	No		No		$85.94
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	No		No		$31.38
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	No		No		$19.29
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	No		Yes		$33.50
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	No		Yes		$24.35
E0162	SITZ BATH CHAIR	No	1 Per 7 Years.	Yes		$150.76
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per 7 Years.	No		$106.04
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per 7 Years.	No		$186.09
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	No		No		$11.97
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	No	1 Per 7 Years.	No		$186.08
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	No		No		$71.46
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes		Yes		$256.39
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes		Yes		$301.83
E0184	DRY PRESSURE MATTRESS	Yes		Yes		$180.73
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes		Yes		$329.55
E0186	AIR PRESSURE MATTRESS	Yes		Yes		$164.94
E0187	WATER PRESSURE MATTRESS	Yes		Yes		$264.80
E0188	SYNTHETIC SHEEPSKIN PAD	No		No		$27.02
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	No		No		$53.80
E0191	HEEL OR ELBOW PROTECTOR, EACH	No		No		$10.65
E0196	GEL PRESSURE MATTRESS	Yes		Yes		$368.03
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes		Yes		$187.56
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes		Yes		$248.85
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes		Yes		$35.00
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	Yes		Yes		$229.80
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	No		No		$125.45

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$953.74
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$961.58
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$1,078.29
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$899.87
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$1,569.32
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$1,306.05
E0271	MATTRESS, INNERSPRING	No		No		$233.15
E0272	MATTRESS, FOAM RUBBER	No		No		$144.61
E0275	BED PAN, STANDARD, METAL OR PLASTIC	No		No		$16.72
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	No		No		$14.01
E0280	BED CRADLE, ANY TYPE	No		No		$40.35
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$838.16
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$582.33
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$942.51
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$802.26
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years.	Yes		$1,352.05
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years.	Yes		$1,320.63
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	1 Per 10 Years.	Yes		$3,320.23
E0305	BED SIDE RAILS, HALF LENGTH	No		No		$212.07
E0310	BED SIDE RAILS, FULL LENGTH	No		No		$192.80
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	No		No		$9.86
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	No		No		$9.25
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per 7 Years.	Yes		$336.29
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	Yes	1 Per 7 Years.	Yes		$420.77
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	Yes	1 Per 7 Years.	Yes		$2,580.69
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT	No		No		$84.08
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT	No		No		$84.08

NORTH DAKOTA MEDICAID
DME Fee Schedule Effective 07/1/2008

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT	No		No		$84.08
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT	No		No		$84.08
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	No	1 Per 7 Years.	Yes		$600.60
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	No		Yes		$12,845.09
E0457	CHEST SHELL (CUIRASS)	No		Yes		$671.04
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No		Yes		$13,464.44
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	No		Yes		$15,708.51
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	No		Yes		$15,708.51
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes		Yes		$1,782.31
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes		Yes		$1,736.28
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	No		No		$453.31
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	No	1 Per 5 Years.	Yes		$4,488.15
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	No	1 Per 10 Years.	Yes		$10,756.20
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	No		No		$48.21
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	No	1 Per 5 Years.	Yes		$673.22
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	No	1 Per 5 Years.	No		$5.62
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	No	1 Per 5 Years.	No		$187.30
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 5 Years.	No		$116.84
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 5 Years.	No		$323.96
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	No	1 Per 5 Years.	Yes		$546.00
E0570	NEBULIZER, WITH COMPRESSOR	No	1 Per 5 Years.	No		$69.05
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per 5 Years.	No		$421.51
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per 5 Years.	Yes		$703.96
E0602	BREAST PUMP, MANUAL, ANY TYPE	No		No		$30.67
E0607	HOME BLOOD GLUCOSE MONITOR	No	1 Per 4 Years.	No		$66.13
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	No		No		$281.76
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	No		No		$468.73
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes		Yes		$2,244.07
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes		Yes		$2,184.00
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	No		No		$89.09
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	Yes	1 Per 5 Years.	Yes		$368.35
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	Yes	1 Per 5 Years.	Yes		$368.35
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	Yes	1 Per 5 Years.	Yes		$361.14
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per 7 Years.	Yes		$1,185.31

NORTH DAKOTA MEDICAID
DME Fee Schedule Effective 07/1/2008

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFT FEATURE, WITH OR WITHOUT WHEEL	Yes	1 Per 10 Years.	Yes		$1,037.40
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Yes	1 Per 10 Years.	Yes		$1,037.40
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	Yes		Yes		$1,037.40
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per 5 Years.	Yes		$387.29
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per 5 Years.	Yes		$404.65
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	No		No		$369.90
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes		Yes		$4,163.92
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Yes		Yes		$4,136.95
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes		Yes		$3,318.34
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	No		No		$91.88
E0776	IV POLE	No		No		$115.46
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	Yes		No		$11.32
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes		Yes		$2,746.31
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Yes		Yes		$4,628.37
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	No		No		$71.18
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No		No		$104.63
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No		No		$532.44
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	No		No		$38.12
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No		No		$92.03
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No		No		$128.34
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No		No		$104.10
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	No		No		$130.02
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No		No		$210.75
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No		No		$406.17
E0942	CERVICAL HEAD HARNESS/HALTER	No		No		$18.34
E0944	PELVIC BELT/HARNESS/BOOT	No		No		$42.60
E0945	EXTREMITY BELT/HARNESS	No		No		$41.21
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	No		Yes		$662.26
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	No		Yes		$640.55
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	No		No		$116.58
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	No		No		$21.29
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	No		No		$20.56
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No		No		$220.78
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No		No		$107.65
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	No		No		$150.62
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	No		No		$453.76

NORTH DAKOTA MEDICAID
DME Fee Schedule Effective 07/1/2008

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	No		No		$45.51
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	No		No		$99.35
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	No		No		$32.48
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	No		No		$70.69
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	No		No		$70.53
E0969	NARROWING DEVICE, WHEELCHAIR	No		No		$158.73
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	No		No		$59.41
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	No		No		$117.76
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	No		No		$72.79
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	No		No		$46.63
E0980	SAFETY VEST, WHEELCHAIR	No		No		$34.37
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	No		No		$56.04
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	No		No		$52.32
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	No		No		$127.76
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	No		No		$103.91
E0994	ARM REST, EACH	No		No		$16.80
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH	No		No		$33.20
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Yes	1 Per 5 Years.	Yes		$4,491.42
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	No		No		$398.74
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	No		No		$112.10
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	No		No		$143.39
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	No		No		$265.81
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	No		No		$225.54
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	No		No		$403.54
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$1,413.77
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per 5 Years.	Yes		$1,280.25
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per 5 Years.	Yes		$996.37
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years.	Yes		$1,184.86
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years.	Yes		$1,394.69
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years.	Yes		$1,407.03
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per 5 Years.	Yes		$1,217.40
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years.	Yes		$1,178.14
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per 5 Years.	Yes		$1,112.50
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$782.06
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$626.09
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Yes	1 Per 5 Years.	Yes		$2,583.77
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$807.86
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	No		No		$506.47

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	No		No		$257.59
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$2,335.15
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$2,419.58
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$2,106.42
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$2,028.32
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$1,789.49
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$1,805.13
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years.	Yes		$1,903.37
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LARGEST	Yes	1 Per 5 Years.	Yes		$1,171.41
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$962.70
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per 5 Years.	Yes		$1,234.24
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per 5 Years.	Yes		$1,374.49
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	No		No		$460.71
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	No		No		$112.10
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	No		No		$461.83
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	No		Yes		$11.21
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	No		No		$159.92
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	1 Per 7 Years.	Yes		$857.52
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	No		Yes		$0.00
E1700	JAW MOTION REHABILITATION SYSTEM	No		No		$382.20
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	No		No		$11.58
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	No		No		$24.02
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	No		No		$82.99
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	No		No		$84.20
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	No		No		$114.93
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	No	1 Per 5 Years.	Yes		$567.76
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	No		No		$407.42
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	No		No		$523.12
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	No		No		$43.69
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	No		No		$101.00
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	No		No		$114.66
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	No		No		$7.10
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	No		No		$44.23
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	No		No		$4.37
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE, ANY TYPE, ANY SIZE, EACH	No		No		$32.76
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	No		No		$33.00
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	No		No		$9.32
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	No		No		$39.31

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	No		No		$28.39
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	No		No		$27.30
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$38.22
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	No		Yes		$0.00
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	No		Yes		$0.00
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	No		Yes		$1,277.90
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	No		Yes		$1,813.35
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	No		No		$310.80
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	No		Yes		$1,735.29
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	No		Yes		$1,540.11
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	No		No		$74.54
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	No		No		$47.85
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	No		Yes		$2,735.09
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	No		Yes		$3,736.92
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	No		No		$391.32
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	No		No		$502.17
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	No		No		$113.22
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	No		No		$149.77
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	No		No		$110.96
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No		No		$199.72
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No		No		$120.46
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	No		No		$272.95
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	No		No		$457.63
E2368	PWC COMPONENET, MOTOR, REPLACEMENT ONLY	No		No		$530.71
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	No		No		$337.50
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	No		Yes		$876.70
E2373	POWER wc ACCESS., HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	No		Yes		$1,270.76
E2374	POWER wc ACCESS., HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE NOT INCLUDING CONTROLLER, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	No		No		$171.12
E2375	POWER WCH ACCESS., NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACMENT ONLY	No		Yes		$865.41
E2376	POWER WC ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACMENT ONLY	No		Yes		$1,356.26
E2377	POWER WC ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	No		No		$491.40
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$70.98
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$19.66

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$141.96
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$75.35
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$46.96
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$139.78
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$63.34
E2388	POWER WC ACCESS., FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$50.88
E2389	POWER WC ACCESS, FOAM CASTER TIRE, ANY SIZE, REPLACMENT ONLY, EACH	No		No		$27.63
E2390	POWER WC ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$43.24
E2391	POWER WC ACCESS., SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE, REPLACMENT ONLY EACH	No		No		$20.75
E2392	POWER WC ACCESS., SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$54.60
E2394	POWER WC ACCESS, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$77.53
E2395	POWER WC ACCESS, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$55.15
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	No		No		$62.24
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Yes		Yes		$427.04
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Yes		Yes		$1,305.81
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	Yes		Yes		$1,722.55
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes		Yes		$2,525.75
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes		Yes		$3,905.65
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes		Yes		$7,390.93
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	No		Yes		$0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		No		$99.20
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 IN. OR GREATER, ANY DEPTH	No		No		$114.66
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		No		$250.02
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 IN, OR GREATER, ANY DEPTH	No		No		$180.18
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		No		$218.40
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	No		No		$331.35
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 IN. OR GREATER, ANY DEPTH	No		No		$334.15
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	No		Yes		$0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No		No		$341.08
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No		No		$410.55
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No		No		$429.20
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No		No		$493.93
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	No		Yes		$0.00
E2618	WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), FOR USE WITH MANUAL WHEELCHAIR OR LIGHTWEIGHT POWER WHEELCHAIR, INCLUDES ANY TYPE MOUNTING HARDWARE	No		No		$0.00
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	No		No		$56.04

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E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	No		Yes		$627.64
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 10 Years.	Yes		$868.14
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 10 Years.	Yes		$868.14
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 10 Years.	Yes		$868.14
K0001	STANDARD WHEELCHAIR	Yes		Yes		$543.66
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes		Yes		$883.05
K0003	LIGHTWEIGHT WHEELCHAIR	Yes		Yes		$965.14
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes		Yes		$1,441.53
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per 5 Years.	Yes		$1,985.08
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per 5 Years.	Yes		$1,346.26
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per 5 Years.	Yes		$1,900.73
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	1 Per 5 Years.	Yes		$5,604.69
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per 5 Years.	Yes		$3,464.82
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	No		No		$195.11
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	No		No		$54.87
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	No		No		$30.67
K0019	ARM PAD, EACH	No		No		$18.83
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	No		No		$55.48
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	No		No		$44.71
K0038	LEG STRAP, EACH	No		No		$28.02
K0039	LEG STRAP, H STYLE, EACH	No		No		$66.13
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	No		No		$86.87
K0041	LARGE SIZE FOOTPLATE, EACH	No		No		$59.98
K0042	STANDARD SIZE FOOTPLATE, EACH	No		No		$35.87
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	No		No		$22.42
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	No		No		$19.06
K0045	FOOTREST, COMPLETE ASSEMBLY	No		No		$57.16
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	No		No		$22.97
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	No		No		$89.67
K0050	RATCHET ASSEMBLY	No		No		$37.56
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	No		No		$54.37
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	No		No		$99.27
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	No		No		$116.58
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	No		No		$110.41
K0065	SPOKE PROTECTORS, EACH	No		No		$45.96
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	No		No		$118.82

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	No		No		$206.26
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	No		No		$102.01
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	No		No		$62.02
K0073	CASTER PIN LOCK,EACH	No		No		$38.67
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	No		No		$62.77
K0098	DRIVE BELT FOR POWER WHEELCHAIR	No		No		$28.35
K0105	IV HANGER, EACH	No		No		$104.81
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	No		No		$21.87
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Yes		Yes		$3,231.47
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	No		No		$2.73
K0553	COMBINATION ORAL/NASAL MASK, USED WITH CPAP, EACH	No	1 Every 6 Months.	No		$0.00
K0554	ORAL CUSHION FOR CONBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	No	2 per month	No		$0.00
K0555	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	No	2 per month	No		$0.00
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	No		No		$1.20
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	No		No		$6.94
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	No		No		$0.62
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	No		No		$6.65
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	No		No		$15.94
K0733	POWER WC ACCE3SS, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTER, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	No		No		$30.58
K0734	HIGH PROFILE SINGLE COMPARTMENT CUSHION OR DEEP SEAT SKIN PROTECTION	No		No		$321.05
K0735	HIGH PROFILE SINGLE COMPARTMENT, SKIN PROTECTION CUSHION	No		No		$404.04
K0736	HIGH PROFILE DUAL COMPARTMENT/AIRFLO, SKIN PROTECTION AND POSITIONING CUSHION	No		No		$319.96
K0737	HIGH PROFILE DUAL COMPARTMENT OR AIRFLO, SKIN PROTECTION AND POSITIONING CUSHION	No		No		$406.22
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per 5 Years.	Yes		$1,945.94
K0814	PWC,GR. 1 PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$2,451.54
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,012.83
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$2,876.33
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$2,191.64
K0821	PWC GR 2,, PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$2,758.39
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,417.96
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,448.54
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$4,157.24
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$3,452.90
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$5,403.22
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$4,127.76
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years.	Yes		$5,961.23
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years.	Yes		$4,911.82

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K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,865.68
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,865.68
K0835	PWC GR 2, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,536.99
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,602.51
K0837	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$4,157.24
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$3,751.02
K0839	PWC GR 2 VERY HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP, 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$5,403.22
K0840	PWC GR 2 XTRA HEAVY DUTY, SINGLE PWR.OPT. SLING/SOLID SEAT/BACK, PT. WT. CP. 601 LBS AND MORE	Yes	1 Per 5 Years.	Yes		$7,294.56
K0841	PWC GR 2, MULT. PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,975.97
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$3,975.97
K0843	PWC GR 2 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$4,444.44
K0848	PWC GR 3, SLING/SOLID SEAT.BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$4,518.70
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$4,343.98
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$5,016.65
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$4,821.18
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$6,088.99
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$6,258.25
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per 5 Years.	Yes		$7,962.86
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years.	Yes		$7,447.44
K0856	PWC GR 3, SINGLE PWR. OPT, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$4,858.31
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$4,530.71
K0858	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$6,050.77
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$5,663.11
K0860	PWC GR 3 VERY HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$8,503.40
K0861	PWC GR 3 MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years.	Yes		$4,865.95
K0862	PWC GR 3 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/VACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years.	Yes		$6,050.77
K0863	PWC GR 3 VERY HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years.	Yes		$8,503.40
K0864	PWC GR 3 XTRA HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years.	Yes		$10,118.47
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	No		No		$22.43
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	No		No		$136.76
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	No		No		$61.05
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	No		No		$93.68
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	No		No		$135.77
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	No		Yes		$602.53
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	No		No		$119.39
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	No		No		$270.42
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	No		No		$358.49
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	No		No		$413.48

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L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	No		No		$471.25
L0210	THORACIC, RIB BELT	No		No		$39.25
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	No		No		$109.97
L0430	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)	No		Yes		$1,211.25
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$145.73
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$314.73
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$907.73
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$813.48
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 STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$916.70
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 STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$1,139.99
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 STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$1,356.55
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$328.74
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$411.41
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 TRANVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$557.10
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$350.07

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No		Yes		$1,469.56
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No		Yes		$1,497.58
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No		Yes		$1,518.11
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No		Yes		$1,826.67
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$907.73
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$255.82
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SI JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFAB, INCLUDES FITTING AND ADJUSTMENT	No		No		$91.73
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	No		No		$42.00
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFAB, INCLUDE FITTING AND ADJUSTMENT	No		No		$68.80
L0627	LO, SAGITTAL CONTROL, WITH RIGID ANT. AND POST. PANEL, PREFAB. INCLUDES FITTING AND ADJUSTMENT	No		No		$253.34
L0628	LSO,, 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, PREFAB, INCLUDES FITTING AND ADJUSTMENT	No		No		$70.98
L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANT. AND POST. PANELS, PREFAB., INCLUDES FITTING AND ADJUSTMENT	No		Yes		$0.00
L0633	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LAT. FRAME/PANEL, PREFAB., INCLUDES FITTING AND ADJUSTMENT	No		No		$255.35
L0638	LSO, 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, AMY INCLUDES PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	No		Yes		$879.06
L0640	LSO, SAGITTAL-CORONAL CONTROL, RIGID SHELL/PANEL POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO SYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES, STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	No		Yes		$895.44
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	No		Yes		$1,726.81

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	No		Yes		$1,872.69
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	No		Yes		$2,275.49
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	No		Yes		$1,968.06
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	No		Yes		$2,692.89
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT	No		No		$0.00
L0970	TLSO, CORSET FRONT	No		No		$108.84
L0972	LSO, CORSET FRONT	No		No		$90.89
L0974	TLSO, FULL CORSET	No		No		$153.72
L0976	LSO, FULL CORSET	No		No		$152.60
L0978	AXILLARY CRUTCH EXTENSION	No		No		$165.50
L0980	PERONEAL STRAPS, PAIR	No		No		$14.74
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	No	2 Per Year.	No		$13.73
L0984	PROTECTIVE BODY SOCK, EACH	No	4 Per Year.	No		$56.62
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	No		Yes		$1,559.64
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$2,861.21
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	No		No		$65.64
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	No		No		$79.66
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	No		No		$108.29
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	No		No		$61.72
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	No		No		$67.88
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	No		No		$71.81
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	No		No		$81.90
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	No		No		$77.98
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	No		No		$51.99
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	No		No		$133.52
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	No		No		$83.60
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	No		No		$145.30
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	No		No		$215.70
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	No		No		$36.27
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	No		Yes		$1,601.16
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	No		No		$249.08
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	No		No		$200.29
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	No		Yes		$583.83
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	No		No		$67.26
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	No		No		$62.22
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	No		No		$65.03
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	No		No		$67.33
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	No		No		$71.81

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	No		No		$70.63
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	No		Yes		$1,442.66
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	No		Yes		$1,556.28
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO), MOBILITY FRAME (NEWINGTON, PARAPODIUM TYPES)	No		Yes		$1,037.40
L1510	THKAO, STANDING FRAME, WITH OR WITHOUT TRAY AND ACCESSORIES	No		Yes		$1,037.40
L1520	THKAO, SWIVEL WALKER	No		Yes		$1,037.40
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$109.97
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$37.59
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$117.82
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	No		No		$140.26
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	No		No		$452.74
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$219.92
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	No		No		$323.15
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$143.49
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	No		Yes		$1,028.91
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	No		Yes		$1,004.22
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$852.76
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$1,739.17
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	No		Yes		$1,289.22
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	No		Yes		$1,626.95
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	No		Yes		$990.76
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	No		Yes		$957.10
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	No		Yes		$1,336.35
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$56.62
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$85.20
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$82.96
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$115.75
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$47.08
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$77.35
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT (S), POSITIONAL ORTHOSIS, PREFAB, INCLUDES FITTING AND ADJUSTMENT	No		No		$261.45
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$512.27
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	No		Yes		$673.77
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$120.07
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	No		Yes		$704.63

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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	No		Yes		$813.48
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	No		Yes		$1,443.78
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$693.42
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	No		Yes		$893.14
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$519.51
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$261.43
L1855	KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS, CUSTOM-FABRICATED	No		Yes		$0.00
L1858	KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS (CTI), CUSTOM-FABRICATED	No		Yes		$0.00
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	No		Yes		$1,015.44
L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED	No		Yes		$0.00
L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED	No		Yes		$0.00
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	No		No		$247.97
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	No		No		$16.12
L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$67.26
L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED	No		No		$426.37
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$123.32
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	No		No		$499.04
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$230.02
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	No		No		$325.38
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$218.60
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$792.79
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	No		No		$417.00
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	No		Yes		$781.87
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED	No		Yes		$679.96
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$757.38
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	No		No		$508.16
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	No		Yes		$629.98
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$429.06
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	No		No		$333.25
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	No		No		$365.82
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	No		Yes		$887.53
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	No		Yes		$913.34

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	No		Yes		$985.15
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	No		Yes		$854.99
L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	No		Yes		$1,638.00
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$157.08
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	No		Yes		$1,579.41
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	No		Yes		$1,405.91
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	No		Yes		$1,207.30
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	No		No		$178.24
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	No		No		$445.02
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	No		No		$499.31
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	No		No		$113.60
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	No		No		$321.05
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	No		No		$410.67
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No		Yes		$573.35
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	No		Yes		$1,026.67
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$393.83
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$493.69
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$600.30
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No		Yes		$1,135.50
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	No		Yes		$1,447.43
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$880.79
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$816.84
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$1,122.04
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	No		No		$127.91
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	No		No		$82.47
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	No		No		$106.60
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	No		No		$143.62
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	No		No		$252.46
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	No		No		$76.29
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	No		No		$300.70
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	No		No		$50.45
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	No		No		$61.67
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	No		No		$74.26

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L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	No		No		$70.69
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATION ORTHOSIS ONLY	No		No		$198.00
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	No		No		$70.69
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	No		No		$308.56
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	No		No		$179.53
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	No		No		$95.29
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	No		No		$49.34
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	No		No		$121.07
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	No		No		$371.28
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	No		No		$226.64
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	No		No		$106.60
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No		No		$197.30
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No		No		$327.60
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	No		No		$200.84
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	No		No		$366.91
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	No		Yes		$815.16
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	No		No		$47.66
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	No		No		$216.54
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	No		No		$95.29
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	No		No		$129.05
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	No		No		$125.56
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	No		No		$120.12
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	No		No		$122.30
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	No		No		$144.74
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	No		No		$107.72
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	No		No		$78.48
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	No		No		$109.97
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	No		No		$130.03
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	No		No		$130.16
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	No		No		$100.98
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	No		No		$265.92
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	No		Yes		$612.63
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	No		No		$415.15
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	No		Yes		$1,156.82
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	No		Yes		$673.22
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	No		No		$237.87
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	No		No		$405.06
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	No		No		$265.92

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L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	No		No		$401.69
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	No		No		$439.83
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	No		No		$187.38
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	No		No		$214.31
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	No		No		$225.53
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	No		No		$258.07
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	No		No		$271.91
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	No		Yes		$1,929.90
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	No		Yes		$1,602.27
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	No		No		$214.12
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	No		No		$282.49
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	No		No		$100.98
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	No		No		$179.53
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	No		No		$163.82
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	No		No		$154.84
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	No		No		$70.69
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No		No		$118.83
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	No		No		$51.33
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	No		No		$117.82
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT	No		No		$56.05
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	No		No		$56.09
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	No		No		$25.79
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	No		No		$70.63
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	No		No		$95.29
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	No		No		$71.81
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	No		No		$78.48
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	No		No		$76.23
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	No		No		$35.88
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	No		No		$61.72
L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH	No		No		$291.73
L2999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED			Yes		$0.00
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	No	2 Per Year.	Yes		$218.60
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	No	2 Per Year.	Yes		$117.71
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	No	2 Per Year.	Yes		$140.12
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	No	2 Per Year.	Yes		$157.08
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	No	2 Per Year.	Yes		$145.73
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	No	2 Per Year.	Yes		$155.82

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L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	No	2 Per Year.	Yes		$73.44
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	No	2 Per Year.	No		$42.61
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	No	2 Per Year.	No		$42.64
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	No	2 Per Year.	No		$56.05
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	No	2 Per Year.	No		$26.93
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	No	2 Per Year.	No		$29.03
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	No	2 Per Year.	No		$37.17
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	No		No		$38.22
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	No		No		$80.72
L3150	FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES	No		No		$69.12
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	No		No		$39.55
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	No	2 Per Year.	Yes		$41.49
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	No	2 Per Year.	Yes		$44.84
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	No	2 Per Year.	Yes		$44.84
L3208	SURGICAL BOOT, EACH, INFANT	No		No		$45.43
L3209	SURGICAL BOOT, EACH, CHILD	No		No		$42.64
L3211	SURGICAL BOOT, EACH, JUNIOR	No		No		$28.06
L3212	BENESCH BOOT, PAIR, INFANT	No		No		$56.09
L3213	BENESCH BOOT, PAIR, CHILD	No		No		$56.09
L3214	BENESCH BOOT, PAIR, JUNIOR	No		No		$56.09
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	No	2 Per Year.	Yes		$101.56
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	No	2 Per Year.	Yes		$113.96
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	No	2 Per Year.	Yes		$121.18
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	No	2 Per Year.	Yes		$134.53
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	No	2 Per Year.	Yes		$51.32
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	No	2 Per Year.	Yes		$65.52
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	No	2 Per Year.	Yes		$228.69
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	No	2 Per Year.	Yes		$180.65
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	No	2 Per Year.	Yes		$233.16
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	No	2 Per Year.	Yes		$136.88
L3260	SURGICAL BOOT/SHOE, EACH	No		No		$14.57
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	No	2 Per Year.	No		$32.76
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	No	2 Per Year.	No		$51.58
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	No	2 Per Year.	No		$95.94
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	No	2 Per Year.	No		$41.49
L3334	LIFT, ELEVATION, HEEL, PER INCH	No	2 Per Year.	No		$32.76
L3340	HEEL WEDGE, SACH	No	2 Per Year.	No		$47.12
L3350	HEEL WEDGE	No		No		$19.08
L3360	SOLE WEDGE, OUTSIDE SOLE	No		No		$28.06

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L3370	SOLE WEDGE, BETWEEN SOLE	No		No		$33.66
L3380	CLUBFOOT WEDGE	No		No		$33.66
L3390	OUTFLARE WEDGE	No		No		$38.22
L3400	METATARSAL BAR WEDGE, ROCKER	No		No		$29.48
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	No		No		$44.88
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	No		No		$44.85
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	No		No		$31.40
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	No		No		$25.81
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	No		No		$31.02
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	No		No		$7.86
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	No		No		$44.10
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	No		No		$28.42
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$53.81
L3651	SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	No		No		$53.85
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$103.74
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$93.12
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$144.62
L3700	ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$57.17
L3701	ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	No		No		$16.84
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$102.10
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	No		No		$513.41
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED	No		Yes		$745.04
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED	No		Yes		$883.05
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	No		No		$404.04
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$87.53
L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED	No		No		$0.00
L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED	No		No		$0.00
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$378.43
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	No		No		$207.57
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$301.35
L3810	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ('C') BAR	No		No		$0.00
L3825	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP	No		No		$0.00
L3830	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST	No		No		$0.00
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST	No		No		$0.00
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$337.42
L3907	WRIST HAND FINGER ORTHOSIS, WRIST GAUNTLET WITH THUMB SPICA, CUSTOM-FABRICATED	No		No		$0.00

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L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$49.34
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	No		No		$11.21
L3910	WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)	No		No		$19.67
L3915	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB. INLUDES FITTING AND ADJUSTMENT	No		No		$461.92
L3916	WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$31.40
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$40.90
L3928	HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$64.76
L3930	WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$159.98
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3936	WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3942	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3946	HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$0.00
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$592.43
L3966	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$693.03
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$613.31
L3974	SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	No		No		$132.32
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$254.71
L3985	UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST HINGE, CUSTOM-FABRICATED	No		No		$0.00
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	No		No		$26.37
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCL. ALL COMPONENETS, ANY LENGTH, ANY TYPE	No		No		$8.19
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No		No		$225.53
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	No		No		$75.18
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	No		No		$71.81
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	No		Yes		$10.92
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	No		Yes		$14.14
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$75.43
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$233.16
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$168.32

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L4380	PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$89.76
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$144.62
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	No		No		$20.19
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	No		No		$14.57
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$144.74
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		No		$69.11
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	No		Yes		$453.99
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	No		Yes		$1,201.70
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	No		Yes		$2,106.25
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	No		Yes		$2,179.63
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	No		Yes		$3,036.23
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	No		Yes		$2,090.36
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	No		Yes		$3,428.94
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	No		Yes		$3,499.63
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	No		Yes		$3,854.20
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No		Yes		$2,969.38
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	No		Yes		$2,352.91
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	No		Yes		$2,708.19
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No		Yes		$4,563.32
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No		Yes		$4,944.83
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	No		Yes		$5,122.10
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	No		Yes		$2,081.06
L5311	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	No		Yes		$3,280.84
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	No		Yes		$2,953.68
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	No		Yes		$5,037.94
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	No		Yes		$5,457.60
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	No		Yes		$1,104.33
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No		No		$375.89
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	No		Yes		$1,537.19
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No		Yes		$452.18
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	No		Yes		$364.31
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	No		Yes		$516.14
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No		Yes		$1,346.45
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	No		Yes		$1,771.70

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L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	No		Yes		$1,515.87
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No		Yes		$1,293.71
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No		Yes		$1,656.56
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	No		Yes		$1,524.85
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No		Yes		$1,826.01
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	No		Yes		$2,136.37
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	No		Yes		$2,262.03
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	No		Yes		$2,597.52
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	No		Yes		$2,504.40
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	No		Yes		$2,762.46
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	No		Yes		$3,623.06
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	No		Yes		$4,000.06
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	No		Yes		$1,795.26
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	No		Yes		$2,692.89
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	No		Yes		$1,543.92
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	No		Yes		$1,604.52
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	No		Yes		$509.41
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	No		Yes		$245.70
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	No		Yes		$248.86
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	No		Yes		$325.38
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	No		Yes		$327.33
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	No		Yes		$428.61
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	No		Yes		$434.24
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	No		Yes		$284.73
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	No		Yes		$440.96
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	No		Yes		$394.58
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	No		Yes		$238.06
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	No		Yes		$364.67
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	No		Yes		$258.95
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	No		Yes		$583.45
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	No		Yes		$690.06
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	No		Yes		$617.13
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No		Yes		$1,867.08
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No		Yes		$840.72

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L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	No		Yes		$561.02
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	No		Yes		$872.95
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	No		Yes		$768.59
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	No		Yes		$2,017.70
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No		Yes		$431.57
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	No		Yes		$1,233.05
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	No		Yes		$522.36
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	No		Yes		$697.90
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No		Yes		$291.56
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No		Yes		$245.70
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No		Yes		$343.35
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	No		Yes		$374.40
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	No		Yes		$547.55
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	No		Yes		$460.03
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	No		Yes		$62.83
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	No		Yes		$88.45
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	No		Yes		$316.68
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	No		Yes		$595.22
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	No		Yes		$347.26
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	No		Yes		$680.42
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	No		Yes		$325.08
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	No		Yes		$443.21
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	No		Yes		$43.72
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	No		Yes		$567.21
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	No		Yes		$334.37
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	No		Yes		$1,205.06
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	No		Yes		$561.60
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	No		Yes		$1,205.06
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	No		Yes		$43.72
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	No		Yes		$113.57
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	No		Yes		$53.85
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	No		Yes		$53.81
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	No		Yes		$87.53
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	No		Yes		$123.43
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	No		Yes		$181.77
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	No		Yes		$178.40

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	No		Yes		$166.06
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	No		Yes		$78.55
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE	No		Yes		$93.05
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	No		Yes		$167.18
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	No		Yes		$2,550.15
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	No		Yes		$3,316.40
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	No		Yes		$4,696.85
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	No		Yes		$531.33
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	No		Yes		$903.48
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	No		Yes		$892.02
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	No		Yes		$1,230.87
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No		Yes		$381.49
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No		Yes		$469.01
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No		Yes		$387.10
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	No		Yes		$456.68
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No		Yes		$874.06
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	No		Yes		$1,092.86
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No		Yes		$903.24
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No		Yes		$1,419.37
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	No		Yes		$1,569.73
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No		Yes		$2,577.32
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	No		Yes		$1,033.40
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	No		Yes		$3,562.10
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	No		Yes		$3,858.68
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$454.27
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$646.29
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$966.08
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	No		Yes		$485.85
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	No		Yes		$850.50
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	No		Yes		$624.37
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	No		Yes		$3,397.53
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	No		Yes		$762.98
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	No		Yes		$947.86
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	No		Yes		$1,694.28
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	No		Yes		$1,823.31
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	No		Yes		$2,856.70
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	No		Yes		$2,780.23

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	No		Yes		$1,706.62
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	No		Yes		$3,502.94
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	No		Yes		$1,637.71
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	No		Yes		$152.45
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	No		Yes		$368.03
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	No		Yes		$392.34
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	No		Yes		$448.38
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	No		Yes		$402.80
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	No		Yes		$2,987.71
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$600.83
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$726.38
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$867.33
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	No		Yes		$3,324.59
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	No		Yes		$204.20
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	No		Yes		$370.26
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	No		Yes		$212.07
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	No		Yes		$424.14
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	No		Yes		$526.86
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	No		Yes		$262.56
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	No		Yes		$2,468.48
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	No		Yes		$3,494.40
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	No		Yes		$2,914.45
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	No		Yes		$693.42
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	No		Yes		$527.44
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	No		Yes		$256.95
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	No		Yes		$759.61
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	No		Yes		$1,615.07
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE (FOR PATIENT WEIGHT > 300 LBS)	No		Yes		$0.00
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	No		Yes		$1,194.96
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	No		Yes		$1,416.01
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	No		Yes		$1,260.05
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No		Yes		$1,839.01
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	No		Yes		$2,545.90
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	No		Yes		$1,819.93
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	No		Yes		$1,878.29
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	No		Yes		$2,358.52
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	No		Yes		$2,544.78
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	No		Yes		$2,743.38

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L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	No		Yes		$3,357.13
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	No		Yes		$2,442.68
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No		Yes		$3,581.54
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	No		Yes		$2,729.92
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No		Yes		$1,639.30
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	No		Yes		$4,115.63
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	No		Yes		$2,865.68
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	No		Yes		$1,826.67
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	No		Yes		$1,046.86
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	No		Yes		$1,423.87
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	No		Yes		$1,974.79
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No		Yes		$361.28
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	No		Yes		$454.43
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No		Yes		$2,783.78
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No		Yes		$3,698.24
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No		Yes		$3,606.24
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No		Yes		$4,549.86
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	No		Yes		$3,814.92
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No		Yes		$1,692.03
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No		Yes		$1,650.52
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No		Yes		$1,841.27
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No		Yes		$1,915.33
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	No		Yes		$2,542.53
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	No		Yes		$2,550.39
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	No		Yes		$168.32
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	No		Yes		$166.06
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	No		Yes		$151.48
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	No		Yes		$382.20
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	No		Yes		$175.04
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	No		Yes		$58.35
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	No		Yes		$305.19
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	No		Yes		$576.73

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L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	No		Yes		$477.99
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	No		Yes		$574.49
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	No		Yes		$164.94
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	No		Yes		$192.99
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	No		Yes		$77.95
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	No		Yes		$186.26
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	No		Yes		$329.88
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	No		Yes		$263.69
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	No		Yes		$144.74
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	No		Yes		$195.24
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	No		Yes		$287.24
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	No		Yes		$304.07
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	No		Yes		$67.33
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	No		Yes		$84.16
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	No		Yes		$40.39
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	No		Yes		$42.64
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	No		Yes		$181.77
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	No		Yes		$107.72
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	No		Yes		$126.78
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	No		Yes		$221.05
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	No		Yes		$240.12
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	No		Yes		$342.23
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	No		Yes		$530.72
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	No		Yes		$691.17
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	No		Yes		$475.76
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	No		Yes		$807.86
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	No		Yes		$618.24
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	No		Yes		$309.68
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	No		Yes		$629.46
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	No		Yes		$2,597.52
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FAB. FROM EXISTING MOLD OR PREFAB., SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	No		Yes		$518.70
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	No		Yes		$453.73
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	No		Yes		$297.02
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	No		Yes		$533.08
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	No		Yes		$318.86
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	No		Yes		$1,174.99
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	No		Yes		$764.40
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	No		Yes		$1,107.29

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	No		Yes		$319.78
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	No		Yes		$190.74
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	No		Yes		$3,739.75
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	No		Yes		$2,836.51
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No		Yes		$162.70
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	No		Yes		$512.77
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	No		Yes		$1,358.78
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	No		Yes		$1,320.63
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	No		Yes		$1,286.97
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	No		Yes		$563.26
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$7,298.85
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No		Yes		$7,872.21
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$7,669.13
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No		Yes		$8,233.51
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$10,525.83
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No		Yes		$12,245.92
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$11,964.28
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No		Yes		$14,329.54
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$14,451.84
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	No		Yes		$15,658.03
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	No		Yes		$15,851.02
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	No		Yes		$2,535.81
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	No		Yes		$1,454.16
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	No		Yes		$5,535.01
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	No		Yes		$32,127.29
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No		Yes		$5,742.59
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	No		Yes		$10,409.14
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No		Yes		$7,266.32
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	No		Yes		$10,664.97
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL	No		Yes		$2,064.54

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L7261	ELECTRONIC WRIST ROTATOR, FOR UTAH ARM	No		Yes		$3,911.43
L7266	SERVO CONTROL, STEEPER OR EQUAL	No		Yes		$890.89
L7272	ANALOGUE CONTROL, UNB OR EQUAL	No		Yes		$2,000.60
L7274	PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL	No		Yes		$5,970.36
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	No		Yes		$204.20
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	No		Yes		$299.59
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	No		Yes		$357.92
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	No		Yes		$482.48
L7367	LITHIUM ION BATTERY, REPLACEMENT	No		Yes		$355.69
L7368	LITHIUM ION BATTERY CHARGER	No		Yes		$461.15
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	No		Yes		$212.94
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	No		Yes		$256.62
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	No		Yes		$0.00
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	No		Yes		$43.68
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	No		Yes		$16.83
L7900	MALE VACUUM ERECTION SYSTEM	No		No		$489.86
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	No	4 Per Year.	No		$33.64
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL	No	4 Per Year.	No		$114.44
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL	No	4 Per Year.	No		$150.35
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	No	4 Per Year.	No		$53.85
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	No	1 Every 6 Months.	No		$179.53
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	No	1 Per 2 Years.	No		$319.47
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$2,112.80
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$2,547.04
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$2,718.70
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$3,205.66
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$3,549.00
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$2,221.63
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$2,288.95
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	No		Yes		$1,172.52
L8300	TRUSS, SINGLE WITH STANDARD PAD	No		No		$86.39
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	No	4 Per Year.	No		$13.10
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	No	4 Per Year.	No		$19.71
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	No	4 Per Year.	No		$21.29
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	No	4 Per Year.	No		$68.80
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	No	4 Per Year.	No		$17.49
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	No	4 Per Year.	No		$22.08
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	No	4 Per Year.	No		$17.96

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	No	4 Per Year.	No		$37.02
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	No	4 Per Year.	No		$59.46
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	No	4 Per Year.	No		$43.75
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	No	4 Per Year.	No		$7.80
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	No	4 Per Year.	No		$11.04
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	No	4 Per Year.	No		$11.98
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	No		Yes		$0.00
L8500	ARTIFICIAL LARYNX, ANY TYPE	No		Yes		$593.55
L8501	TRACHEOSTOMY SPEAKING VALVE	No		No		$107.61
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	No		No		$38.15
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	No		No		$99.87
L8510	VOICE AMPLIFIER	No		No		$231.15
L8610	OCULAR IMPLANT	No		Yes		$701.27
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	No		No		$327.60
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	No		No		$97.19
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	No		No		$85.18
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACMENT	No		No		$24.02
L8621	ZINC AIR BATTERY FIOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	No		No		$0.55
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT	No	4 Per Year.	No		$148.51
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	No		Yes		$0.00
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	No		Yes		$853.04
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	No		No		$69.56
V2626	REDUCTION OF OCULAR PROSTHESIS	No		No		$179.53
V2627	SCLERAL COVER SHELL	No		Yes		$1,465.46
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	No		No		$354.90
V5014	REPAIR/MODIFICATION OF A HEARING AID	No		No		$0.00
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	No	1 Per 5 Years.	Yes		$403.13
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	No	1 Per 5 Years.	Yes		$403.13
V5050	HEARING AID, MONAURAL, IN THE EAR	No	1 Per 5 Years.	Yes		$403.13
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	No	1 Per 5 Years.	Yes		$403.13
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	No	1 Per 5 Years.	Yes		$403.13
V5110	DISPENSING FEE, BILATERAL	No	1 Per 5 Years.	Yes		$806.24
V5130	BINAURAL, IN THE EAR	No	1 Per 5 Years.	Yes		$806.24
V5140	BINAURAL, BEHIND THE EAR	No	1 Per 5 Years.	Yes		$806.24
V5160	DISPENSING FEE, BINAURAL	No	1 Per 5 Years.	Yes		$806.24
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	No	1 Per 5 Years.	Yes		$403.13
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	No	1 Per 5 Years.	Yes		$403.13
V5247	HEARING AID, DIGITALLY PPROGRAMMABLE ANALOG, MONAURAL, BTE (BEHING THE EAR)	No	1 Per 5 Years.	Yes		$403.13
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	No	1 Per 5 Years.	Yes		$806.24

Code	Description	CMN Required?	Quantity Allowed	Prior Auth Required?	Minimum Age	Medicaid Fee
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	No	1 Per 5 Years.	Yes		$403.13
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	No	1 Per 5 Years.	Yes		$403.13
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	No	1 Per 5 Years.	Yes		$403.13
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	No	1 Per 5 Years.	Yes		$403.13
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	No	1 Per 5 Years.	Yes		$806.24
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	No	1 Per 5 Years.	Yes		$806.24
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	No		No		$50.44
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	No		No		$50.44
V5266	BATTERY FOR USE IN HEARING DEVICE	No	Monaural 4/month - Binaural 8/month	No		$1.68
V5267	HEARING AID SUPPLIES/ACCESSORIES	No		Yes		$0.00
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	No	1 Per 5 Years.	Yes		$403.13