



**Report on the “L” codes utilization within the All-Payer Claims Database and cost impact
of Orthoses coverage**

Required by SB 614 (Chs. 822 and 823 of the Acts of 2024)

December 2024

Executive Summary

Prosthetic and orthotic devices are assistive devices utilized by individuals who have congenital limb loss or limitation, have experienced amputation, or require devices to assist with mobility and function. Utilization of these devices improves mobility, functionality, independence, and overall quality of life of persons with disabilities who use these assistive devices.

A survey of coverage of prostheses and orthoses across all 50 US states determined that 45 states do not require coverage of these devices for physical activities aside from those determined to be medically necessary, and 29 states do not have payer-wide coverage for prostheses or orthoses for even medical necessity.¹ In Maryland, Medicaid has historically covered prostheses and orthoses when medically necessary to support activities of living in the participant’s home, workplace, or school. Commercial payers have also historically covered prostheses and orthoses via the Affordable Care Act (ACA), the essential health benefits (EHB) under “habilitative services and devices,” and for the large group market under Insurance Article §15-844. While coverage for prosthetic devices for medical necessity is a mandated benefit for both commercial payers and Medicaid in Maryland, coverage of prostheses for whole-body health was not mandated until SB 614, *Maryland Medical Assistance Program (Medical Assistance) and Health Insurance - Coverage for Prostheses (So Every Body Can Move Act)* (Chs. 822 and 823 of the 2024 Acts)², was passed.

SB 614 expanded coverage of prostheses in Maryland when medically necessary for whole-body health effective January 1, 2025. In addition, SB 614 required MDH and MHCC to jointly evaluate the fiscal impact of expanding whole-body health coverage for orthoses through Medical Assistance and commercial payers, respectively. This report provides an overview of historical utilization patterns and costs for prostheses and orthoses through Medical Assistance, as well as estimates of the cost to expand coverage of orthoses for whole-body health by both Medical Assistance and commercial payers.

I. Introduction

This report addresses MDH’s progress to date to assure that the provisions under SB 614 regarding expanding coverage of prosthetic devices for whole-body health will be implemented by January 1, 2025. In addition, this report includes evaluations by MDH and MHCC, in consultation with MIA, on the cost and feasibility of expanding the coverage of orthotic devices for whole-body health. MDH performed the analysis related to financial implications for the Medical Assistance populations. MHCC performed analysis related to implications for the commercial market. MDH estimates that expanding coverage of orthoses for whole-body health will have an annual fiscal impact of at least \$2.9M Total Funds (\$1.1M State General Funds, \$1.8M Federal Funds). Expansion of this benefit within the commercial market is projected to

¹ Malouff, S., et al., (2024). A Multi-State Analysis of the Fiscal Impact of Commercial Insurance Coverage for General-Use & Activity-Specific Prosthetic & Orthotic Devices in the United States. *Medical Research Archives, European Society of Medicine*. <https://esmed.org/MRA/mra/article/view/5104/99193547842>

² Senate Bill 614 - Maryland Medical Assistance Program and Health Insurance - Coverage for Prostheses (*So Every Body Can Move Act*) (Chs. 822 and 823 of the 2024 Acts). <https://mgaleg.maryland.gov/2024RS/bills/sb/sb0614T.pdf>

cost \$3.2M (\$1.22M Fully Insured, \$709K State Health Plan, \$1.25M Local State Govt.) annually for the commercial market (non-Employee Retirement Income Security Act (ERISA)).

II. Background

Individuals who are born without a limb, have lost a limb, or have impaired function of a body part(s) are often prescribed prostheses and orthoses in order to allow them to complete activities of daily living in the home, work, or at school. Examples of prosthetic devices include: artificial devices to replace, in whole or in part, a leg, an arm, an eye, or breast, including surgical brassiere; whereas, orthotic devices are defined as rigid and semi-rigid devices used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.³

One of the key assessments providers use in determining the prostheses or orthoses to prescribe for an individual is an assessment called the Medicare Functional Classification Level (MFCL) (also known as a K-level assessment) which is performed in order to determine the maximum rehabilitation and mobility that an individual could achieve were they to be provided with appropriate physical and occupational therapies as well as prostheses and orthoses.^{4,5,6,7} An individual's MFCL is also used as part of the process of prescribing and reimbursing providers for the aforementioned devices. Studies demonstrate that K-levels can increase as physiotherapies progress, and individuals are more and more able to ambulate and participate in activities.^{8,9,10,11}

³ As described by the The Medicare Benefit Policy Manual (Publication 100-02), Chapter 15, Section 130 reference on the CMS website.

<https://www.cms.gov/medicare/payment/fee-schedules/dmepos/ots-orthotics#:~:text=Section%201847%28a%29%282,not%20require%20expertise%20in%20trimming%2C>

⁴ AHRQ, (2018). Lower Limb Prostheses: Measurement Instruments, Comparison of Component Effects by Subgroups, and Long-Term Outcomes.

https://www.ncbi.nlm.nih.gov/books/NBK531523/pdf/Bookshelf_NBK531523.pdf

⁵ Anderson, K.M., et al., (2021). Custom Dynamic Orthoses and Physical Therapist Intervention for Bilateral Midfoot Amputation: A Case Report, *Journal of the American Physical Therapy Association*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8054777/>

⁶ Orendurff, M.S., et al., (2016) Functional level assessment of individuals with transtibial limb loss: Evaluation in the clinical setting versus objective community ambulatory activity. *Journal of Rehabilitation and Assistive Technologies Engineering*.

<https://journals.sagepub.com/doi/full/10.1177/2055668316636316#bibr1-2055668316636316>

⁷ AHRQ, (2017). Lower Limb Prosthesis. *Evidence-based Practice Center Systematic Review Protocol*.

https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/prosthesis_research_protocol.pdf

⁸ Gailey, R., et a., (2020). Effectiveness of an Evidence-Based Amputee Rehabilitation Program: a Pilot Randomized Control Trial: *Physical Therapy & Rehabilitation Journal*. <https://academic.oup.com/ptj/article/100/5/773/5707560>

⁹ See e.g., Anderson, K.M., et al., (2021). Custom Dynamic Orthoses and Physical Therapist Intervention for Bilateral Midfoot Amputation: A Case Report, *Journal of the American Physical Therapy Association*.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8054777/>

¹⁰ Jayaraman, C., et. al., (2021). Using a Microprocessor Knee (C-Leg) with Appropriate Foot Transitioned Individuals with Dysvascular Transfemoral Amputations to Higher Performance Levels: A Longitudinal Randomized Clinical Trial. *Journal of NeuroEngineering and Rehabilitation*. <https://link.springer.com/article/10.1186/s12984-021-00879-3>

¹¹ See e.g., Sol-Bi, K., et al., (2017). Relief of Knee Flexion Contracture and Gait Improvement Following Adaptive Training for an Assist Device in a Transtibial Amputee: A Case Study: *Journal of Back and Musculoskeletal Rehabilitation*. <https://content.iospress.com/articles/journal-of-back-and-musculoskeletal-rehabilitation/bmr736>

There is a national effort (*So Every Body Can Move*) to expand coverage of prostheses and orthoses to also allow individuals in need of prostheses or orthoses to participate in activities such as swimming, running, biking, weight lifting, and any other type of physical activity which would maximize the overall health and function of the individual. Prior to the passage of SB 614, coverage for prostheses and orthoses varied by payer. Effective January 1, 2025, SB 614 requires that coverage for prosthetic devices be expanded to include whole-body health uses, which are defined as performing physical activities including: running, biking, swimming, biking, strength training, and other activities to maximize health and lower or upper limb function of the individual. In addition, the legislation required MDH and MHCC to evaluate the cost and feasibility of expanding coverage of orthoses for whole-body health.

III. Prostheses and Orthoses

Medical Assistance - Coverage for Prostheses and Orthoses

Nearly 60,000 Marylanders with Medical Assistance have claims or encounters associated with prostheses and orthoses every year (see Table 1). Historically, Medical Assistance covered orthoses and prostheses when medically necessary for activities associated with daily living including use in the home, work or school. SB 614 expanded the coverage for prostheses (but not orthoses) to include whole-body health. “L” codes for prosthetic and orthotic devices currently covered by Medical Assistance are listed on the [Disposable Medical Supplies and Durable Medical Equipment Fee Schedule](#) (the Fee Schedule).

Medical Assistance - Utilization for Prostheses and Orthoses

The population receiving services through a HealthChoice managed care organization (MCO) utilize the highest volume of services each year; however, FFS participants use prostheses and orthoses at a three-fold higher rate as compared to MCO participants (an average of 4.8 units per FFS participant vs. an average of 1.5 units per MCO enrollee per year). In addition, trends in cost per MCO participant have remained stable for the last three years; whereas, costs per FFS participant have steadily increased (39%) across the same time period.¹² Table 1 on the following page provides data regarding the utilization of prostheses and orthoses by FFS vs MCO participants over three years (Calendar Year (CY) 21-23), as well as the number of units per unduplicated participant, and the overall cost by coverage category per year.

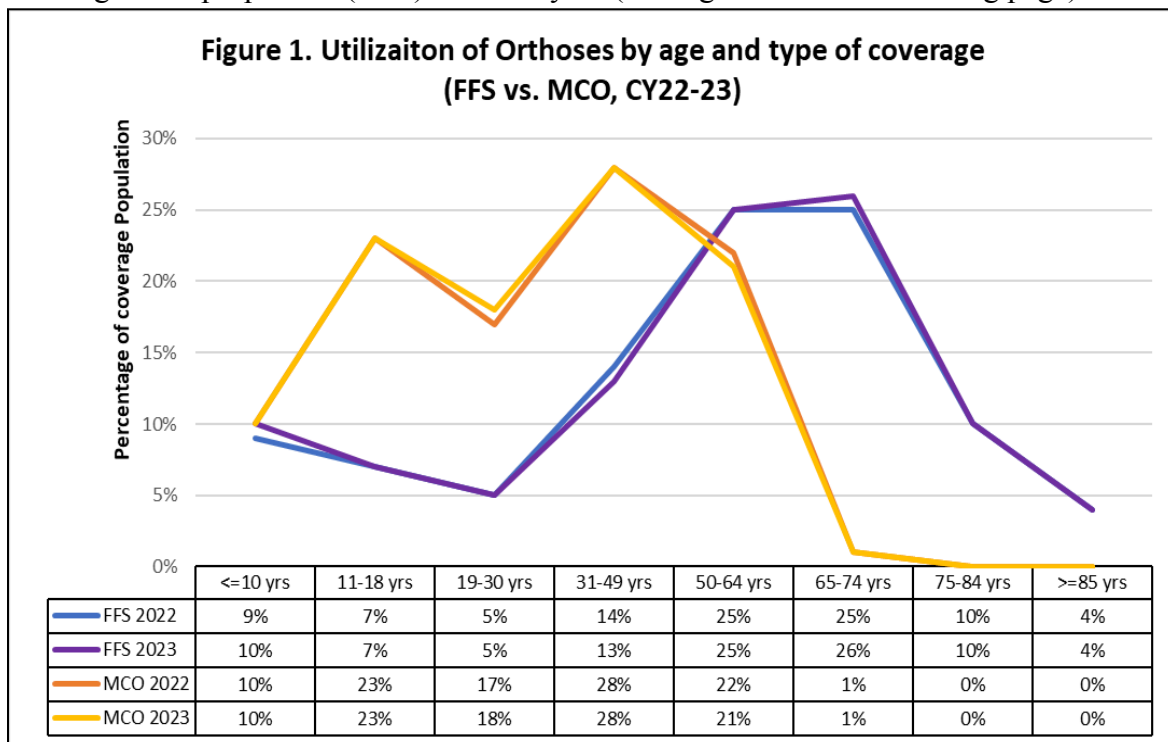
Table 1. Prostheses and Orthoses Utilization, CYs 2021-2023					
CY	Category	Unduplicated Users	Unique HCPCS Used	Total Units	Total Expenditures
2021	FFS	6,403	379	29,470	\$5,927,498
	MCO	50,693	437	78,587	\$15,733,764

¹² MCO cost per participant using prostheses or orthoses: range: \$303 - \$310 CY21-23 vs. FFS cost per participant using prostheses or orthoses: CY21: \$925, CY22: \$1,085, CY23: \$1,284.

Total		57,096	816	108,057	\$21,661,261
2022	FFS	6,346	399	31,115	\$6,884,784
	MCO	53,503	426	78,746	\$16,235,154
Total		59,849	825	109,861	\$23,119,939
2023*	FFS	5,474	353	27,074	\$7,026,846
	MCO	51,128	422	72,263	\$15,804,015
Total*		56,602	775	99,337	\$22,830,860

***Note:** Claims and expenditures for CY23 are subject to runout for FFS claims for 12 months, the total number of unduplicated users, HCPCS codes utilized, total units and total expenditures are not final and may increase once claims run out is complete for CY23.

MDH analyzed utilization by coverage type and age bands and determined that for both FFS and MCO categories, orthoses utilization is seen across all age groups. Among FFS users, individuals aged 50-64 years and 65-74 years accounted for the greatest proportion (25 - 26%) of unique users in CY22 and CY23; whereas among MCO participants, the group aged 31-49 accounted for the greatest proportion (28%) use each year (see Figure 1 on the following page).



Commercial Markets - Coverage for Prostheses and Orthoses

MHCC currently is not authorized to enforce coverage for prostheses and orthoses. Under SB 614, MHCC used the Maryland Medical Care Data Base (MCDB) containing insurance claims for Medicare, Medicaid, and the commercial market to assess utilization and payment trends.

Commercial Markets - Utilization for Prostheses and Orthoses

MHCC studied the utilization of prostheses and orthoses by individuals with commercial insurance. MHCC compared two categories of commercial insurance: 1) “public” insurance market segments which include: (i) State Employees and retirees, and (ii) Local State Government (Cities, county government); and 2) “non-public” insurance market segments which includes the following: 1) Individual Market (individual private insurance, mainly under the ACA for all non-grandfathered plans), 2) Small group (2 - 50 employees); and 3) Large group or private employer-sponsored groups (51+ employees).

On average, individuals enrolled in the public insurance market segments utilize prostheses and orthoses at a rate twice as high than those enrolled in non-public insurance market segments (97 units per 1,000 insured members per year as compared to 47 units per 1,000 respectively). Unit cost trends demonstrate variations across markets between CY21 – 23, with average cost per unit

increasing from \$162 in CY21 to \$172 in CY23; however, when these unit costs are evaluated across total utilization and unduplicated individuals, the unit cost shows a consistent reduction in unit cost (CY21: 3.4% down to 3.0% in CY23). Table 2 provides additional information.

Table 2: Prostheses and Orthoses Utilization, CY21-23													
Year	Market	Unique Individ.	Unique CPTs	Total Units	Total Units/1,000	Plan Paid Costs	Cost-Sharing Expenditures	Total Cost	Total Costs PMPM	Unit Cost	Total PMPM Trends	Utiliz Trends	Unit Cost Trends
2021	Individual	6,857	241	11,566	58	\$893,525	\$1,078,402	\$1,971,927	\$0.83	\$170	21.6%	20.5%	0.8%
	Small Group	10,522	277	17,359	65	\$1,485,696	\$1,412,069	\$2,897,765	\$0.91	\$167	0.3%	-3.8%	4.2%
	Large Group	13,133	249	21,477	40	\$2,138,007	\$1,251,161	\$3,389,168	\$0.53	\$158	15.4%	9.1%	5.8%
	State_Employee	11,528	303	21,279	92	\$3,461,164	\$129,675	\$3,590,839	\$1.29	\$169	-6.3%	-11.4%	5.8%
	Non_State_Employee	23,820	258	45,474	104	\$6,787,498	\$355,480	\$7,142,978	\$1.37	\$157	16.2%	15.0%	1.0%
	Student Health Plan	143	26	222	12	\$23,232	\$16,790	\$40,022	\$0.18	\$180	42.2%	87.3%	-24.1%
	Total	66,003	424	117,377	70	\$14,789,122	\$4,243,577	\$19,032,699	\$0.94	\$162	12.9%	9.1%	3.4%
2022	Individual	6,734	241	11,292	55	\$885,292	\$1,072,887	\$1,958,179	\$0.80	\$173	1.7%	-4.8%	1.7%
	Small Group	10,023	270	15,903	61	\$1,252,796	\$1,358,315	\$2,611,111	\$0.84	\$164	-1.6%	-6.1%	-1.6%
	Large Group	12,158	249	19,592	32	\$1,903,442	\$1,187,833	\$3,091,275	\$0.42	\$158	0.0%	-20.0%	0.0%
	State_Employee	11,043	303	20,526	93	\$3,342,144	\$146,817	\$3,488,961	\$1.32	\$170	0.7%	1.4%	0.7%
	Non_State_Employee	21,066	258	39,763	83	\$6,222,187	\$559,317	\$6,781,504	\$1.18	\$171	8.6%	-20.6%	8.6%
	Student Health Plan	116	26	177	9	\$17,045	\$7,535	\$24,580	\$0.10	\$139	-23.0%	-23.3%	-23.0%
	Total	61,140	424	107,253	60	\$13,622,906	\$4,332,704	\$17,955,610	\$0.83	\$167	3.2%	-14.1%	3.2%
2023	Individual	6,826	241	11,613	55	\$829,923	\$1,086,329	\$1,916,252	\$0.75	\$165	-4.8%	-1.0%	-4.8%
	Small Group	9,787	195	16,077	66	\$1,571,479	\$1,351,665	\$2,923,144	\$1.00	\$182	10.7%	7.7%	10.7%
	Large Group	8,968	249	14,416	38	\$1,590,821	\$790,371	\$2,381,192	\$0.53	\$165	4.7%	19.3%	4.7%
	State_Employee	11,638	303	22,302	96	\$3,823,630	\$138,371	\$3,962,001	\$1.43	\$178	4.5%	3.7%	4.5%
	Non_State_Employee	15,044	258	29,226	120	\$4,830,442	\$124,629	\$4,955,071	\$1.70	\$170	-0.6%	45.3%	-0.6%
	Student Health Plan	73	26	102	6	\$12,973	\$8,081	\$21,054	\$0.11	\$206	48.6%	-29.2%	48.6%
	Total	52,336	424	93,736	71	\$12,659,268	\$3,499,446	\$16,158,714	\$1.02	\$172	3.0%	18.6%	3.0%

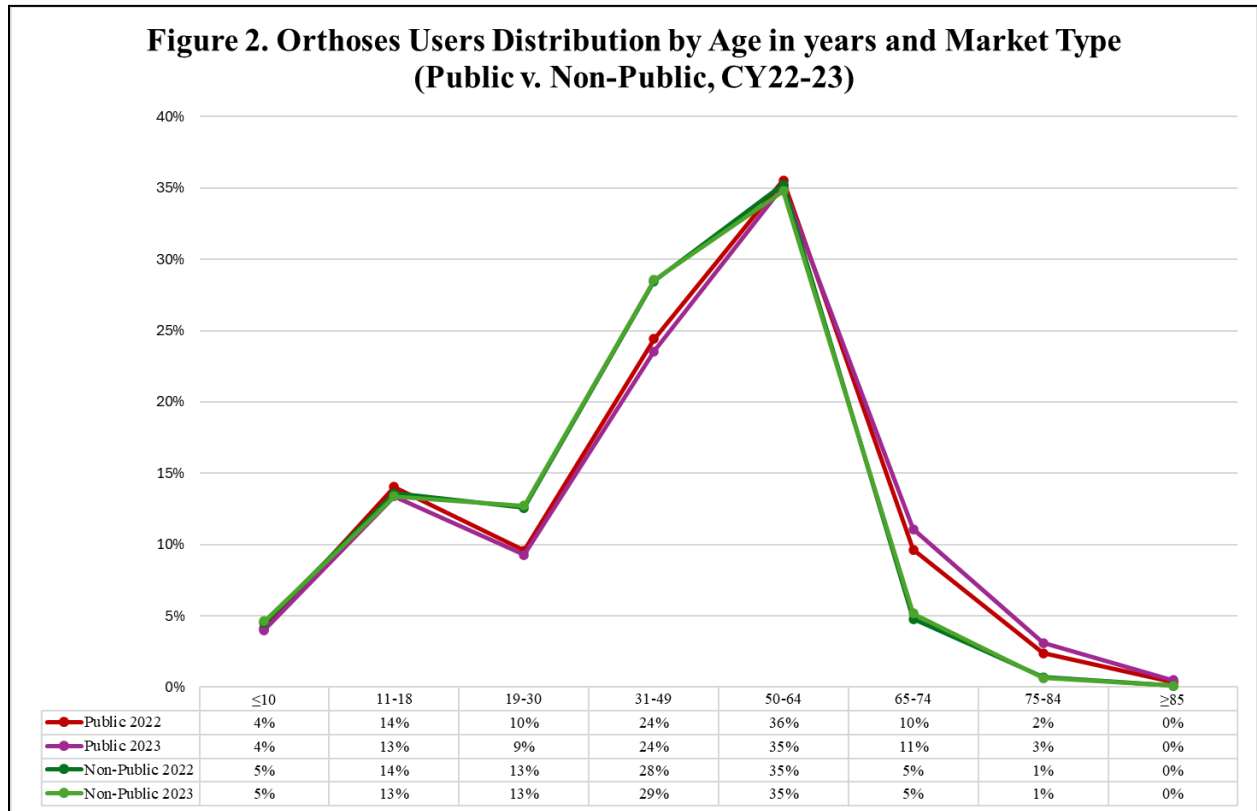
Notes: (i) Non_State_Employee includes City and County Government only.

(ii) State_Employee is the State Health Plan.

(iii) Excludes Self-Insured ERISA and FEHB Plans (~ 44% of the Commercial Population in the MCDB) due to Federal Decisions.

(iv) The 2021 trends (PMPM, Utiliz—Units/1,000, and Unit Cost) are changes from 2019 to 2021.

Analysis of the distribution of persons utilizing orthoses by market type and age ranges demonstrate similar trends in utilization between age groups. Non-publicly ensured individuals ages 11-49 years used fewer units than publicly ensured individuals, with the opposite being true for individuals aged 50-84 years. Across all markets, persons 50-64 years of age had the highest utilization of orthoses (see Figure 2 below).



Comparing Medicaid Participant Utilization to Commercial Market Utilization by Age

Medicaid FFS participants' orthoses utilization trends are more similar to commercial market utilization trends (includes public and non-public segments of the commercial market) with the exception that FFS participants aged ≥85 yrs use more orthoses than did commercial market enrollees in the same age range (4% as compared to 0%). There are two differences of note when trends are compared across Medicaid Managed Care, FFS, and commercial payers with regard to the utilization of orthoses by age:

- 1) Medicaid Managed Care participants ages 11-18 years used orthoses at a substantially higher rate as compared to other age and payer types (23% as compared to 7% FFS MA, and 14% commercial market).
- 2) Medicaid Managed Care participants ages 31-49 years had the highest rate of utilization than any other MCO age group (28%) suggesting that MCO participants require orthoses earlier in their lives than participants in other groups.

IV. SB 614 Expansion of Coverage of Prosthetics for Whole-Body Health

Medical Assistance Coverage Expansion - Prosthetic “L” codes for Whole-body Health

Effective January 1, 2025, MDH is expanding benefits to include coverage of prosthetic devices and components once annually when medically necessary for the purpose of participating in certain physical activities including running, biking, swimming, strength training, and other activities to maximize their whole-body health and lower or upper limb function. In addition to prefabricated prosthetic devices and components of prosthetic devices, Medical Assistance will cover custom-designed, fabricated, fitted, or modified prosthetic devices to treat partial or total limb loss for purposes of restoring physiological function when medically necessary.

Medical Assistance also provides coverage for repairs of covered prosthetic devices and components of prosthetic devices. Once annually, medically necessary prosthetic devices are covered that are less than three years old if the replacement is necessary for the following reasons:

- because of a change in the physiological condition of the patient;
- unless necessitated by misuse, because of an irreparable change in the condition of the prosthesis or the component of the prosthetic device; or
- unless necessitated by misuse, because the condition of the prosthetic device or the component of the prosthetic device requires repairs and the cost of the repairs would be more than 60 percent of the cost of replacing the prosthetic device or the component of the prosthetic device.

MDH conducted an analysis of the “L” codes for prosthetic devices currently covered by Medical Assistance and Medicare. Following this review, MDH identified nineteen (19) additional prosthetic “L” codes which will be added to the Medical Assistance Fee Schedule beginning January 1, 2025. In addition, MDH is amending regulations,¹³ issuing guidance to MCO and FFS providers regarding these changes, as well as adding the new codes to the Maryland Medicaid Information System (MMIS) to allow for billing.¹⁴ A complete list of new prosthetic “L” codes being added to the Fee Schedule is available in Appendix A.

Commercial Coverage Expansion - Prosthetic “L” codes for Whole-body Health

MHCC does not have the authority to set specific reimbursement rates for the commercial market in Maryland. The General Assembly could require MHCC to take specific actions, but to date, the General Assembly has not taken any such action. MHCC notes that Insurance Article § 15-844 (Benefits for Prosthetic Devices) mandates coverage for these services in the commercial market. The Maryland Insurance Administration enforces coverage of mandated benefits.

¹³ COMAR 10.09.12 Disposable Medical Supplies and Durable Medical Equipment; COMAR 10.67.01 Maryland Medicaid Managed Care Program: Definitions; and COMAR 10.67.06 Maryland Medicaid Managed Care Program: Benefits.

¹⁴ HCPCS codes for prosthesis added to the fee schedule: L5703, L5971, L5973, L6715, L6721, L6722, L6880, L6883, L7404, L7405, L8041, L8044, L8047, L8515, L8609, L8612, L8641, L8642, and L8658.

V. Study of Expansion of Coverage of Orthotic “L” Codes for Whole-body Health

Medical Assistance Program

MDH conducted a review of the utilization of “L” codes for orthoses by the FFS and MCO populations and estimated the cost of expanding coverage for orthoses for whole-body health. Medical Assistance currently covers 370 orthotic “L” codes on the Fee Schedule. MDH conducted an analysis of these codes, those covered by Medicare, and a list of orthotic “L” codes provided by stakeholders to assess if expansion of coverage to include additional orthotic “L” codes would be necessary to implement coverage for whole-body health purposes. The fiscal impact of adding these codes to the Fee Schedule has been incorporated into the estimates discussed below.

Estimating the cost of expanding orthoses coverage to include whole-body health

MDH’s clinicians reviewed the Fee Schedule and determined that 258 orthotic “L” codes on the Fee Schedule met the criteria wherein a provider might prescribe an individual multiple sets of the same orthotic “L” code: one set for activities covered today (e.g., orthoses to fit work shoes) and another set of the same type of orthoses for whole-body health purposes (e.g., a set that would be used in concert with running shoes).

To determine a baseline from which to estimate the cost of expanding coverage to include whole-body health, the Hilltop Institute at the University of Maryland Baltimore County (Hilltop) conducted an analysis of the current utilization of 258 orthotic “L” codes identified as relevant for purposes of the expansion. Utilization was assessed by MCO vs. FFS participants. Hilltop determined the number of unduplicated FFS and MCO participants, the units per year, as well as the cost per year by MCO and FFS populations (see Table 3).

Table 3 shows trends in the utilization of select “L” codes by Medicaid participants in CY22 and CY23. In CY22, there were 37,396 total Medicaid participants who utilized the aforementioned list of 258 “L” codes for orthoses; in CY23 this number increased to 38,420. MCO participants used approximately 81% of the total service units each year and accounted for 85% and 81% of the total expenditure in CY22 and CY23, respectively.

Table 3. Utilization of Select “L” codes for Orthoses, CY 2022-2023					
Calendar Year	Category	Unique Users	Codes Used	Units of Services	Expenditures
2022	FFS	3,689	160	11,582	\$1,471,680
	MCO	33,715	174	52,419	\$8,188,491
	TOTAL	37,396	192	64,001	\$9,660,171
2023	FFS	3,742	133	11,368	\$1,766,130
	MCO	34,702	173	46,988	\$7,704,774
	TOTAL	38,420	184	58,356	\$9,470,904

Note: A participant can be in one or both years during the study period. FFS providers have up to twelve months to submit claims, and therefore, utilization for CY23 may change in subsequent data runs. For FFS claims, Hilltop estimated payments by multiplying units of service by the corresponding rate based on posted fee schedule and limiting to 5% of costs to account for Medicare as a secondary payer for duals (approximately 66% of FFS users). Partial Medicaid reimbursement was only applied to duals. Full rates applied for non-duals. Payments for MCO encounters were estimated by multiplying units of service by the corresponding full Medicaid rates. Source: MMIS2 data as of September 30, 2024.

Table 4 on the following page shows utilization for CY23 and projected utilization, rates and costs for CY24, CY25, and CY26.¹⁵ These projections account for both increases in baseline expenditures from CY23 and the projected costs associated with expanding coverage to include orthoses for whole-body health purposes in CY26.

Establishing a Baseline

Using CY23 data as a baseline, MDH projected expected orthoses costs for CY24, CY25, and CY26 under the existing coverage policy. For CY24 and CY25, MDH applied a 3% increase in participants utilizing services and a 3% growth rate in units of services utilized above CY23. Expenditure projections for CY24 were based on the fee schedule for the current year and assumed a 3% reimbursement rate increase in CY25 (See Tables 4 and 5 on the following pages for additional information).

Projecting Increases in Costs to Account for Benefit Expansion

To account for the cost associated with expanding the orthoses benefit to include whole-body health coverage, MDH utilized the baseline projection for CY26 and conservatively assumed the number of units utilized would increase by 30%.¹⁶ This assumption reflects research indicating

¹⁵ To the extent rate increases and utilization exceed the projections for CY25, actual costs to implement this expansion in CY26 may be higher.

¹⁶ Analysis performed by other states, as well as studies published in the peer-reviewed literature, estimate that over the course of 10 years, between 50-60% of the population utilizing orthoses will utilize additional orthoses for whole-body health if the benefit is expanded. Minnesota Commerce Department, (2024). HF 3339/ SF 3351 – Evaluation of Coverage for Orthotic and Prosthetic Devices Report to the Minnesota Legislature Pursuant to Minn. Stat. § 62J.26 and Malouff, S et al., (2024). A Multi-State Analysis of the Fiscal and Social Impact of Commercial

that among amputees receiving a prosthesis, approximately 95% are initially assessed at a K-level of 2 or 3,¹⁷ and with physical therapy, a subset of individuals are able to increase their mobility by at least one K-level, potentially resulting in the need for new orthoses paired with higher K-level prostheses required to participate in whole-body health activities.^{18,19} Among Maryland Medicaid MCO participants, 68% of the population utilizing orthoses are less than 50 years of age, suggesting that they may be more likely to reap the benefits of therapies that would allow them to expand their capacity to participate in whole-body health activities potentially requiring new orthoses.²⁰

For CY26, MDH estimates that 42K unique users will utilize 80K units of orthoses, 16,718 of these units are projected to be for purposes of whole-body health. The associated fiscal impact is estimated at \$2.9M Total Funds (\$1.1M General Funds, \$1.8M Federal Funds). Costs for the FFS population are estimated at \$552K Total Funds (\$276K General Funds, \$276K Federal Funds) and the fiscal impact for the MCO population is estimated to account for approximately \$2.4M (\$825K General Funds, \$1.6M Federal Funds). Please see Appendix C for the assumptions underlying this work and the limitations that should be considered in interpreting this analysis. Tables 4 and 5 on the following pages provide additional detail specific to the additional cost of expanding the benefit.

Fairness & Activity Specific Insurance Coverage for Prosthetic & Orthotic Devices in the United States, European Society of Medicine. <https://esmed.org/MRA/mra/article/view/5104/99193547842>

¹⁷ Highest K-level rating is a "4" which is defined as: the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete. https://www.ncbi.nlm.nih.gov/books/NBK531523/pdf/Bookshelf_NBK531523.pdf

¹⁸ Dobson and DeVanzo (2015). Summary Findings: K-level analysis (administrative claims for prostheses). <https://www.aopanet.org/wp-content/uploads/2016/01/K2-K3-Dobson-Preliminary-Results-K-Level-Analysis-1-15-15.pdf>

¹⁹ Gailey, R., et al., (2020). Effectiveness of an Evidence-Based Amputee Rehabilitation Program: A Pilot Randomized Trial, *Physical Therapy*, (100)(5), pp 773-787.

²⁰ It is important to note that the majority of the peer reviewed literature, as well as available reports from stakeholders and other states, focus on costs associated with expanding coverage of prostheses for whole-body health among commercial market enrollees with amputations; therefore, it is difficult to estimate the cost of expansion of orthoses among the Medical Assistance population. This further bolstered MDH's conservative approach to estimating an uptake of 30% among the population of focus. As more states expand coverage of prostheses and orthoses for whole-body health purposes across payers, more accurate projections will be possible.

Table 4. Projected Increase in Utilization and cost of Select “L” Codes for Orthoses*

Category	ACTUAL				PROJECTED											
	CY 2023				CY 2024				CY 2025				CY 2026–Orthoses Expansion			
	Users	Service Units	Avg. Unit Cost	Cost	Users	Service Units	Avg. Unit Cost	Cost	Users	Service Units	Avg. Unit Cost	Cost	Users	Service Units	Avg. Unit Cost	Cost
FFS	3,742	11,378	\$155	\$1,766,130	3,854	11,719	\$160	\$1,873,687	3,970	12,071	\$165	\$1,987,795	4,089	15,692	\$170	\$2,661,657
MCO	34,702	46,988	\$164	\$7,704,774	35,743	48,398	\$169	\$8,173,995	36,815	49,850	\$174	\$8,671,791	37,920	64,804	\$179	\$11,611,528
Total	38,420	58,366	\$162	\$9,470,904	39,597	60,117	\$167	\$10,594,242	40,785	61,920	\$72	\$10,659,586	42,009	80,497	\$177	\$14,273,185

*Please note there are small discrepancies related to rounding.

Notes: Projections are based on baseline utilization data, unit rate and number of participants utilizing services from CY23. FFS providers have up to twelve months to submit claims, and therefore, utilization for CY23 may change in subsequent data runs; [1] Estimated as a 3% increase in users in projected calculations for CY24, CY25 and CY 26; [2] Estimated as a 3% increase in units of services for CY24 and CY25 while a 30% increase in units of services in CY26 due to the implementation of coverage for orthoses for whole-body health purposes in CY26; [3] Applied an average 3% increase in per-unit costs based on fee schedule for CY23 and projected a 3% increase in per unit cost for CY24, CY25 and CY26; [4] Expenditure is estimated as new units of service times new average per-unit cost. For FFS claims, Hilltop estimated payments by multiplying units of service by the corresponding rate based on posted fee schedule and limiting to 5% of costs to account for Medicare as a secondary payer for duals (approximately 66% of FFS users). Partial Medicaid reimbursement was only applied to duals. Full rates applied for non duals. Payments for MCO encounters were estimated by multiplying units of service by the corresponding full Medicaid rates. Source: MMIS2 data as of September 30, 2024.

Table 5. Comparison of Projected Baseline Costs to Projected Costs Associated with Expansion of Orthoses Benefit to include Whole-body health (CY26)*

	Unique users	Units of Service	Expenditures*		
			Total Funds	State General Funds	Federal Matching Funds
FFS Baseline	4,089	12,433	\$2,108,852	\$1,054,426	\$1,054,426
FFS Expanded	4,089	15,692	\$2,661,657	\$1,330,829	\$1,330,829
FFS New Costs for Orthoses Expansion	-	3,259	\$552,806	\$276,403	\$276,403
MCO Baseline	37,920	51,345	\$9,199,903	\$3,147,287	\$6,052,616
MCO Expanded	37,920	64,804	\$11,611,528	\$3,972,304	\$7,639,224
MCO New Costs for Orthoses Expansion	-	13,459	\$2,411,625	\$825,017	\$1,586,608
Total Baseline	42,009	63,778	\$11,308,755	\$4,201,713	\$7,107,042
Total Expanded	42,009	80,496	\$14,273,185	\$5,303,133	\$8,970,053
Total Projected Expansion Cost for Orthoses Expansion**	-	16,718	\$2,964,430	\$1,101,420	\$1,863,011

* Please note there are small discrepancies related to rounding

**Total Projected Expansion Cost is for CY26, actual costs for CY26 may be higher based on uptake, unit cost, and Medicaid enrollment, in addition these projections are subject to a number of limitations listed as noted in the report and Appendix C.

Commercial Market -MHCC Study

MHCC used a similar approach to MDH in estimating the cost of expanding orthoses coverage to include whole-body health. Specifically, MHCC used the 258 orthotic “L” codes provided by MDH.

Table 6 below demonstrates trends in the utilization of select “L” codes by commercial participants for CYs 21-23. The number of commercial participants who used orthoses decreased over these years. Specifically, in CY21, 44,436 participants utilized orthoses across all markets (public: 24,851 and non-public: 19,575), this number decreased to 41,446 in CY22 (public: 22,939 and non-public: 18,507), and in CY23 this number decreased further to 34,845 (public: 18,770 and non-public: 16,075). It is important to note that the data for CY23 may not be complete given that claims for orthoses for some publicly insured groups are still being processed; therefore the CY23 reduction in utilization should be interpreted as potentially an underestimate for the year (see Table 6 for additional information).

Table 6: Utilization of Select "L" codes for Orthoses, CY21 - 23											
Year	Market	Unique Patients	Unique CPTs	Total Units	Units/ 1000	Total Allowed Costs	Total costs PMPM	Unit Cost	Total PMPM Trends	Utiliz Trends	Unit Cost Trends
2021	Individual	4,447	99	7,200	36	\$1,037,288	\$0.43	\$144	37.9%	31.8%	4.7%
	Small Group	6,754	110	10,583	40	\$1,510,677	\$0.47	\$143	1.1%	0.2%	0.9%
	Large Group	8,288	97	12,756	24	\$1,795,022	\$0.28	\$141	12.7%	9.7%	2.7%
	State_Employee	8,071	119	14,170	61	\$2,114,908	\$0.76	\$149	-7.6%	-7.3%	-0.4%
	Non_State_Employee	16,790	116	31,215	72	\$4,640,936	\$0.89	\$149	21.5%	19.6%	1.6%
	Student Health Plan	86	16	141	7	\$21,675	\$0.10	\$154	100.2%	98.7%	0.7%
	Total	44,436	163	76,065	45	\$11,120,506	\$0.55	\$146	15.4%	13.5%	1.7%
2022	Individual	4,318	99	6,774	33	\$974,254	\$0.40	\$144	-8.4%	-8.3%	-0.2%
	Small Group	6,452	110	9,841	38	\$1,452,764	\$0.47	\$148	-1.5%	-4.7%	3.4%
	Large Group	7,665	97	11,787	19	\$1,716,279	\$0.23	\$146	-16.1%	-18.9%	3.5%
	State_Employee	7,835	119	13,553	61	\$2,068,877	\$0.78	\$153	2.9%	0.6%	2.3%
	Non_State_Employee	15,104	116	27,656	58	\$4,291,241	\$0.74	\$155	-16.0%	-19.6%	4.4%
	Student Health Plan	72	16	120	6	\$14,166	\$0.06	\$118	-37.1%	-18.1%	-23.2%
	Total	41,446	159	69,731	39	\$10,517,581	\$0.49	\$151	-11.1%	-13.8%	3.2%
2023	Individual	4,326	99	6,920	33	\$999,527	\$0.39	\$144	-1.2%	-1.6%	0.4%
	Small Group	6,224	110	9,599	39	\$1,471,846	\$0.50	\$153	7.9%	3.9%	3.9%
	Large Group	5,478	97	8,145	22	\$1,184,433	\$0.26	\$145	11.9%	12.0%	-0.1%
	State_Employee	8,229	119	14,777	64	\$2,306,841	\$0.83	\$156	6.4%	4.0%	2.3%
	Non_State_Employee	10,541	116	19,945	82	\$3,098,586	\$1.06	\$155	42.8%	42.6%	0.1%
	Student Health Plan	47	16	71	4	\$13,556	\$0.07	\$191	17.6%	-27.3%	61.7%
	Total	34,845	154	59,457	45	\$9,074,789	\$0.57	\$153	17.1%	15.7%	1.2%

Notes:

- (i) Non_State_Employee includes City and County Government only
- (ii) State_Employee is the State Health Plan
- (iii) Excludes Self-Insured ERISA and FEHB Plans (≈ 44% of the Commercial Population in the MCDB) due to Federal Decisions
- (iv) The 2021 trends (PMPM, Utiliz—Units/1,000, and Unit Cost) are changes from 2019 to 2021

Establishing a Baseline

Using CY23 data as baseline, MHCC projected expected orthoses costs for CY24, CY25, and CY26. CY23 data excludes self-insured ERISA and Federal Employees Health Benefits (FEHB) health plans as per federal decisions. MHCC applied a 3% increase in orthoses recipients across all markets. Expenditure projections for CY24 and CY25 are based on the average long-term utilization trends (units per 1,000 insured members per year).

Projecting Increase in Costs to Account for Whole-body Health Benefit Expansion

MHCC used baseline data to project costs associated with expanding orthoses coverage to include whole-body health in a manner similar to MDH (see Appendix D for additional information regarding the assumptions and limitations). To evaluate the cost associated with expanding the orthoses benefit to include whole-body health coverage, MHCC used a similar approach to what MDH used. Specifically, MHCC used the projected CY25 as the baseline for CY26, assuming a 30% increase in service units across all markets due to expanding the benefits coverage to include whole-body health. As noted earlier by MDH, this assumption of a 30% increase in units of measure for whole-body health orthoses originated from an actuarial study prepared for the Minnesota legislature. Also, MHCC used MDH’s assumption of a 3% increase in unit cost across all markets. We chose this assumption because of the wearing of the long-term utilization trends assumption by CY26. These assumptions imply an overall 33.9% increase in expenditure across all markets for CY26 (see Tables 7 and 8 for additional information).

Table 7: Projected Increase in Utilization of Select "L" codes for Orthoses, CY23-26																
Market	2023				2024				2025				2026			
	Unique Individ.	Total Units	Unit Cost	Total Allowed Costs	Unique Individ.	Total Units	Unit Cost	Total Allowed Costs	Unique Individ.	Total Units	Unit Cost	Total Allowed Costs	Unique Individ.	Total Units	Unit Cost	Total Allowed Costs
Individual	4,326	6,920	\$144	\$999,527	4,456	7,417	\$144	\$1,064,901	4,589	7,950	\$143	\$1,134,552	4,727	10,335	\$147	\$1,519,165
Small Group	6,224	9,599	\$153	\$1,471,846	6,411	10,130	\$155	\$1,572,116	6,603	10,691	\$157	\$1,679,216	6,801	13,899	\$162	\$2,248,471
Large Group	5,478	8,145	\$145	\$1,184,433	5,642	9,154	\$147	\$1,347,051	5,812	10,289	\$149	\$1,531,996	5,986	13,375	\$153	\$2,051,342
State_Employee	8,229	14,777	\$156	\$2,306,841	8,476	15,410	\$157	\$2,425,602	8,730	16,071	\$159	\$2,550,478	8,992	20,892	\$163	\$3,415,090
Non_State_Employee	10,541	19,945	\$155	\$3,098,586	10,857	23,786	\$157	\$3,728,743	11,183	28,366	\$158	\$4,487,056	11,518	36,876	\$163	\$6,008,167
Student Health Plan	47	71	\$191	\$13,556	48	83	\$223	\$18,507	50	97	\$261	\$25,268	51	126	\$268	\$33,833
Total	34,845	59,457	\$153	\$9,074,789	35,890	65,981	\$154	\$10,156,921	36,967	73,464	\$155	\$11,408,565	38,076	95,504	\$160	\$15,276,068

For CY26, MHCC estimates that 38,076 unique participants will use 95,504 units of orthoses and 19,835 of these units are forecasted to be for the purposes of whole-body health (see Table 8 on the following page for additional information). The estimated associated fiscal impact is \$3.2M. The breakdown of the \$3.2M by market is as follows: \$1.22M for non-public (individual, small group, large group, student health plan); \$709K for State Health Plan, and \$1.25K for Local State Gov't (Non-State Employee).

VI. Conclusion

MDH and MHCC are committed to the successful implementation of SB 614's requirements. MDH and MHCC have engaged with stakeholders during the implementation planning process. Additionally, MDH has made needed system changes, initiated amendments to regulations, and issued guidance to the DMS/DME Providers as well as MCOs regarding the changes they need to implement beginning January 1, 2025. Further expansion of benefits to include coverage for orthoses for whole-body health purposes would conservatively cost the Medical Assistance Program at least \$2.9M Total Funds (\$1.1M State General Funds, \$1.8M Federal Funds) annually, with a similar estimate for the commercial market of \$3.2M in additional costs annually.

Implications for the Medical Assistance Program

MDH evaluated the 370 orthoses codes on the Fee Schedule to determine which "L" codes were likely to see an increase in utilization were MDH to expand the orthoses benefit to include whole-body health. Using this subset of "L" codes, MDH established historical utilization by both the FFS and MCO populations and projected the cost of expanding the orthoses benefit to include whole-body health in CY26. MDH conservatively estimates that expansion of orthoses benefits to include whole-body health at a 50% Federal Medical Assistance Percentage (FMAP) for FFS costs and 65.79% blended FMAP for MCOs would cost approximately \$2.9M Total Funds (\$1.1M State General Funds, \$1.8M Federal Funds) annually. There are limitations to MDH's analysis; therefore, these projected costs likely underestimate the actual cost of benefit expansion.²¹

Implications for Commercial Market

MHCC utilized the same "L" code subset as MDH to project the cost of expanding coverage of whole-body health for orthoses for the commercial market. MHCC conservatively estimates that the cost to expand orthoses coverage to include whole-body health for the commercial market would cost approximately \$3.2M annually. There are limitations to the MHCC's analysis as well; therefore, these projected costs likely underestimate the actual cost of benefit expansion (see Appendix D for assumptions and limitations).

²¹ See Appendix C for additional detail regarding the limitations associated with MDH's estimates.

Appendix A: List of Prosthetic “L” codes to be covered by Medical Assistance effective January 1, 2025

Additional Prosthetic Procedure Codes to be covered effective January 1, 2025		
No.	HCPCS	Description of Prosthetic "L" codes
1	L5703	Symes ankle w/o (sach) foot
2	L5971	Sach foot, replacement
3	L5973	Ank-foot sys dors-plant flex
4	L6715	Term device, multi art digit
5	L6721	Hook/hand, hvy dty, vol open
6	L6722	Hook/hand, hvy dty, vol clos
7	L6880	Elec hand ind art digits
8	L6883	Replc sockt below e/w disa
9	L7404	Add ue prost a/e acrylic
10	L7405	Add ue prost s/d acrylic
11	L8041	Midfacial prosthesis
12	L8044	Hemi-facial prosthesis
13	L8047	Nasal septal prosthesis
14	L8515	Gel cap app device for trach
15	L8609	Artificial cornea
16	L8612	Aqueous shunt prosthesis
17	L8641	Metatarsal joint implant
18	L8642	Hallux implant
19	L8658	Interphalangeal joint spacer

Appendix B: Medical Assistance Program Orthoses Utilization by Age

Orthoses Utilization by Age, CYs 2022-2023					
Age Group	Category	Unique Users			
		2022		2023	
		#	%	#	%
<=10	FFS	345	9%	360	10%
	MCO	3,254	10%	3,382	10%
11-18	FFS	260	7%	260	7%
	MCO	7,761	23%	8,138	23%
19-30	FFS	172	5%	191	5%
	MCO	5,813	17%	6,149	18%
31-49	FFS	530	14%	494	13%
	MCO	9,298	28%	9,622	28%
50-64	FFS	937	25%	917	25%
	MCO	7,420	22%	7,209	21%
65-74	FFS	910	25%	974	26%
	MCO	169	1%	202	1%
75-84	FFS	380	10%	391	10%
	MCO	-	-	-	-
>=85	FFS	155	4%	155	4%
	MCO	-	-	-	-

Appendix C: Medical Assistance Program Assumptions and Limitations to estimate the cost of coverage expansion to include whole-body health.

Assumptions used to estimate the cost of expanding coverage to include whole-body health

- Annual growth in the Medicaid enrolled population at 3%;
- Cost of orthoses will increase annually at 3% based on estimated changes to the Medicare Fee schedule;
- FFS and MCO populations will increase their use of orthoses equally at a rate of 30% if the orthoses benefit is expanded to include whole-body health;^{22,23}
- Maryland will continue to reimburse for orthoses at 85% of the Medicare rate; and
- Blended FMAP for MCO costs: 65.79%, FMAP for FFS: 50%.

Limitations in determining implications of expanding orthoses coverage to include whole-body health

- **K-levels:** MDH has no way to capture the K-level of MCO or FFS participants. Studies demonstrate that K-levels can increase as physiotherapies progress, and individuals are more and more able to ambulate and participate in whole-body health activities.²⁴
- **Utilization by MCO participants:** Current utilization of orthoses reflects utilization authorized for activities of daily living at home, school, and work. Historically, FFS participants use orthoses and prosthetics at substantially higher rates than MCO participants. What is unclear is whether expanding orthoses coverage for whole-body health will change these historical utilization patterns or if MDH will see a higher uptake by MCO participants given that these individuals may be more able to pursue whole-body health activities. This analysis assumes uniform growth in utilization by both populations. To the extent actual utilization increases at a higher rate for MCO enrollees, state general fund costs may be higher as the majority of FFS participants who use orthoses (66%) are dually eligible for Medicare.
- **Interactions between expansion of benefits:** There is a dearth of literature regarding whether expanding access to both prostheses and orthoses for whole-body health results in an interaction; whereby states observe an increased volume of prostheses and orthoses when access is expanded to both, as opposed to only prostheses. It may be reasonable to assume that for some individuals, expansion will result in increased utilization of both prostheses and orthoses based on the whole-body health activity they choose to pursue. Increased utilization across both benefit categories could further increase the fiscal impact.
- **Impact of Age on Utilization:** There is a dearth of information in the literature regarding the impact of age on the use of prostheses or orthoses for whole-body health. There are

²² Minnesota Commerce Department, (2024). HF 3339/ SF 3351 – Evaluation of Coverage for Orthotic and Prosthetic Devices Report to the Minnesota Legislature Pursuant to Minn. Stat. § 62J.26 <https://www.house.mn.gov/comm/docs/MPM-owNuSkukbbGUchfa7w.pdf>

²³ Malouff, S et al., (2024). A Multi-State Analysis of the Fiscal and Social Impact of Commercial Fairness & Activity Specific Insurance Coverage for Prosthetic & Orthotic Devices in the United States, *European Society of Medicine* <https://esmed.org/MRA/mra/article/view/5104>

²⁴ Anderson, K.M., et al., (2021). Custom Dynamic Orthoses and Physical Therapist Intervention for Bilateral Midfoot Amputation: A Case Report, *Journal of the American Physical Therapy Association* <https://pmc.ncbi.nlm.nih.gov/articles/PMC8054777/>

indicators that MDH might see high levels of uptake among young adults and children under the age of 18.²⁵ On the other hand, there are studies demonstrating that persons 45-64 account for 42% of amputations, the second highest rate behind persons aged 65+ (44%); therefore, it is possible that this age group might also see a substantial increase in utilization were the orthoses benefit to be expanded to include whole-body health as the majority of these amputations are foot related.²⁶

²⁵ Birth Defects (2024). Limb reduction defects, *Center for Disease Control and Prevention*.
<https://www.cdc.gov/birth-defects/about/limb-reduction-defects.html>

²⁶ Caruso, M., & Harrington, S., (2024). Prevalence of Limb Loss and Limb Difference in the United States: Implications for Public Policy. *Funded by a Grant from the Administration for Community Living, Department of Health and Human Services*.
https://www.amputee-coalition.org/wp-content/uploads/2024/05/Prevalence-of-Limb-Loss-and-Limb-Difference-in-the-United-States_Implications-for-Public-Policy.pdf

Appendix D: MHCC Assumptions and Limitations to estimate the cost of coverage expansion to include whole-body health.

Using current benefits coverage, MHCC used the CY23 as a baseline to project expected orthoses costs for CY24-26 if Maryland were to expand commercial coverage to include orthoses for whole-body health.

Due to federal decisions, please note that the CY23 base year data excludes self-insured ERISA and FEHB health plans. For each projected year (CY24-26) MHCC assumed a 3% increase in the population using orthoses across all markets. For CY24-25, MHCC used average long-term utilization trends (units per 1,000 insured members per year), including CY19-23 to forecast units of service by market as follows:

- 7.2% increase in units of service for the individual market
- 5.5% for small group
- 12.4% for large group
- 4.3% for State Health Plan (State Employee)
- 19.3% for Local State Gov't (Non-State Employee)
- 16.9% for Student Health Plans (a small market segment)
- Resulting in an assumed 11.0% increase in units of service across all markets

Similarly, using average long-term allowed PMPM trends for CY19-22, and CY23 for CY24-25, the following assumptions were used regarding increases in expenditures by market: 6.5% increase in spending for the individual market; 6.8% for small group; 13.7% for large group; 5.1% for State Health Plan; 20.3% for Local State Gov't; and 36.5% increase for Student Health Plan (note that Student Health Plan is about 0.2% of total expenditures). These assumed increases in spending by market imply an overall assumed increase of the expenses of about 12% across all markets. Considering the average long-term allowed PMPM and utilization trends for CY19-22, and CY23 for CY24-25 imply the following assumed changes in unit cost by market:

- A 0.6% decrease in unit costs for the individual market
- 1.2% increase in unit cost for small group and large group
- 0.8% increase in unit costs for the State Health Plan
- 0.9% increase for Local State Gov't
- There was a 16.8% increase in unit cost for the Student Health Plan (a small market that accounts for about 0.2% of total expenditure).
- The resulting overall assumed increase in unit cost across all markets is about 0.9%.

DME/DMS/OXYGEN, PROSTHETICS & ORTHOTICS FEE SCHEDULE

I/C = Individual Considerations
 PA = Payment Authorization Requires
 Modifiers are used for Equipment Services

Effective 1/1/2025								
HCPCS	Description	Prescription/ CMN Frequency	PA	Limitation	Price Effective	Rental Price (RR)	Max Purchase Price (NU)	Covered by Medicare
MISCELLANEOUS SUPPLIES								
A4206	Syringe w/needle, 1cc each	Y/12 mos		125 per mo	1/1/20		\$ 0.28	N
A4207	Syringe w/needle, sterile, 2cc each	Y/12 mos		100 per mo	7/1/13		\$ 0.26	N
A4208	Syringe w/needle, 3cc	Y/12 mos		100 per mo	7/1/13		\$ 0.20	N
A4209	Syringe w/needle, 5cc or greater	Y/12 mos		100 per mo	7/1/13		\$ 0.96	N
A4210	Needle free injection device used for Narcan/Naloxone	Y/12 mos		100 per mo	11/1/14		\$ 6.26	N
A4212	Non-coring needle or stylet w/ or w/o catheter	Y/12 mos		100 per mo	7/1/13		\$ 0.96	N
A4213	Syringe, sterile, 20cc or greater	Y/12 mos		100 per mo	1/1/20		\$ 1.77	N
A4215	Needle, sterile, any size, each	Y/12 mos		100 per mo	1/1/12		\$ 0.04	N
A4216	Sterile water, saline and/or dextrose/flush, 10 ML	Y/12 mos		100 per mo	1/1/25		\$ 0.52	Y
A4217	Sterile water/saline, 500 ML	Y/12 mos		200 per mo	1/1/25		\$ 3.72	Y
A4218	Sterile saline or water, metered dose dispenser, 10 ML	Y/12 mos		100 per mo	7/1/13		\$ 2.25	N
A4221	Supplies for maint drug infusion cath, non-insulin, per wk (list drug separately)	Y/12 mos		8 per mo	1/1/25		\$ 21.41	Y
A4222	Supplies for external drug infusion pump	Y/12 mos		30 per mo	1/1/25		\$ 40.61	Y
A4223	Infusion supplies not used w/external infusion pump, per cassette or bag	Y/12 mos		70 per mo	1/1/20		\$ 7.38	N
A4224	Supplies insulin infusion cath per wk	Y/12 mos		8 per mo	1/1/25		\$ 21.41	Y
A4225	Supplies for ext insulin infusion pump, syringe cart, sterile, each	Y/12 mos		30 per mo	1/1/25		\$ 2.87	Y
A4230	Infusion set for external insulin pump, nonneedle cannula type	Y/12 mos	Y	30 per mo	1/1/03		I/C	N
A4231	Infusion set for external insulin pump, needle type	Y/12 mos	Y	1 per mo	1/1/04		I/C	N

A4232	Syringe w/needle for external insulin pump, sterile 3cc (cartridge)	Y/12 mos		100 per mo	7/1/13		\$ 3.01	N
A4238	Adju CGM supply allowance, incl all supplies & access, 1 mo supply = 1 uos	Y/12 mos		1 per mo	1/1/25		\$ 233.93	Y
A4239	Non Adju CGM supply allowance, incl all supplies & access, 1 mo supply = 1 uos	Y/12 mos		1 per mo	1/1/25		\$ 227.73	Y
A4245	Alcohol wipes, per box	Y/12 mos		5 bx/200 per box	1/1/20		\$ 2.13	N
A4246	Betadine or PhisoHex solution, per pint	Y/12 mos		10 per mo	7/1/13		\$ 3.56	N
A4247	Betadine or iodine swabs or wipes, per box	Y/12 mos		10 bx per mo	7/1/13		\$ 5.00	N
A4250	Urine strips per 100	Y/12 mos		1 bx per mo	7/1/13		\$ 37.80	N
A4252	Blood ketone test strips	Y/12 mos	Y	I/C	1/1/12		I/C	N
A4253	Blood glucose/reagent strips	Y/12 mos		4 bx/50 per mo	1/1/25		\$ 7.07	Y
A4255	Platforms for home blood glucose monitor, 50 per box	Y/12 mos		1 bx/50 per mo	1/1/25		\$ 4.65	Y
A4256	Normal, low, and high calibrator solution/chips	Y/12 mos		1 bx per mo	1/1/25		\$ 2.87	Y
A4258	Lancet device each	Y/12 mos		1 every 6 mo	1/1/21		\$ 1.70	N
A4259	Lancets per box	Y/12 mos		2 bx/100 per mo	1/1/25		\$ 1.21	Y
INCONTINENCE APPLIANCES AND CARE SUPPLIES								
A4280	Brst prsths adhsv atchmnt	Y/12 mos		2 bx/200 per mo	1/1/25		\$ 6.15	Y
A4305	Disposable Drug Delivery Sys, flow rate of 50 ML or > per hr (elsm pmp)	Y/12 mos		60 per mo	7/1/13		\$ 16.54	N
A4306	Disposable Drug Delivery Sys, flow rate of less than 50 ML per hour	Y/12 mos		60 per mo	7/1/13		\$ 23.10	N
A4310	Insertion tray w/o drainage bag and w/o catheter (accessories only)	Y/12 mos		30 per mo	1/1/25		\$ 8.49	Y
A4311	Catheter w/o bag 2-way latex	Y/12 mos		30 per mo	1/1/25		\$ 14.96	Y
A4312	Catheter w/o bag 2-way silicone	Y/12 mos		30 per mo	1/1/25		\$ 18.21	Y
A4313	Catheter w/bag 3-way	Y/12 mos		30 per mo	1/1/25		\$ 18.70	Y
A4314	Cath w/drainage 2-way latex	Y/12 mos		30 per mo	1/1/25		\$ 25.52	Y
A4315	Cath w/drainage 2-way silicone	Y/12 mos		30 per mo	1/1/25		\$ 26.62	Y
A4316	Cath w/drainage 3-way	Y/12 mos		30 per mo	1/1/25		\$ 28.67	Y
A4320	Irrigation tray	Y/12 mos		30 per mo	1/1/21		\$ 4.98	N
A4322	Irrigation syringe	Y/12 mos		25 per mo	1/1/25		\$ 3.62	Y
A4326	Male external catheter w/integral collection chamber, any type, each	Y/12 mos		30 per mo	1/1/25		\$ 12.81	Y

A4327	Fem urinary collect dev cup	Y/12 mos		30 per mo	1/1/25		\$ 50.19	Y
A4328	Fem urinary collect pouch	Y/12 mos		30 per mo	1/1/25		\$ 12.39	Y
A4330	Stool collection pouch	Y/12 mos			1/1/25		\$ 8.23	Y
A4331	External drainage tubing for urinary leg bag or urostomy, each	Y/12 mos		15 per mo	1/1/25		\$ 3.77	Y
A4332	Lubricant, individual sterile packet, each	Y/12 mos		150 per mo	1/1/25		\$ 0.13	Y
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Y/12 mos		1 per mo	1/1/25		\$ 2.64	Y
A4334	Urinary catheter anchoring device, leg strap, each	Y/12 mos		30 per mo	1/1/25		\$ 5.84	Y
A4335	Incontinence supply; miscellaneous	Y/12 mos	Y	I/C	3/16/92		I/C	N
A4338	Indwelling catheter latex	Y/12 mos		30 per mo	1/1/25		\$ 12.53	Y
A4340	Indwelling catheter special	Y/12 mos		30 per mo	1/1/25		\$ 37.71	Y
A4344	Cath indw foley 2-way silicone	Y/12 mos		10 per mo	1/1/25		\$ 18.28	Y
A4346	Cath indw foley 3-way	Y/12 mos		30 per mo	1/1/25		\$ 23.02	Y
A4349	Male external catheter, with or without adhesive, disposable, each	Y/12 mos		70 per mo	1/1/25		\$ 2.39	Y
A4351	Straight tip urine catheter	Y/12 mos		200 per mo	1/1/25		\$ 2.15	Y
A4352	Coude tip urinary catheter	Y/12 mos		200 per mo	1/1/25		\$ 7.62	Y
A4353	Intermittent urinary catheter, with insertion supplies	Y/12 mos		200 per mo	1/1/25		\$ 8.30	Y
A4354	Cath insertion tray w/bag	Y/12 mos		1 per mo	1/1/25		\$ 12.08	Y
A4355	Bladder irrigation tubing	Y/12 mos		30 per mo	1/1/25		\$ 10.59	Y
EXTERNAL URINARY SUPPLIES								
A4356	Ext ureth clmp or compr dvc	Y/12 mos		5 per mo	1/1/25		\$ 53.09	Y
A4357	Bedside drainage bag	Y/12 mos		36 per mo	1/1/25		\$ 11.53	Y
A4358	Urinary leg bag	Y/12 mos		36 per mo	1/1/25		\$ 7.88	Y
A4361	Ostomy face plate, each	Y/12 mos		5 per mo	1/1/25		\$ 18.53	Y
A4362	Solid skin barrier	Y/12 mos		20 per mo	1/1/25		\$ 4.12	Y
A4363	Ostomy Clamp, any type, replacement only	Y/12 mos		1 per mo	1/1/25		\$ 2.81	Y
A4364	Adhesive, liquid, or equal, any type, per oz	Y/12 mos		10 oz per mo	1/1/25		\$ 3.49	Y
A4366	Ostomy Vent, any type, each	Y/12 mos		1 per mo	1/1/25		\$ 1.53	Y
A4367	Ostomy belt	Y/12 mos		2 per yr	1/1/25		\$ 8.74	Y
A4368	Ostomy filter	Y/12 mos		30 per mo	1/1/25		\$ 0.30	Y
A4369	Skin barrier liquid per oz	Y/12 mos		32 oz every 2 mos	1/1/25		\$ 2.88	Y

A4371	Ostomy skin barrier, powder, per oz	Y/12 mos		32 oz per mo	1/1/25		\$ 4.34	Y
A4372	Ostomy skin barrier, solid 4X4 or equivalent, standard wear, w/blt-in conv	Y/12 mos		30 per mo	1/1/25		\$ 4.99	Y
A4373	Ostomy skin barrier, w/flange (solid, flex or accord), w/blt-in convex, any size	Y/12 mos		30 per mo	1/1/25		\$ 7.45	Y
A4375	Drainable plastic pch w/fcpl	Y/12 mos		10 per mo	1/1/25		\$ 20.39	Y
A4376	Drainage rubber pch w/fcpl	Y/12 mos		10 per mo	1/1/25		\$ 56.51	Y
A4377	Drainable plastic pouch w/o fp	Y/12 mos		30 per mo	1/1/25		\$ 5.09	Y
A4378	Drainable rubber pch w/o fp	Y/12 mos		10 per mo	1/1/25		\$ 36.52	Y
A4379	Urinary plastic pouch w/fcpl	Y/12 mos		15 per mo	1/1/25		\$ 17.83	Y
A4380	Urinary plastic pouch w/o fp	Y/12 mos		10 per mo	1/1/25		\$ 44.34	Y
A4381	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Y/12 mos		30 per mo	1/1/25		\$ 5.49	Y
A4382	Urinary hvy plstc pch w/o fp	Y/12 mos		1 per mo	1/1/25		\$ 29.24	Y
A4383	Urinary rubber pouch w/o fp	Y/12 mos		30 per mo	1/1/25		\$ 33.47	Y
A4384	Ostomy faceplt/silicone ring	Y/12 mos		5 per mo	1/1/25		\$ 11.41	Y
A4385	Ost skn barrier sld ext wear	Y/12 mos		20 per mo	1/1/25		\$ 6.05	Y
A4387	Ost esld pouch w att st barr	Y/12 mos		60 per mo	1/1/25		\$ 2.67	Y
A4388	Drainable pch w ex wear barr	Y/12 mos		100 per mo	1/1/25		\$ 5.18	Y
A4389	Drainable pch w st wear barr	Y/12 mos		20 per mo	1/1/25		\$ 7.37	Y
A4390	Drainable pch ex wear convex	Y/12 mos		20 per mo	1/1/25		\$ 11.40	Y
A4391	Urinary pouch w ex wear barr	Y/12 mos		20 per mo	1/1/25		\$ 8.39	Y
A4392	Urinary pouch w st wear barr	Y/12 mos		20 per mo	1/1/25		\$ 9.71	Y
A4393	Urine pch w ex wear bar conv	Y/12 mos		20 per mo	1/1/25		\$ 10.74	Y
A4394	Ostomy deodorant, w/wo lubricant, for use in ostomy pouch, per fluid oz	Y/12 mos		16 oz per mo	1/1/25		\$ 3.08	Y
A4395	Ostomy pouch solid deodorant, per tablet	Y/12 mos		100 per mo	1/1/25		\$ 0.04	Y
A4396	Ostomy belt with peristomal hernia support	Y/12 mos		2 per mo	1/1/25		\$ 48.08	Y
A4398	Ostomy irrigation bag	Y/12 mos		30 per mo	1/1/25		\$ 16.41	Y
A4399	Ostomy irrig cone/cath w/brs	Y/12 mos		30 per mo	1/1/25		\$ 14.57	Y
A4400	Ostomy irrigation set	Y/12 mos		5 per mo	1/1/25		\$ 56.74	Y
A4402	Ostomy lubricant, per oz	Y/12 mos		50 per mo	1/1/25		\$ 1.90	Y
A4404	Ostomy ring each	Y/12 mos		30 per mo	1/1/25		\$ 1.90	Y
A4405	Ostomy Skin Barrier, non-pectin base, paste, per oz	Y/12 mos		6 oz per mo	1/1/25		\$ 4.05	Y

A4406	Ostomy Skin Barrier, pectin-based, paste, per oz	Y/12 mos		6 oz per mo	1/1/25		\$ 6.80	Y
A4407	Ostomy Skin Barrier, w/flange, w/built-in convexity, 4 X 4 or smaller	Y/12 mos		50 per mo	1/1/25		\$ 10.40	Y
A4408	Ostomy Skin Barrier, w/flange, w/built-in convexity, larger than 4 X 4 inches	Y/12 mos		50 per mo	1/1/25		\$ 11.72	Y
A4409	Ostomy Skin Barrier, w/flange, w/o built-in convexity, 4X4 or smaller	Y/12 mos		50 per mo	1/1/25		\$ 7.37	Y
A4410	Ostomy Skin Barrier, w/flange, w/o built-in convexity, lager than 4X4	Y/12 mos		50 per mo	1/1/25		\$ 10.74	Y
A4411	Ostomy Skin Barrier, solid 4x4 or equivalent, extended wear, w/convex, each	Y/12 mos		50 per mo	1/1/25		\$ 6.05	Y
A4412	Ostomy Pouch, Drainable, high output, for use on a barrier w/flange, w/o flt	Y/12 mos		50 per mo	1/1/25		\$ 3.21	Y
A4413	Ostomy pouch, drnble, high output, w/flng (2 ppc system) w/filter	Y/12 mos		50 per mo	1/1/25		\$ 6.55	Y
A4414	Ostomy Skin Barrier, w/flange, 4X4 inches or smaller	Y/12 mos		50 per mo	1/1/25		\$ 5.84	Y
A4415	Ostomy Skin Barrier w/flng, w/o convex, larger than 4X4 inches, each	Y/12 mos		50 per mo	1/1/25		\$ 7.12	Y
A4416	Ostomy pch clsd w/barrier/filtr	Y/12 mos		50 per mo	1/1/25		\$ 3.27	Y
A4417	Ostomy pch w/bar/bltinconv/flte	Y/12 mos		50 per mo	1/1/25		\$ 4.43	Y
A4418	Ostomy pch clsd w/o bar w/filtr	Y/12 mos		50 per mo	1/1/25		\$ 2.15	Y
A4419	Ostomy pch clsd for bar w/flange/fltr	Y/12 mos		30 per mo	1/1/25		\$ 2.05	Y
A4420	Ostomy pch clsd for bar w/lck/flng	Y/12 mos	Y	I/C	1/1/04		I/C	N
A4421	Ostomy supply; miscellaneous	Y/12 mos	Y if over \$500.00		7/1/13		\$ 249.90	N
A4422	Ostomy absorbent material (sheet/pad/crystal pkg) for use on ostmy pch	Y/12 mos		200 per mo	1/1/25		\$ 0.13	Y
A4423	Ostomy pch for bar w/lck flange/filtr	Y/12 mos		30 per mo	1/1/25		\$ 2.20	Y
A4424	Ostomy pch drainble/ w/ bar & filter	Y/12 mos		50 per mo	1/1/25		\$ 5.65	Y
A4425	Ostomy pch drainable for barrier w/non lk flng w/filter 2 pc sys	Y/12 mos		50 per mo	1/1/25		\$ 4.25	Y
A4426	Ostomy pch drain; for bar w/lck flng 2 pc sys	Y/12 mos		50 per mo	1/1/25		\$ 3.24	Y

A4427	Ostomy pch drain; for bar w/lck flng, w/fltr 2 pc sys	Y/12 mos		50 per mo	1/1/25		\$ 3.32	Y
A4428	Ostomy pch, urinary, w/est wr bar attach, w/fct-typ tap w/valv 1 pc	Y/12 mos		30 per mo	1/1/25		\$ 7.74	Y
A4429	Ostomy pch, urinary, w/bar attach, w/blt-in-convx, w/fct-typ tap w/vlv 1 pc	Y/12 mos		50 per mo	1/1/25		\$ 9.80	Y
A4430	Ostomy pch, urinary, w/ext wr bar attach w/blt-in convx, w/fct-typ tap 1 pc	Y/12 mos		60 per mo	1/1/25		\$ 10.12	Y
A4431	Ostomy pch urinary; w/bar attach, w/fct-type tap w/vlv 1 pc	Y/12 mos		30 per mo	1/1/25		\$ 7.37	Y
A4432	Ostomy pch, urinary; for use bar w/non-lck flng, w/fct-type tap w/vlv 2 pc	Y/12 mos		50 per mo	1/1/25		\$ 4.26	Y
A4433	Ostomy pch, urinary; for use on bar w/lck flng 2 pc	Y/12 mos		30 per mo	1/1/25		\$ 3.99	Y
A4434	Ostomy pch, urinary for use on bar w/lck flng, w/fct-type tap w/vlv 2 pc	Y/12 mos		30 per mo	1/1/25		\$ 4.46	Y
A4435	Ostomy pch, drainable, high output, w/ext wear barrier(1 pc system) w or w/o filter each	Y/12 mos		30 per mo	1/1/25		\$ 6.84	Y
A4436	Irrigation supply; sleeve, reusable, per month	Y/12 mos		1 per mo	1/1/25		\$ 22.77	Y
A4437	Irrigation supply; sleeve, disposable, per month	Y/12 mos		1 per mo	1/1/25		\$ 22.77	Y
ADDITIONAL MISCELLANEOUS SUPPLIES								
A4450	Tape, non-waterprof, per 18 square inches	Y/12 mos		400 per mo	1/1/25		\$ 0.09	Y
A4452	Tape, waterproof, per 18 square inches	Y/12 mos		400 per mo	1/1/25		\$ 0.42	Y
A4455	Adhesive remover per oz	Y/12 mos		10 per mo	1/1/25		\$ 1.69	Y
A4456	Adhesive remover wipes, each	Y/12 mos		100 per mo	1/1/25		\$ 0.29	Y
A4459	Man Pump-Operated Enema Sys, Incl Balloon, Catheter & All Accessories, Reus, Any Type	Y/12 mos	Y	I/C	1/1/05		I/C	N
A4463	Surgical dressing holder, reusable, each	Y/12 mos		I/C	1/1/25		\$ 15.81	Y
A4481	Tracheostoma filter	Y/12 mos		30 per mo	1/1/25		\$ 0.43	Y
A4483	Moisture exchange, disposable, for use w/invasive mech vent	Y/12 mos	Y	200 per mo	4/1/20		I/C	N
A4490	Above Knee Length surgical stocking	Y/12 mos		4 per yr	4/1/20		I/C	N
A4495	Thigh Length surgical stocking	Y/12 mos		4 per yr	7/1/13		\$ 60.90	N
A4500	Below Knee Length surgical stocking	Y/12 mos		4 per yr	7/1/13		\$ 49.65	N
A4510	Full Length surgical stocking	Y/12 mos	Y	4 per yr	1/1/03		I/C	N

A4520	Incontinence garment, any type, (e.g. brief, diaper), each	Y/12 mos	Y	I/C	4/1/20		I/C	N
A4553	Non-disposable underpads, all sizes	Y/12 mos		2 per mo	1/1/17		\$ 7.79	N
A4554	Disposable underpads, med size (e.g., Chux's)	Y/12 mos		135 per mo/100 pads	7/1/13		\$ 0.46	N
A4558	Conductive paste or gel, for use w/electrical device (e.g., TENS, NMES), per oz	Y/12 mos		1 per mo	1/1/25		\$ 5.51	Y
A4565	Slings	Y/12 mos		2 per yr	1/1/25		\$ 9.15	Y
A4570	Splint	Y/12 mos	Y	2 per yr	7/1/22		I/C	N
A4600	Sleeve for intermittent limb compression device, replacement only, each	Y/12 mos	Y	I/C	1/1/07		I/C	N
A4601	Lithium ion battery for non-prosthetic use, replacement	Y/12 mos		1 per yr	1/1/20		\$ 1.59	N
A4604	Tubing with integrated heating element for use w/PAP device	Y/12 mos		1 per yr	1/1/25		\$ 41.37	Y
A4605	Tracheal Suction catheter, closed system, each	Y/12 mos		30 per mo	1/1/25		\$ 19.42	Y
A4606	Oxygen Probe for use with oximeter device	Y/12 mos		5 per mo	7/1/13		\$ 24.86	N
SUPPLIES FOR OXYGEN AND RELATED RESPIRATORY EQUIPMENT								
A4608	Transtrachael oxygen catheter, each	Y/12 mos		5 per mo	1/1/25		\$ 59.53	Y
A4614	Peak expiratory flow rate meter, hand held	Y/12 mos		1 per mo	1/1/25		\$ 28.25	Y
A4615	Cannula, Nasal	Y/12 mos		10 per mo	1/1/25		\$ 0.87	Y
A4616	Tubing (oxygen), per foot	Y/12 mos		50 per mo	1/1/25		\$ 0.07	Y
A4619	Face tent	Y/12 mos		2 per mo	1/1/25		\$ 2.13	Y
A4620	Variable concentration mask	Y/12 mos		15 per mo	1/1/25		\$ 0.71	Y
A4623	Tracheostomy inner cannula	Y/12 mos		30 per mo	1/1/25		\$ 7.79	Y
A4624	Trach suction tubes	Y/12 mos		300 per mo	1/1/25		\$ 3.01	Y
A4625	Trach care kit for new trach	Y/12 mos		4 per mo	1/1/25		\$ 8.23	Y
A4626	Tracheostomy cleaning brush	Y/12 mos		1 per mo	1/1/25		\$ 3.78	Y
A4627	Spacer, bag or reservoir for inhaler	Y/12 mos		4 per mo	7/1/13		\$ 30.61	N
A4628	Oropharyngeal suction cath	Y/12 mos		20 per mo	1/1/25		\$ 4.45	Y
A4629	Tracheostomy care kit	Y/12 mos		60 per mo	1/1/25		\$ 5.53	Y
SUPPLIES FOR OTHER DME								
A4630	Repl batteries t.e.n.s. owned by pt	Y/12 mos		2 per mo	1/1/25		\$ 6.77	Y
A4635	Underarm crutch pad	Y/12 mos		6 per yr	1/1/25		\$ 6.07	Y
A4636	Repl handgrip for cane etc	Y/12 mos		10 per yr	1/1/25	\$ 0.33	\$ 3.28	Y
A4637	Repl tip cane/crutch/walker	Y/12 mos		2/bx per yr	1/1/25	\$ 0.18	\$ 1.82	Y

A4640	Replacement pad for use with medically necessary alternate pressure pad owned by patient	Y/12 mos		1 per yr	1/1/25	\$ 5.20	\$ 52.01	Y
A4657	Syringe, w/ or w/o needle, each	Y/12 mos		100 per mo	7/1/13		\$ 0.83	N
A4660	Blood Pressure Apparatus w/cuff and stethoscope	Y/12 mos		1 every 2 yrs	7/1/13		\$ 31.61	N
A4663	Blood Pressure Cuff Only	Y/12 mos		1 every 2 yrs	7/1/13		\$ 11.40	N
A4670	Automatic Blood pressure monitor	Y/12 mos		1 every 3 yrs	7/1/13		\$ 47.36	N
A4927	Gloves, non-sterile (100 per box)	Y/12 mos		5 per mo	6/1/21		\$ 8.07	N
A4930	Gloves, sterile, per pair	Y/12 mos		200 per mo	7/1/13		\$ 0.50	N
A4931	Oral thermometer, reusable, any type, each	Y/12 mos		1 per yr	7/1/13		\$ 7.12	N
A4932	Rectal thermometer, reusable, any type, each	Y/12 mos		1 per yr	7/1/13		\$ 8.05	N
ADDITIONAL OSTOMY SUPPLIES								
A5051	Pouch clsd w barr attached	Y/12 mos		60 per mo	1/1/25		\$ 2.45	Y
A5052	Clsd ostomy pouch w/o barr	Y/12 mos		100 per mo	1/1/25		\$ 1.77	Y
A5053	Closed ostomy pouch faceplate	Y/12 mos		30 per mo	1/1/25		\$ 2.05	Y
A5054	Closed ostomy pouch w/flange	Y/12 mos		50 per mo	1/1/25		\$ 2.13	Y
A5055	Stoma cap	Y/12 mos		30 per mo	1/1/25		\$ 1.71	Y
A5056	1 pc ost pouch w filter	Y/12 mos		1 per mo	1/1/25		\$ 5.55	Y
A5057	1 pc ost pou w built-in conv	Y/12 mos		1 per mo	1/1/25		\$ 11.40	Y
A5061	Pouch drainable w barrier at	Y/12 mos		60 per mo	1/1/25		\$ 4.20	Y
A5062	Ostomy pouch, drainable; w/o barrier attached (one piece), each	Y/12 mos		100 per mo	1/1/25		\$ 2.47	Y
A5063	Drain ostomy pouch w/flange	Y/12 mos		100 per mo	1/1/25		\$ 3.21	Y
A5071	Urinary pouch w/barrier	Y/12 mos		100 per mo	1/1/25		\$ 7.14	Y
A5072	Urinary pouch w/o barrier	Y/12 mos		100 per mo	1/1/25		\$ 4.20	Y
A5073	Urinary pouch on barr w/flng	Y/12 mos		100 per mo	1/1/25		\$ 3.77	Y
A5081	Continent stoma plug	Y/12 mos		30 per mo	1/1/25		\$ 3.94	Y
A5082	Continent stoma catheter	Y/12 mos		30 per mo	1/1/25		\$ 14.14	Y
A5093	Ostomy accessory convex inse	Y/12 mos		20 per mo	1/1/25		\$ 2.32	Y
ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES								
A5102	Bedside drain btl w/ or w/o tine	Y/12 mos		5 per mo	1/1/25		\$ 26.80	Y
A5105	Urinary suspensory, w/ or w/o leg bag, w/ or w/o tube, each	Y/12 mos		5 per mo	1/1/25		\$ 48.42	Y
A5112	Urinary leg bag	Y/12 mos		10 per mo	1/1/25		\$ 41.12	Y

A5113	Latex leg strap	Y/12 mos		1 per mo	1/1/25		\$ 5.59	Y
A5114	Leg strap; foam or fabric, replacement only, per set	Y/12 mos		1 per mo	1/1/25		\$ 10.63	Y
SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES								
A5120	Skin Barrier, wipes or swabs, each	Y/12 mos		250 per mo	1/1/25		\$ 0.26	Y
A5121	Solid skin barrier 6X6	Y/12 mos		60 per mo	1/1/25		\$ 8.85	Y
A5122	Solid skin barrier 8X8	Y/12 mos		36 per mo	1/1/25		\$ 13.25	Y
A5126	Disk/foam pad or adhesive	Y/12 mos		100 per mo	1/1/25		\$ 1.56	Y
A5131	Appliance cleaner	Y/12 mos		2 per mo	1/1/25		\$ 18.83	Y
A5200	Percutaneous catheter anchor	Y/12 mos		10 per mo	1/1/25		\$ 13.41	Y
DIABETIC SHOES, FITTING AND MODIFICATIONS								
A5500	Diabetic shoe for density insert, per shoe			2 per yr	1/1/25		\$ 75.52	Y
A5501	Diabetic custom molded shoe, per shoe			2 per yr	1/1/25		\$ 226.50	Y
A5503	Diabetic shoe w/roller/rocker, per shoe			2 per yr	1/1/25		\$ 38.47	Y
A5504	Diabetic shoe with wedge			2 per yr	1/1/25		\$ 38.47	Y
A5505	Diabetic shoe w/metatarsal bar			2 per yr	1/1/25		\$ 38.47	Y
A5506	Diabetic shoe w/offset heel			2 per yr	1/1/25		\$ 38.47	Y
A5507	Modification in diabetic shoe			2 per yr	1/1/25		\$ 38.47	Y
A5508	Diabetic deluxe feature of off-the shelf depth inlay shoe or custom mld shoe			2 per yr	1/1/20		\$ 22.44	N
A5510	Direct formed, compressed mold to pt's ft w/o ext, inserts, prefab, per shoe, diabetic		Y	2 per yr	3/1/03		I/C	N
A5512	Multiple density insert, for diabetics only, direct formed, molded to foot	Y/12 mos		2 per yr	1/1/25		\$ 30.80	Y
A5513	Multiple density insert, for diabetics only, custom molded from model of foot, include arch filler	Y/12 mos		2 per yr	1/1/25		\$ 45.97	Y
A5514	Multi Den Insert, Direct Carv/Cam	Y/12 mos		2 per yr	1/1/25		\$ 45.97	Y
DRESSINGS, COMPRESSION GARMENTS, NEBULIZERS, PAP AND TRACH SUPPLIES								
A6010	Collagen based wound filler, dry form, per gram of collagen	Y/12 mos		5 per mo	1/1/25		\$ 36.78	Y
A6011	Collagen based wound filler, gel/paste per gram of collagen	Y/3 mos		30 per mo	1/1/25		\$ 2.71	Y
A6021	Collagen drsg. Size 16 sq inches or less, each	Y/3 mos		30 per mo	1/1/25		\$ 24.97	Y

A6022	Collagen drsg. more than 16 sq in but less than or equal to 48 sq inches, each	Y/3 mos		10 per mo	1/1/25		\$ 24.97	Y
A6023	Collagen drsg. more than 48 sq inches, each	Y/3 mos		10 per mo	1/1/25		\$ 226.02	Y
A6024	Collagen drsg. Wound filler, per 6 in	Y/3 mos		108 per mo	1/1/25		\$ 7.34	Y
A6025	Silicone gel sheet, each	Y/12 mos	Y	I/C	3/15/03			N
A6154	Wound pouch each	Y/3 mos		20 per mo	1/1/25		\$ 16.55	Y
A6196	Alginate dressing <= 16 sq in	Y/3 mos		50 per mo	1/1/25		\$ 8.74	Y
A6197	Alginate drsg > 16 <= 48 sq in	Y/3 mos		20 per mo	1/1/25		\$ 19.53	Y
A6198	Alginate or other fiber gelling dressing, wound cover, > 48 sq.in, each drs	Y/12 mos		1 per mo	1/1/20		\$ 22.44	N
A6199	Alginate drsg wound filler	Y/3 mos		50 per mo	1/1/25		\$ 6.26	Y
A6203	Composite drsg <= 16 sq in	Y/3 mos		200 per mo	1/1/25		\$ 4.00	Y
A6204	Composite drsg > 16 <= 48 sq in	Y/6 mos		60 per mo	1/1/25		\$ 7.39	Y
A6205	Composite dressing, > 48 sq.in., w/any size adh border, ea hc dressing	Y/12 mos		200 per mo	1/1/20		\$ 31.46	N
A6206	Contact layer, 16 sq. in. or less, each dressing	Y/12 mos		200 per mo	1/1/20		\$ 9.97	N
A6207	Contact layer > 16=16 sq in w/o bdr	Y/6 mos		200 per mo	1/1/25		\$ 8.72	Y
A6208	Contact layer, > 48 sq. in., each dressing	Y/12 mos		200 per mo	1/1/20		\$ 19.93	N
A6209	Foam drsg <=16 sq in w/o bdr	Y/6 mos		100 per mo	1/1/25		\$ 8.87	Y
A6210	Foam drsg > 16 < 48 sq in w/o bdr	Y/6 mos		150 per mo	1/1/25		\$ 23.66	Y
A6211	Foam drg > 48 sq in w/o brdr	Y/6 mos		100 per mo	1/1/25		\$ 34.88	Y
A6212	Foam drg <= 16 sq in w/border	Y/6 mos		60 per mo	1/1/25		\$ 11.53	Y
A6213	Foam dressing, wound cover, pad >16 sq. but less than 48 sq. in w/ adh brd	Y/12 mos		100 per mo	1/1/20		\$ 7.47	N
A6214	Foam drg > 48 sq in w/border	Y/6 mos		60 per mo	1/1/25		\$ 12.23	Y
A6215	Foam dressing, wound filler, per gram	Y/12 mos		100 per mo	1/1/20		\$ 14.67	N
A6216	Non-steril gauze <= 16 sq in	Y/6 mos		200 per mo	1/1/25		\$ 0.04	Y
A6217	Gauze, non-imprgn, non-strl, > 16 sq.in., < or = to 48 sq.in, w/o adh brdr	Y/12 mos		200 per mo	1/1/20		\$ 3.81	N
A6218	Gauze, non-imprgn, non-strl, > 48 sq. in., w/o adhesive border, each drs	Y/12 mos		200 per mo	1/1/20		\$ 17.09	N
A6219	Gauze <= 16 sq in w/border	Y/6 mos		200 per mo	1/1/25		\$ 1.13	Y
A6220	Gauze > 16 <= 48 sq in w/border	Y/6 mos		100 per mo	1/1/25		\$ 3.08	Y
A6221	Gauze, non-imprgn, > 48 sq. in., w/any size adh border, each dressing	Y/12 mos	Y	I/C	7/1/13		I/C	N

A6222	Gauze <= 16 in No w/sal w/o b	Y/6 mos		150 per mo	1/1/25		\$ 2.53	Y
A6223	Gauze > 16 <= 48 no w/sal w/o b	Y/6 mos		100 per mo	1/1/25		\$ 2.88	Y
A6224	Gauze > 48 in no w/sal w/o b	Y/6 mos		60 per mo	1/1/25		\$ 4.28	Y
A6228	Gauze, impregnated, water or normal saline, 16 sq. in. or less, w/o adh	Y/12 mos	Y	I/C	3/15/03		I/C	N
A6229	Gauze > 16 <= 48 sq in watr/sal	Y/6 mos		60 per mo	1/1/25		\$ 4.28	Y
A6230	Gauze, impreg, water or normal saline, > 48 sq. in., w/o adh border	Y/12 mos	Y	I/C	3/15/03		I/C	N
A6231	Gauze, hydrogel, 16 sq in. or less, each	Y/6 mos		30 per mo	1/1/25		\$ 5.55	Y
A6232	Gauze, impreg, hydrogel, for direct wound contact, >16 sq. in,	Y/12 mos		15 per mo	1/1/25		\$ 8.15	Y
A6233	Gauze, hydrogel, more than 48 sq inches, each	Y/6 mos		15 per mo	1/1/25		\$ 22.77	Y
A6234	Hydrocolld drg <= 16 w/o bdr	Y/3 mos		50 per mo	1/1/25		\$ 7.78	Y
A6235	Hydrocolld drg > 16 <= 48 w/o bdr	Y/3 mos		40 per mo	1/1/25		\$ 19.98	Y
A6236	Hydrocolld drg > 48 in w/o b	Y/3 mos		40 per mo	1/1/25		\$ 32.36	Y
A6237	Hydrocolld drg <= 16 in w/bdr	Y/3 mos		40 per mo	1/1/25		\$ 9.39	Y
A6238	Hydrocolld drg >16 <= 48 w/bdr	Y/3 mos		40 per mo	1/1/25		\$ 27.08	Y
A6239	Hydrocolloid drssng, wound cover, pad > 48 sq. in., w/any sz adh brdr	Y/12 mos	Y	I/C	3/15/03		I/C	N
A6240	Hydrocolld drg filler paste	Y/3 mos		8/per 6 fluid oz	1/1/25		\$ 14.54	Y
A6241	Hydrocolloid drg filler dry	Y/3 mos		8/per 6 fluid oz	1/1/25		\$ 3.05	Y
A6242	Hydrogel drg <= 16 in w/o bdr	Y/6 mos		30 per mo	1/1/25		\$ 7.19	Y
A6243	Hydrogel drg > 16 <= 48 w/o bdr	Y/6 mos		40 per mo	1/1/25		\$ 14.64	Y
A6244	Hydrogel drg > 48 in w/o bdr	Y/6 mos		40 per mo	1/1/25		\$ 46.66	Y
A6245	Hydrogel drg <= 16 in w/bdr	Y/6 mos		25 per mo	1/1/25		\$ 8.64	Y
A6246	Hydrogel drg > 16 <= 48 in w/b	Y/6 mos		25 per mo	1/1/25		\$ 11.80	Y
A6247	Hydrogel drg > 48 sq in w/b	Y/6 mos		25 per mo	1/1/25		\$ 28.25	Y
A6248	Hydrogel drsg gel filler, per ounce	Y/6 mos		4 per mo	1/1/25		\$ 19.30	Y
A6250	Skin sealant, protectants, moisturizers, ointment, any type, any size	Y/12 mos		100 per mo	1/1/20		\$ 1.82	N
A6251	Absorpt drg <= 16 sq in w/o b	Y/6 mos		250 per mo	1/1/25		\$ 2.36	Y
A6252	Absorpt drg > 16 <48 w/o bdr	Y/6 mos		100 per mo	1/1/25		\$ 3.87	Y
A6253	Absorot drg > 48 sq in w/o b	Y/6 mos		200 per mo	1/1/25		\$ 7.52	Y
A6254	Absorpt drg <= 16 sq in w/bdr	Y/6 mos		200 per mo	1/1/25		\$ 1.42	Y
A6255	Absorpt drg > 16 <+ 48 in w/bdr	Y/6 mos		200 per mo	1/1/25		\$ 3.61	Y

A6256	Specialty absorptv drssng, wound cover, > 48 sq. in., w/any sz.brdr, each	Y/12 mos	Y	I/C	1/1/04		I/C	N
A6257	Transparent film <= 16 sq ub	Y/6 mos		200 per mo	1/1/25		\$ 1.82	Y
A6258	Transparent film > 16<= 48 in	Y/12 mos		200 per mo	1/1/25		\$ 5.12	Y
A6259	Transparent film > 48 sq in	Y/12 mos		40 per mo	1/1/25		\$ 12.99	Y
A6260	Wound cleaners, any type, any size	Y/12 mos		I/C	1/1/20		\$ 19.89	N
A6262	Wound filler, dry form, per gram, not otherwise classified	Y/12 mos		1 per mo	1/1/20		\$ 6.28	N
A6266	Impreg gauze no h20/sak/yard	Y/12 mos		200 per mo	1/1/25		\$ 2.27	Y
A6402	Sterile gauze <= 16 sq in	Y/12 mos		500 per mo	1/1/25		\$ 0.13	Y
A6403	Sterile gauze > 16 <= 48 sq in	Y/12 mos		500 per mo	1/1/25		\$ 0.48	Y
A6404	Gauze, non-impregnated pad sz more than 48 sq. in., w/o adh border, ea	Y/12 mos		250 per mo	7/1/13		\$ 0.57	N
A6407	Packing strips, non-impreg	Y/12 mos		200 per mo	1/1/25		\$ 2.22	Y
A6410	Eye pad, sterile	Y/12 mos		200 per mo	1/1/25		\$ 0.44	Y
A6411	Eye pad, non-sterile	Y/12 mos		100 per mo	7/1/13		\$ 0.13	N
A6412	Eye Patch, occlusive	Y/12 mos		5 per mo	7/1/13		\$ 1.86	N
A6441	Padding bandage w>=3" <5"/yd	Y/12 mos		200 per mo	1/1/25		\$ 0.81	Y
A6442	Conforming band n/s w<3"/yd	Y/12 mos		200 per mo	1/1/25		\$ 0.20	Y
A6443	Conforming band n/s w>3"<5"/yd	Y/12 mos		200 per mo	1/1/25		\$ 0.33	Y
A6444	Conform band n/s w>=5"/yd	Y/12 mos		200 per mo	1/1/25		\$ 0.66	Y
A6445	Conform band s w <3"/yd	Y/12 mos		200 per mo	1/1/25		\$ 0.37	Y
A6446	Conform band s w>=3" <5"/y	Y/12 mos		120 per mo	1/1/25		\$ 0.46	Y
A6447	Conform band s w >5:/yd	Y/12 mos		50 per mo	1/1/25		\$ 0.81	Y
A6448	Light compress band <3"/yd	Y/12 mos		50 per mo	1/1/25		\$ 1.37	Y
A6449	Light compress band >=3" <5"/yd	Y/12 mos		50 per mo	1/1/25		\$ 2.08	Y
A6450	Light compress band >=5"/yd	Y/12 mos		10 per mo	1/1/25		\$ 2.08	Y
A6451	Moderate compress band w>=3"<5"/yd	Y/12 mos		10 per mo	1/1/25		\$ 2.08	Y
A6452	High compress band w>=5"/yd	Y/12 mos		50 per mo	1/1/25		\$ 7.00	Y
A6453	Self-adherent band w<3"/yd	Y/12 mos		50 per mo	1/1/25		\$ 0.75	Y
A6454	Self-adherent band w>=3" <5"/yd	Y/12 mos		50 per mo	1/1/25		\$ 0.94	Y
A6455	Self-adherent band >=5"/yd	Y/12 mos		50 per mo	1/1/25		\$ 1.66	Y
A6456	Zinc paste bandage w >=3"<5"/yd	Y/12 mos		50 per mo	1/1/25		\$ 1.49	Y
A6457	Tublar Dressing with or without elastic, any wdth, per linear yard	Y/12 mos		30 per mo	1/1/25		\$ 1.35	Y

A6501	Compression Burn Garment Body Suit	Y/12 mos	Y	I/C	1/1/03		I/C	N
A6502	Compression Burn Garment Chin Strap, custom fabricated	Y/12 mos	Y	I/C	1/1/03		I/C	N
A6503	Compression Burn Garment Facial hood, custom fabricated	Y/12 mos	Y	I/C	1/1/03		I/C	N
A6504	Compression Burn Garment Glove to wrist, custom fabricated	Y/6 mos		4 per yr	7/1/13		\$ 94.53	N
A6505	Compression Burn garment, glove to elbow, custom fabricated	Y/6 mos		4 per yr	7/1/13		\$ 160.64	N
A6506	Compression Burn Garment Glove to axilla, custom fabricated	Y/6 mos	Y	I/C	1/1/03		I/C	N
A6507	Compression Burn Garment foot to knee length, custom fabricated	Y/6 mos	Y	I/C	1/1/03		I/C	N
A6508	Compression Burn Garment foot to thigh length, custom fabricated	Y/6 mos	Y	I/C	1/1/03		I/C	N
A6509	Comprss Burn Garmnts upper trunk to waist incld arm opns (leotard) cf	Y/6 mos		2 per yr	7/1/13		\$ 207.58	N
A6510	Comprss Burn Garmnts, trunk, incld arms down to leg opns (leotard) cf	Y/6 mos	Y	I/C	1/1/03		I/C	N
A6511	Comprss Burn Garmnts, lower trnk incld leg opngs (panty) custom fab	Y/6 mos	Y	I/C	1/1/03		I/C	N
A6512	Comprss Burn Garmnt, not otherwise classified	Y/6 mos	Y	I/C	1/1/06		I/C	N
A6512	Slant inserts	Y/6 mos	Y	8 per yr	1/1/06		\$ 20.19	N
A6512	Zipppers	Y/6 mos	Y	8 per yr	1/1/06		\$ 27.13	N
A6512	Silicones	Y/6 mos	Y	8 per yr	1/1/06		\$ 4.37	N
A6512	Web inserts	Y/6 mos	Y		1/1/06		\$ 66.65	N
A6513	Compress Burn Mask, face and/or neck, plastic or equal, custom fabricated	Y/6 mos	Y	I/C	1/1/06		I/C	N
A6530	Gradient compression Stocking, below knee, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 32.33	Y
A6531	Gradient compression Stocking, below knee, 30-40 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 51.38	Y
A6532	Gradient Compression Stocking, below knee, 40-50 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 72.40	Y

A6533	Gradient compression Stocking, Thigh Length, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 45.41	Y
A6534	Gradient compression Stocking, Thigh Length, 30-40 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 51.85	Y
A6535	Gradient compression Stocking, Thigh Length, 40-50 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 59.70	Y
A6536	Gradient compression Stocking, Full Length/Chap style, 18-30 mmch, each	Y/6 mos		4 per yr	1/1/25		\$ 61.21	Y
A6537	Gradient compression Stocking, Full Length/Chap style, 30-40 mmch, each	Y/6 mos		4 per yr	1/1/25		\$ 72.56	Y
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, ea	Y/6 mos		4 per yr	1/1/25		\$ 84.96	Y
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 81.00	Y
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	Y/6 mos		4 per yr	1/1/25		\$ 96.57	Y
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	Y/6 mos	N	I/C	1/1/25		\$ 114.39	Y
A6544	Gradient compression stocking, Garter Belt	Y/6 mos	Y	I/C	1/1/06		I/C	N
A6549	Gradient compression stocking, Not otherwise specified	Y/6 mos		2 per mo	1/1/20		\$ 132.72	N
A6550	Wound Care set, for negative pressure wound therapy elec pump, all supplies	Y/6 mos		57 per mo	1/1/25		\$ 26.28	Y
A7000	Disposable canister for pump	Y/6 mos		15 per mo	1/1/25		\$ 8.13	Y
A7001	Nondisposable pump canister	Y/6 mos		2 per mo	1/1/25		\$ 39.28	Y
A7002	Tubing used w suction pump	Y/6 mos		10 per mo	1/1/25		\$ 4.56	Y
A7003	Nebulizer administration set	Y/6 mos		5 per mo	1/1/25		\$ 1.38	Y
A7004	Disposable nebulizer sml vol	Y/6 mos		12 per mo	1/1/25		\$ 1.28	Y
A7005	Nondisposable nebulizer set	Y/6 mos		2 per yr	1/1/25		\$ 11.11	Y
A7006	Filtered nebulizer admin set	Y/6 mos		12 per mo	1/1/25		\$ 7.16	Y
A7007	Lg vol nebulizer disposable	Y/6 mos		12 per mo	1/1/25		\$ 3.16	Y
A7008	Disposable nebulizer prefill	Y/6 mos		20 per mo	1/1/25		\$ 13.06	Y
A7009	Nebulizer reservoir bottle	Y/6 mos		2 per mo	1/1/25		\$ 49.95	Y
A7010	Disposable corrugated tubing	Y/6 mos		2 per mo	1/1/25		\$ 15.68	Y
A7012	Nebulizer water collec devic	Y/12 mos		15 per mo	1/1/25		\$ 2.83	Y

A7013	Disposable compressor filter	Y/6 mos		30 per mo	1/1/25		\$ 0.57	Y
A7014	Compressor nondispos filter	Y/6 mos		12 per yr	1/1/25		\$ 3.34	Y
A7015	Aerosol mask used w nebulize	Y/6 mos		2 per mo	1/1/25		\$ 1.26	Y
A7016	Nebulizer dome & mouthpiece	Y/6 mos		2 per mo	1/1/25		\$ 8.62	Y
A7017	Nebulizer not used w oxygen	Y/6 mos		PRN	1/1/25	\$ 11.62	\$ 116.21	Y
A7018	Water, distilled, nebulizer, 1000 ml	Y/6 mos		10 per mo	1/1/25		\$ 0.34	Y
A7025	High freqcy chest wall osc sys vest, replcmnt for use w/patien owned eqp	Y/6 mos		1 every 2 yrs	1/1/25		\$ 516.55	Y
A7026	High freqcy chest wall osc sys hose, replcmnt for use w/patient own eqp	Y/6 mos		1 every 2 yrs	1/1/25		\$ 34.14	Y
A7027	Combination oral/nasal mask, used w/CPAP device, each	Y/6 mos	Y	1 per 3 mos	1/1/25		\$ 117.73	Y
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Y/6 mos		2 per mo	1/1/25		\$ 33.35	Y
A7029	Nasal pillows for combination oral/nasal mask, replacement only, each	Y/6 mos	Y	2 per mo	1/1/25		\$ 15.90	Y
A7030	Full face mask used with PAP device (includes all supplies i.e pillows, cushions)	Y/6 mos		1 per 3 mos	1/1/25		\$ 92.60	Y
A7031	Face mask interface, replacement for full face mask	Y/6 mos		1 per mo	1/1/25		\$ 34.72	Y
A7032	Cushion for use on Nasal Mask interface, replacement only, each	Y/12 mos		2 per mo	1/1/25		\$ 19.28	Y
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Y/12 mos		2 per mo	1/1/25		\$ 15.95	Y
A7034	Nasal intrfc (mask or cannula type) used w/PAP device, w/wo headstraps	Y/6 mos		1 per 3 mos	1/1/25		\$ 56.17	Y
A7035	Headgear used with positive airway pressure device	Y/6 mos		1 per 6 mos	1/1/25		\$ 18.97	Y
A7036	Chinstrap used with positive airway pressure device	Y/12 mos		1 per 6 mos	1/1/25		\$ 10.72	Y
A7037	Tubing used with positive airway pressure device	Y/6 mos		1 per 3 mos	1/1/25		\$ 12.35	Y
A7038	Filter, disposable, used with positive airway pressure device	Y/6 mos		2 per mo	1/1/25		\$ 2.18	Y

A7039	Filter, non disposable, used with positive airway pressure device	Y/12 mos		1 per 6 mos	1/1/25		\$ 6.28	Y
A7040	One way chest drain valve	Y/12 mos		2 per mo	1/1/25		\$ 46.87	Y
A7041	Water seal drainage container and tubing for implanted chest tube	Y/12 mos		2 per mo	1/1/25		\$ 88.11	Y
A7044	Oral interface used with positive airway pressure device, each	Y/6 mos		2 per yr	1/1/25		\$ 81.72	Y
A7045	Exhalation port w/or w/out swivel used w/accessories for pos airway device	Y/6 mos		PRN	1/1/25	\$ 1.28	\$ 12.84	Y
A7046	Water chamber for humidifier, used with pap device, replacement, each	Y/6 mos		1 per 6 mos	1/1/25		\$ 13.10	Y
A7048	Vacuum drainage coll unit & tubing kit, incl all supplies needed for collection unit change, for use w/implanted catheter, each	Y/6 mos		2 per mo	1/1/25		\$ 49.05	Y
A7501	Tracheostoma valve, including diaphragm, each	Y/6 mos		1 per yr	1/1/25		\$ 124.72	Y
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Y/6 mos		1 per yr	1/1/25		\$ 59.29	Y
A7503	Filter holder, cap reusable, tracheostoma, each	Y/12 mos		10 per yr	1/1/25		\$ 13.47	Y
A7504	Filter, tracheostoma, heat and moisture exc, each	Y/12 mos		30 per mo	1/1/25		\$ 0.81	Y
A7505	Housing, reusable without adhesive, tracheostoma, each	Y/6 mos		100 per mo	1/1/25		\$ 5.57	Y
A7506	Adhesive disc, tracheostoma valve, any type, each	Y/6 mos		30 per mo	1/1/25		\$ 0.38	Y
A7507	Filter holder and filter without adhesive, tracheostoma, each	Y/6 mos		30 per mo	1/1/25		\$ 2.97	Y
A7508	Housing with adhesive, tracheostoma, each	Y/6 mos		30 per mo	1/1/25		\$ 3.41	Y
A7509	Filter holder with filter, adhesive, tracheostoma, each	Y/6 mos		30 per mo	1/1/25		\$ 1.67	Y
A7520	Trach/laryng tube, non-cuffed, (pvc), silicon or equal, each	Y/12 mos		10 per mo	1/1/25		\$ 56.38	Y
A7521	Trach/laryng tube, cuffed, (pvc), silicone or equal, each	Y/12 mos		10 per mo	1/1/25		\$ 55.87	Y
A7522	Tracheostomy/laryng tube, stainless steel or equal (sterilizable or reusable)	Y/12 mos		10 per mo	1/1/25		\$ 53.64	Y
A7523	Tracheostomy shower protector, each	Y/12 mos		3 per mo	7/1/13		\$ 0.75	N

A7524	Tracheostomy stent/stud/button, each	Y/12 mos		3 per mo	1/1/25		\$ 91.94	Y
A7525	Tracheostomy mask, each	Y/12 mos		5 per mo	1/1/25		\$ 2.45	Y
A7526	Tracheostomy tube collar/holder, each	Y/12 mos		31 per mo	1/1/25		\$ 4.03	Y
A7527	Tracheostomy/laryng. tube plug/stop, each	Y/12 mos		10 per mo	1/1/25		\$ 4.25	Y
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories			1 every 3 yrs	1/1/25		\$ 182.14	Y
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories			1 every 3 yrs	1/1/25		\$ 182.14	Y
A8002	Helmet, protective, soft, custom fabricated, inc. all components and accessories		Y	1 every 3 yrs	1/1/07		I/C	N
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Y	1 every 3 yrs	1/1/07		I/C	N
A8004	Soft, interface for helmet, replacement only		Y	1 every 3 yrs	1/1/07		I/C	N
A9270	Transit Option	Y/12 mos	Y	1 every 5 yrs	5/1/24		\$ 360.00	N
A9275	Home Glucose Disposable Monitor, Includes test strips	Y/12 mos	Y	I/C	1/1/06		I/C	N
A9279	Monitoring/feature/device, stand-alone or intergrated, any type, inc. accessories	Y/12 mos		I/C	1/1/20		\$ 26.01	N
A9284	Spirometer, manual inc. accessories	Y/12 mos		1 per yr	1/1/20		\$ 2.73	N
A9900	Miscellaneous DME supply, accessory, and/or srvc comp hcpcs (repair)	Y/6 mos		1 unit/under \$500.	7/1/13		I/C	N
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Y/12 mos	Y	I/C	1/1/21		I/C	N
A9999	Control III Solution, per pint	Y/12 mos	Y	I/C	1/1/21		\$ 8.78	N
A9999	Toothettes, each	Y/12 mos	Y	I/C	1/1/21		\$ 0.18	N
ENTERAL AND PARENTERAL NUTRITION (PEN) ITEMS AND SUPPLIES								
B4034	Enteral feed supply syringe, per day	Y/6 mos		31 per mo	7/1/13		\$ 5.19	Y
B4035	Enteral feed supply kit, pump fed, per day	Y/6 mos		31 per mo	7/1/13		\$ 9.90	Y
B4036	Enteral feed supply kit gravity fed per day	Y/6 mos		31 per mo	7/1/13		\$ 6.80	Y
B4081	Enteral NG tubing w/stylet	Y/6 mos		15 per mo	7/1/13		\$ 18.37	Y
B4082	Nasogastric tubing without stylet	Y/6 mos		30 per mo	7/1/13		\$ 13.66	Y
B4083	Enteral stomach tube levine	Y/6 mos		30 per mo	7/1/13		\$ 2.10	Y
B4087	Gastrostomy/jejunostomy tube, standard	Y/12 mos		6 per yr	7/1/13		\$ 30.32	Y
B4088	Gastrostomy/jejunostomy tube, low-profile	Y/12 mos		6 per yr	7/1/13		\$ 107.11	Y
B4100	Food thickener, administered orally, 100 cal	Y/12 mos		I/C	2/1/21		\$ 5.30	N

B4102	EF Adult fluids & electrolytes, 500 ml	Y/12 mos		I/C	2/1/21		\$ 3.56	N
B4103	EF Pediatric fluids & electrolytes, 500 ml	Y/12 mos		I/C	2/1/21		\$ 3.33	N
B4104	Additive for enteral formula, (e.g. fiber), per packet	Y/12 mos		I/C	2/1/21		\$ 2.00	N
B4105	In-Line cartridge containing digestive enzyme(s) for enteral feeding, ea	Y/6 mos	Y	I/C	1/1/19	I/C	I/C	N
B4149	EF Blenderized Foods, 100 cal	Y/12 mos		I/C	2/1/21		\$ 1.77	N
B4150	EF Category 1: Intact Pro, 100 cal	Y/12 mos		I/C	2/1/21		\$ 0.69	N
B4152	EF Category 1I: Intact, 100 cal	Y/12 mos		I/C	2/1/21		\$ 0.57	N
B4153	EF Category III: Hydroli, 100 cal	Y/12 mos		I/C	2/1/21		\$ 2.03	N
B4154	EF Category IV: Defined, 100 cal	Y/12 mos		I/C	2/1/21		\$ 1.20	N
B4155	EF Category V: Modular C, 100 cal	Y/12 mos		I/C	2/1/21		\$ 1.19	N
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, 100 cal	Y/12 mos		I/C	2/1/21		\$ 3.31	N
B4158	EF Pediatric Complete Intact Nutrients, 100 cal	Y/12 mos		I/C	2/1/21		\$ 0.69	N
B4159	EF Pediatric Complete Soy Based, 100 cal	Y/12 mos		I/C	2/1/21		\$ 0.69	N
B4160	EF Pediatric Caloric Debse ≥ 0.7 KC, 100 cal	Y/12 mos		I/C	2/1/21		\$ 0.85	N
B4161	EF Pediatric Hydrolyzed/Amino Acid, 100 cal	Y/12 mos		I/C	2/1/21		\$ 2.03	N
B4162	EF Pediatric Specmetabolic Inherit, 100 cal	Y/12 mos		I/C	2/1/21		\$ 3.31	N
B4220	Parenteral nutrition supply kit; premix, per day	Y/12 mos		31 per mo	7/1/13		\$ 7.63	Y
B4222	Parenteral nutrition supply kit; home mix, per day	Y/12 mos		31 per mo	7/1/13		\$ 9.44	Y
B4224	Parenteral nutrition adm kit, per day	Y/6 mos		30 per mo	7/1/13		\$ 22.69	Y
B9002	Enteral infusion pump, any kind	Y/12 mos	Y	1 per 5 yrs	7/1/13	\$ 100.96	\$ 1,041.91	Y
B9004	Parenteral pump portable				7/1/13	\$ 241.13	\$ 2,411.31	Y
B9006	Parenteral pump stationary		Y		7/1/13	\$ 241.13	\$ 2,411.31	Y
B9998	Miscellaneous enteral supplies, NOC--Does not include g-tubes.	Y/6 mos	over \$50	31 per mo (1 Unit)	7/1/13		\$ 249.90	N
B9998	Feeding pump carry case	Y/12 mos	Y		7/1/13		\$ 250.11	N
B9999	Miscellaneous parenteral supplies, NOC	Y/6 mos	over \$50	31 per mo (1 unit)	7/1/13		\$ 249.90	N
CANES, CRUTCHES, WALKERS AND ATTACHMENTS								
E0100	Cane adjust/fixd with tip				1/1/25	\$ 7.04	\$ 25.03	Y
E0105	Cane adjust/fixd with quad/3 pro				1/1/25	\$ 5.83	\$ 58.34	Y
E0110	Crutch forearm pair				1/1/25	\$ 18.99	\$ 86.14	Y
E0111	Crutch forearm each				1/1/25	\$ 10.02	\$ 63.23	Y

E0112	Crutch underarm pair wood				1/1/25	\$ 11.81	\$ 43.95	Y
E0113	Crutch underarm each wood				1/1/25	\$ 6.10	\$ 25.11	Y
E0114	Crutch underarm pair no wood				1/1/25	\$ 10.17	\$ 56.05	Y
E0116	Crutch, underarm, other than wood, adjustable or fixed, w/pad, handgrip, ea				1/1/25	\$ 6.43	\$ 32.95	Y
E0117	Crutch, underarm, articulating, spring assisted, each				1/1/25	\$ 22.87	\$ 228.74	Y
E0118	Crutch substitute, lower leg platform w/ or w/o wheels, each				1/1/20	\$ 11.39	\$ 113.90	N
E0130	Walker rigid adjust/fixed ht				1/1/25	\$ 4.52	\$ 45.16	Y
E0135	Walker folding adjust/fixed				1/1/25	\$ 7.40	\$ 45.16	Y
E0140	Walker w/trunk support support, adjust/fixed, any type				1/1/25	\$ 26.47	\$ 264.69	Y
E0141	Rigid walker wheeled wo seat				1/1/25	\$ 0.47	\$ 47.20	Y
E0143	Walker folding wheeled				1/1/25	\$ 0.47	\$ 46.58	Y
E0144	Enclosed walker w rear seat				1/1/25	\$ 28.44	\$ 284.41	Y
E0147	Walker variable wheel resist, heavy duty				1/1/25	\$ 40.78	\$ 407.76	Y
E0148	Walker heavy duty, without wheels, any type, each				1/1/25	\$ 8.05	\$ 80.54	Y
E0149	Walker heavy duty, wheeled, any type, each				1/1/25	\$ 11.02	\$ 110.25	Y
E0153	Forearm crutch platform atta				1/1/25	\$ 8.87	\$ 72.77	Y
E0154	Walker platform attachment				1/1/25	\$ 4.65	\$ 46.52	Y
E0155	Walker wheel attachment				1/1/25	\$ 1.92	\$ 19.16	Y
E0156	Walker seat attachment				1/1/25	\$ 1.53	\$ 15.33	Y
E0157	Walker crutch attachment				1/1/25	\$ 5.09	\$ 50.86	Y
E0158	Walker leg extenders set of 4				1/1/25	\$ 2.06	\$ 20.59	Y
E0159	Brake for wheeled walker				1/1/25	\$ 1.38	\$ 13.79	Y
COMMODES								
E0163	Commode chair, mobile or stationary, w/fixd arms				1/1/25	\$ 0.49	\$ 49.05	Y
E0165	Commode chair, mobile or stationary, w/detachable arms				1/1/25	\$ 11.14	\$ 111.44	Y
E0167	Pail or pan for use with commode chair, replacement only				1/1/25	\$ 0.10	\$ 9.71	Y

E0168	Commode chair, extra wide, heavy duty, any type each				1/1/25	\$ 1.14	\$ 114.09	Y
DECUBITIS CARE EQUIPMENT								
E0181	Powered pressure reducing mattress overlay/pad, alternating, w/pump, heavy duty				1/1/25	\$ 13.48	\$ 134.81	Y
E0182	Pump for alternating pressure pad, for replacement only				1/1/25	\$ 19.33	\$ 193.29	Y
E0183	Flotation Pad, water or gel for wheelchair				1/1/25	\$ 14.85	\$ 148.50	y
E0184	Dry pressure mattress				1/1/25	\$ 1.57	\$ 157.26	Y
E0185	Gel pressure mattress pad				1/1/25	\$ 1.72	\$ 172.25	Y
E0187	Water pressure mattress				1/1/25	\$ 21.54	\$ 215.39	Y
E0188	Synthetic Sheepskin pad				1/1/25	\$ 2.54	\$ 25.36	Y
E0189	Lambswood sheepskin pad				1/1/25	\$ 4.96	\$ 47.62	Y
E0190	Positioning cushion/pillow/wedge, any shape or size, inc. all components and access			2 every 6 mos	7/1/13		\$ 23.29	N
E0191	Protector heel or elbow				1/1/25	\$ 0.12	\$ 11.87	Y
E0193	Powered air flotation bed		Y		1/1/25	\$ 635.95	\$ 6,359.53	Y
E0194	Air fluidized bed		Y		1/1/25	\$ 3,328.26	\$ 33,282.60	Y
E0196	Gel pressure mattress				1/1/25	\$ 32.78	\$ 327.76	Y
E0197	Air pressure pad for mattress				1/1/25	\$ 18.80	\$ 188.02	Y
E0198	Water pressure pad for mattress				1/1/25	\$ 26.32	\$ 263.25	Y
E0199	Dry pressure pad for mattress				1/1/25	\$ 3.09	\$ 30.94	Y
E0202	Phototherapy light w/photom (bilirubin)			per day	1/1/25	\$ 72.63		Y
E0217	Water circulating heat pad w/pump (T-Pump)				1/1/25	\$ 53.11	\$ 501.17	Y
E0240	Bath/shower chair, with or w/o wheels, standard		Y		1/1/21		\$ 42.00	N
E0240	Bath/shower chair, with or w/o wheels, bariatric		Y		1/1/21		\$ 63.53	N
E0240	Bath/shower chair, including accessories, pediatric/adult		Y		1/1/21		\$ 495.57	N
E0240	Shower commode chair, standard with or w/o tilt		Y		1/1/21		\$ 833.27	N
E0240	Rehab shower commode chair w/o tilt, including accessories		Y		1/1/21		\$ 1,180.00	N
E0240	Rehab shower commode chair w/ tilt, including accessories		Y		1/1/21		\$ 1,587.67	N
E0240	Rehab bath transfer system without tilt, including accessories		Y		1/1/21		\$ 2,023.00	N

E0240	Rehab bath transfer system with tilt, including accessories		Y		1/1/21		\$ 2,375.00	N
E0247	Transfer bench for tub or toilet w or /wo commode opening				7/1/13		\$ 62.31	N
E0248	Transfer bench, heavy duty, for tub or toilet w/or w/o commode opening				7/1/13		\$ 115.73	N
HOSPITAL BEDS AND ACCESSORIES								
E0250	Hosp bed fixed ht w/mattress, any type side rails				1/1/25	\$ 60.88	\$ 608.77	Y
E0251	Hosp bed fixed ht w/o mattress and any type side rails				1/1/25	\$ 53.87	\$ 538.73	Y
E0255	Hospital bed var ht w/mattress and any type side rails				1/1/25	\$ 61.61	\$ 616.08	Y
E0256	Hospital bed, var ht, hi-lo, w/out mattress and with any type side rails				1/1/25	\$ 59.46	\$ 594.58	Y
E0260	Hosp bed semi-electr w/mattress and with any type side rails				1/1/25	\$ 61.53	\$ 615.32	Y
E0261	Hosp bed semi-electr w/o mattress and with any type side rails				1/1/25	\$ 60.04	\$ 600.36	Y
E0265	Hosp bed total electr w/matt w/side rails		Y		1/1/25	\$ 152.29	\$ 1,522.95	Y
E0266	Hosp bed total electr w/o mattress and with any type side rails		Y		1/1/25	\$ 132.52	\$ 1,325.15	Y
E0271	Mattress innerspring				1/1/25	\$ 1.16	\$ 115.93	Y
E0272	Mattress foam rubber				1/1/25	\$ 1.41	\$ 141.03	Y
E0275	Bed pan standard				1/1/25	\$ 0.15	\$ 14.70	Y
E0276	Bed pan fracture				1/1/25	\$ 0.13	\$ 13.06	Y
E0277	Powered pres-redu air matts		Y		1/1/25	\$ 178.66	\$ 1,786.62	Y
E0290	Hosp bed fx ht w/o rails w/mattress				1/1/25	\$ 57.46	\$ 574.60	Y
E0291	Hosp bed fx ht w/o rails w/o mattress				1/1/25	\$ 42.79	\$ 427.89	Y
E0292	Hosp bed var ht w/o rail w/mattress				1/1/25	\$ 60.57	\$ 605.71	Y
E0293	Hosp var ht w/o rail w/o mattress				1/1/25	\$ 57.26	\$ 572.56	Y
E0294	Hosp bed semi-elct w/mattress and w/o side rails				1/1/25	\$ 61.61	\$ 616.08	Y
E0295	Hosp bed semi-elect w/o mattress and w/o side rails				1/1/25	\$ 61.61	\$ 616.08	Y
E0296	Hosp bed total elect w/matt w/out side rails				1/1/25	\$ 118.82	\$ 1,188.22	Y

E0297	Hosp bed total elect w and w/o mattress				1/1/25	\$ 104.86	\$ 1,048.56	Y
E0300	Pediatric crib, hospital grade, fully enclosed, w or w/o top enclosure		Y		1/1/25	\$ 264.78	\$ 2,647.75	Y
E0301	Hospital bed, heavy duty, ex wide, w/wght capt, 350-600 lbs w/o mattress		Y		1/1/25	\$ 156.09	\$ 1,560.86	Y
E0302	Hospital bed, ex hvy dty, ex wd, w/wty > 600 lbs w/o mattress		Y		1/1/25	\$ 467.03	\$ 4,670.33	Y
E0303	Hospital bed, hvy dty, ex wd, w eght > 350 lbs < or equal 600 lbs w/mattress		Y		1/1/25	\$ 157.86	\$ 1,578.62	Y
E0304	Hospital bed, ex hvy dty, ex wd, w wght > 600 lbs w/mattress		Y		1/1/25	\$ 471.77	\$ 4,717.67	Y
E0305	Rails bed side half length				1/1/25	\$ 10.32	\$ 103.19	Y
E0310	Rails bed side full length				1/1/25	\$ 10.76	\$ 107.58	Y
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type		Y		1/1/25	\$ 211.02	\$ 2,110.21	Y
E0325	Urinal male jug-type			2 per yr	1/1/25	\$ 0.94	\$ 9.38	Y
E0326	Urinal female jug-type			2 per yr	1/1/25	\$ 0.99	\$ 9.93	Y
E0328	Pediatric hospital bed, manual, 360 degree side enclosure, top headboard, footboard		Y		1/1/08	I/C	I/C	N
E0329	Pediatric hospital bed, electric or semi-electric, 360 degree side enclosure, top of headboard, and side rails up to 24 in above the spring, incl mattress		Y		1/1/08	I/C	I/C	N
E0371	Non-powered mattress overlay		Y		1/1/25	\$ 181.97	\$ 1,819.68	Y
E0372	Powered air mattress overlay		Y		1/1/25	\$ 181.97	\$ 1,819.68	Y
E0373	Non-powered pressure mattress		Y		1/1/25	\$ 181.97	\$ 1,819.68	Y
OXYGEN AND RELATED RESPIRATORY EQUIPMENT								
E0424	Stationary comprss gas O2 sys, rental; inc container, contents, reg, flmtr	Y/12 mos		monthly	1/1/25	\$ 79.78		Y
E0425	Stationary comprss gas O2 sys,purchase; inc regltr, flwmtr, hmdfr, cann	Y/12 mos	Y	monthly	1/1/21	I/C		N
E0431	Portable gas O2 sys, rental; inc contn, regltr, flwmtr, humfr, cannor mask	Y/12 mos		monthly	1/1/25	\$ 17.58		Y
E0434	Portable liquid O2 sys, rental; includes container, resrvr, humdfr,flwm, etc.	Y/12 mos		monthly	1/1/25	\$ 41.04		Y

E0435	Portable liquid O2 sys, purchase; inc contrn, resrvr, flwmtr, humdfr, gauze	Y/12 mos	Y	monthly	1/1/21	I/C		N
E0439	Stationary liquid O2 s7s, rental; inc contrn, contents, rgltr, flwmtr, etc	Y/12 mos		monthly	1/1/25	\$ 79.78		Y
E0440	Stationary liquid O2 sys, purchase; incl resrvr, contents indicator, reg, etc	Y/12 mos	Y	monthly	1/1/20	I/C		N
E0441	Oxygen contents, gaseous (for use w/owned stationary sys) & prtbl gas system)	Y/12 mos		1 unit/mo	1/1/25	\$ 51.25		Y
E0442	Oxygen contents, liquid (for use w/owned liquid stnry sys or whn both)	Y/12 mos		1 unit/mo	1/1/25	\$ 51.25		Y
E0443	Portable O2 contents, gaseous (for use only w/prtbl gas sys w/no stnry)	Y/12 mos		4 units/mo	1/1/25	\$ 46.82		Y
E0444	Portable O2 contents, liquid (for use only w/portable liq system)	Y/12 mos		4 units/mo	1/1/25	\$ 46.82		Y
E0445	Oximeter for measuring blood oxygen levels, hand-held (digital)	Y/12 mos	Y		1/1/21	\$ 44.04	\$ 450.74	N
E0445	Oximeter for measuring blood oxygen levels, continuous (home model)	Y/12 mos	Y		1/1/21	\$ 96.29	\$ 962.91	N
E0447	Portable Oxygen, concentrator, Liquid over 4 LPM	Y/12 mos	Y	monthly	1/1/25	\$ 70.23		Y
E0465	Home vent w/invasive interface. (e.g. trach tube)	Y/12 mos	Y	monthly	1/1/25	\$ 963.57		Y
E0466	Home vent w/non-invasive interface. (e.g. mask)	Y/12 mos	Y	monthly	1/1/25	\$ 963.57		Y
E0467	Home vent multi-function	Y/12 mos	Y	monthly	1/1/25	\$1,146.10		Y
E0470	Resp assist device (RAD), bi-lvl, w/o backup rate feature (BiPAP)	Y/12 mos	Y		1/1/25	\$ 107.47	\$ 1,074.66	Y
E0471	RAD, bi-level w/backup non inv intrfc (BiPAP)	Y/12 mos	Y		1/1/25	\$ 269.61	\$ 2,696.12	Y
E0472	RAD, bi-level w/backup invasive interface (BiPAP)	Y/12 mos	Y		1/1/25	\$ 362.79	\$ 3,627.89	Y
E0480	Percussor, electric or pneumatic, home model	Y/12 mos			1/1/25	\$ 52.20	\$ 521.99	Y
E0481	Intrapulm percussive ventilation sys & related accessories	Y/12 mos	Y		7/1/13		\$ 1,315.72	N
E0482	Cough stimulating device, alternating positive & negative pressure	Y/12 mos	Y		1/1/23	\$ 481.71	\$ 4,817.12	Y
E0483	High freqcy chest wall oscil air-pulse generator sys, (inc hoses & vests)ea	Y/12 mos	Y		1/1/25	\$ 1,262.60	\$ 12,625.99	Y

E0484	Oscillatory positive expiratory pressure device, non-electric, any type, ea.	Y/12 mos			1/1/25	\$ 4.39	\$ 43.87	Y
INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINES								
E0500	IPPB machine, all types, w/built in neb; manual or automatic	Y/12 mos	Y		1/1/25	\$ 125.24	\$ 1,252.40	Y
E0550	Humidifier, durable, for extensive supp during IPP tx or O2 delivery	Y/12 mos			1/1/25	\$ 50.61	\$ 506.10	Y
E0561	Humidifier, non-heated, used w/ PAP	Y/12 mos			1/1/25	\$ 7.25	\$ 72.45	Y
E0562	Humidifier, heated, used w/ PAP	Y/12 mos			1/1/25	\$ 14.16	\$ 141.58	Y
COMPRESSORS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT								
E0565	Compressor, air power source for equip which is not self contn or cyln drvn	Y/12 mos			1/1/25	\$ 43.46	\$ 434.61	Y
E0570	Nebulizer with compression	Y/12 mos			1/1/25	\$ 5.58	\$ 55.76	Y
E0572	Aerosol compressor, adj pressure, light duty, intermittent use	Y/12 mos			1/1/25	\$ 28.74	\$ 287.39	Y
E0574	Ultrasonic generator with sm vol ultrasonic nebulizer	Y/12 mos			1/1/25	\$ 45.38	\$ 453.82	Y
E0575	Nebulizer ultrasonic	Y/12 mos			1/1/25	\$ 108.16	\$ 1,081.63	Y
E0580	Nebulizer for use w/regulator	Y/12 mos			1/1/25	\$ 13.72	\$ 137.22	Y
E0585	Nebulizer w/compressor & he	Y/12 mos			1/1/25	\$ 29.21	\$ 292.15	Y
SUCTION PUMP/ROOM VAPORIZERS								
E0600	Respiratory suction pump, home model, portable or stationary, electric	Y/12 mos			1/1/25	\$ 54.37	\$ 543.70	Y
E0601	Continuous airway pressure (CPAP) device	Y/12 mos			1/1/25	\$ 41.41	\$ 414.12	Y
E0602	Breast pump, manual, any type	Y/12 mos			1/1/25	\$ 3.51	\$ 35.05	Y
E0603	Breast pump, electric (AC and /or DC), any type	Y/12 mos			1/1/24	\$ 8.30	\$ 83.02	N
E0604	Breast pump, electric (AC and /or DC), Hospital Grade -rental only	Y/12 mos			7/1/13	\$ 56.21		N
E0605	Vaporizer, room type				1/1/25	\$ 3.14	\$ 31.37	Y
E0606	Postural drainage board				1/1/25	\$ 27.25	\$ 272.51	Y
MONITORING EQUIPMENT								
E0607	Blood glucose monitor home	Y/12 mos			1/1/25	\$ 7.94	\$ 79.36	Y
E0618	Apnea Monitor, without recording feature	Y/12 mos	Y		1/1/25	\$ 332.96	\$ 3,329.62	Y
E0619	Apnea Monitor, with recording feature (Rental only)	Y/12 mos	Y		7/1/13	\$ 299.88		N

PATIENT LIFTS								
E0621	Patient lift sling or seat				1/1/25	\$ 8.76	\$ 87.59	Y
E0625	Patient lift, bathroom or toilet (ex: Aqua Lift)		Y		3/15/03		I/C	N
E0627	Seat lift mechanism, electric, any type				1/1/25	\$ 23.88	\$ 238.75	Y
E0629	Seat lift mechanism, non-electric, any type				1/1/25	\$ 23.88	\$ 238.75	Y
E0630	Patient hydraulic lift with seat or sling (ex: Hoyer Lift)				1/1/25	\$ 59.47	\$ 594.75	Y
E0635	Patient electric lift, with seat or sling				1/1/25	\$ 106.17	\$ 1,061.74	Y
E0637	Sit to stand seat lift		Y		1/1/08		I/C	N
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size		Y		1/1/04		I/C	N
E0639	Patient Lift, moveable from room to room w/disassembly & reassembly includes all components/accessories		Y		1/1/25	\$ 112.61	\$ 1,126.08	Y
E0640	Patient lift, fixed system, includes all components/accessories		Y		1/1/25	\$ 112.61	\$ 1,126.08	Y
E0641	Standing frame system, multi-position (e.g. 3-way stander) any size		Y		1/1/06		I/C	N
E0642	Standing frame system, mobile (dynamic stander), any sz including pediatric		Y		1/1/06		I/C	N
PNEUMATIC COMPRESSOR AND APPLIANCES								
E0650	Pneuma compressor non-segment	Y/12 mos			1/1/25	\$ 81.55	\$ 815.52	Y
E0651	Pneuma compressor non-segment home model w/o calibrated grad pressure	Y/12 mos	Y		1/1/25	\$ 109.07	\$ 1,090.71	Y
E0652	Pneuma compress w/cal pressure	Y/12 mos	Y		1/1/25	\$ 622.27	\$ 6,222.69	Y
E0655	Pneumatic appliance, half arm	Y/12 mos			1/1/25	\$ 12.59	\$ 125.93	Y
E0656	Pneumatic appliance, trunk	Y/12 mos			1/1/25	\$ 68.63	\$ 686.29	Y
E0660	Pneumatic appliance, full leg	Y/12 mos			1/1/25	\$ 16.13	\$ 161.26	Y
E0665	Pneumatic appliance, full arm	Y/12 mos			1/1/25	\$ 14.33	\$ 143.27	Y
E0666	Pneumatic appliance, half leg	Y/12 mos			1/1/25	\$ 13.94	\$ 139.40	Y
E0667	Seg pneumatic appliance, full leg	Y/12 mos			1/1/25	\$ 38.45	\$ 384.51	Y
E0668	Seg pneumatic appliance, full arm	Y/12 mos			1/1/25	\$ 44.61	\$ 446.06	Y
E0669	Seg pneumatic appliance, half leg	Y/12 mos			1/1/25	\$ 20.67	\$ 206.69	Y
E0670	Seg pneumatic appliance, w/pneumatic compressor, intergrated, 2 full legs and trunk	Y/12 mos	Y		1/1/25	\$ 145.51	\$ 1,455.10	Y

E0671	Pressure pneum appliance, full leg	Y/12 mos			1/1/25	\$ 49.33	\$ 493.28	Y
E0672	Pressure pneum appliance,full arm	Y/12 mos			1/1/25	\$ 38.33	\$ 383.27	Y
E0673	Pressure pneum appliane, half leg	Y/12 mos			1/1/25	\$ 31.85	\$ 318.47	Y
E0675	Pneumatic comp device, high pressure,	Y/12 mos	Y		1/1/25	\$ 456.69	\$ 4,566.88	Y
E0676	Intermittent limb compression device (inc all accessories) NOS	Y/12 mos	Y		1/1/07		I/C	N
E0705	Transfer Board, or Device, any type, each	Y/12 mos			1/1/25	\$ 4.37	\$ 43.66	Y
TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS (TENS)								
E0720	Tens two lead	Y/12 mos			1/1/25	\$ 6.91	\$ 69.13	Y
E0730	Tens four lead	Y/6 mos			1/1/25	\$ 6.89	\$ 68.88	Y
E0731	Conductive garment for tens/	Y/6 mos			1/1/25	\$ 8.88	\$ 88.81	Y
E0744	Neuromuscular stim for scoli	Y/12 mos			1/1/25	\$ 92.45	\$ 924.46	Y
E0745	Neuromuscular stem for shock	Y/12 mos			1/1/25	\$ 90.37	\$ 903.72	Y
E0747	Elec osteogen sitm not spine	Y/12 mos	Y		1/1/25	\$ 440.07	\$ 4,400.74	Y
E0748	Elec osteogen stim spinal	Y/12 mos	Y		1/1/25	\$ 462.07	\$ 4,620.67	Y
E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/12 mos	Y		1/1/25	\$ 383.97	\$ 3,839.68	Y
E0762	Transcutaneous electrical joint stimulation device sys, includes accessories	Y/12 mos	Y		1/1/25	\$ 130.59	\$ 1,305.86	Y
E0764	Functional neuromuscular stimulator, transcu stim of muscles, entire sys	Y/12 mos	Y		1/1/25	\$ 1,314.29	\$ 13,142.87	Y
E0769	Electrical stimulation or electromagnetic wound tx device	Y/12 mos	Y		1/1/05		I/C	N
E0770	Functional neuromuscular stimulator, transcu stim of nerves, i.e RT-300	Y/12 mos	Y		1/1/09		I/C	N
INFUSION SUPPLIES								
E0776	IV pole	Y/12 mos			1/1/25	\$ 5.19	\$ 51.88	Y
E0779	Ambulatory infusion pump, mech, reusable, for infusion 8 hrs or greater	Y/12 mos			1/1/25	\$ 18.84	\$ 188.45	Y
E0780	Mech amb infusion pump < 8 hrs	Y/12 mos			1/1/25		\$ 12.32	Y
E0781	External ambulatory infus pump	Y/12 mos	Y		1/1/25	\$ 256.02	\$ 2,560.20	Y
E0784	Ext amb infusion pump insulin	Y/12 mos	Y		1/1/25	\$ 461.62	\$ 4,616.18	Y
E0791	Parenteral infusion pump sta	Y/12 mos	Y		1/1/25	\$ 304.15	\$ 3,041.47	Y
TRACTION - ALL TYPES								
E0830	Ambulatory traction device, all types, each	Y/12 mos	Y		1/1/02		I/C	N
TRACTION - CERVICAL								

E0840	Traction frame, attached to headboard, cervical traction				1/1/25	\$ 8.70	\$ 87.01	Y
E0849	Traction equipment, cervical, free-standing stnd/frame, pneu, other than mand				1/1/25	\$ 61.21	\$ 612.08	Y
E0850	Traction stand free standing				1/1/25	\$ 12.48	\$ 124.75	Y
E0855	Cervical traction equipment				1/1/25	\$ 58.70	\$ 587.01	Y
TRACTION - OVERDOOR, EXTREMITY AND PELVIC								
E0860	Traction equip, overdoor, cervical				1/1/25	\$ 4.26	\$ 42.64	Y
E0870	Tract frame attach footboard				1/1/25	\$ 12.87	\$ 128.67	Y
E0880	Tract stand free stand extrem				1/1/25	\$ 12.67	\$ 126.73	Y
E0890	Traction frame attach pelvic				1/1/25	\$ 14.30	\$ 142.99	Y
E0900	Tract stand free stand pelvic				1/1/25	\$ 12.94	\$ 129.35	Y
TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES								
E0910	Trapeze bars, also known as Patient helper, attached to bed, w/grab bar				1/1/25	\$ 10.74	\$ 107.44	Y
E0911	Trapeze bar, heavy duty, for patient wght cap > 250 lbs, attached to bed				1/1/25	\$ 41.23	\$ 412.34	Y
E0912	Trapeze bar, heavy duty, for patient wght cap > 250 lbs, free standing, gbar				1/1/25	\$ 77.29	\$ 772.91	Y
E0920	Fracture frame, attached to bed, includes weights				1/1/25	\$ 54.82	\$ 548.17	Y
E0930	Fracture frame, freestanding, includes weights				1/1/25	\$ 54.25	\$ 542.47	Y
E0935	Continuous Passive motion exercise device for use on knee only		Y	daily	1/1/25	\$ 27.01		Y
E0936	Continuous passive motion exercise device for use other than knee		Y		1/1/07		I/C	N
E0940	Trapeze bar free standing				1/1/25	\$ 20.22	\$ 202.22	Y
E0941	Gravity assisted traction device, any type				1/1/25	\$ 51.54	\$ 515.44	Y
E0942	Cervical head harness/halter				1/1/25	\$ 2.33	\$ 23.32	Y
E0944	Pelvic belt/harness/boot				1/1/25	\$ 5.06	\$ 50.63	Y
E0945	Belt/Harness extremity				1/1/25	\$ 4.49	\$ 44.89	Y
E0946	Fracture frame dual w cross bars, attached to bed				1/1/25	\$ 70.27	\$ 702.70	Y
E0947	Fracture frame attachments pelvic				1/1/25	\$ 61.22	\$ 612.20	Y
E0948	Fracture frame attachment cervical				1/1/25	\$ 60.33	\$ 603.27	Y
E0950	Wheelchair accessory, tray, each				1/1/25	\$ 7.31	\$ 73.11	Y

WHEELCHAIR ACCESSORIES								
E0951	Heel loop/holder, any type, w or w/o ankle strap, each				1/1/25	\$ 1.23	\$ 12.32	Y
E0952	Toe loop/holder, any type, each				1/1/25	\$ 1.72	\$ 17.16	Y
E0953	Wheelchair accessory, lateral thigh or knee suppt, any type inc fixed mounting hardware, ea				1/1/25	\$ 7.41	\$ 74.07	Y
E0954	Wheelchair accessory, foot box, any type, inc attachment and mounting hardware, ea foot				1/1/25	\$ 5.39	\$ 53.88	Y
E0955	Wheelchair accessory, headrest, cushioned, any type, inc fix mouting hrdwr				1/1/25	\$ 14.36	\$ 143.57	Y
E0956	Wheelchair accessory, lateral trunk or hip support, prefab, any type, incl fx mt				1/1/25	\$ 7.41	\$ 74.07	Y
E0957	Wheelchair accessory, medial thigh support, any type,, w/ hardware				1/1/25	\$ 11.34	\$ 113.37	Y
E0958	Whlchr att - conv 1 arm drive				1/1/25	\$ 39.60	\$ 396.02	Y
E0959	Amputee adapter				1/1/25	\$ 4.43	\$ 44.29	Y
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, w/hardware				1/1/25	\$ 6.88	\$ 68.82	Y
E0961	Wheelchair brake extension				1/1/25	\$ 1.98	\$ 19.75	Y
E0966	Wheelchair head rest extensi				1/1/25	\$ 6.29	\$ 62.93	Y
E0967	Manual wheelchair accessory, hand rim w/projections, any type, replacement				1/1/25	\$ 7.19	\$ 71.85	Y
E0968	Wheelchair commode seat				1/1/25	\$ 19.64	\$ 196.35	Y
E0969	Wheelchair narrowing device				1/1/25	\$ 17.30	\$ 172.96	Y
E0970	Wheelchair no. 2 footplates				7/1/13		\$ 43.49	N
E0971	Wheelchair anti-tipping device, each				1/1/25	\$ 2.92	\$ 29.24	Y
E0973	Wheelchair accessory, adj height armrests, ea				1/1/25	\$ 5.19	\$ 51.94	Y
E0974	Wheelchair grade-aid				1/1/25	\$ 6.92	\$ 69.22	Y
E0978	Wheelchair positioning belt/safety belt/prlvic strap, each				1/1/25	\$ 2.40	\$ 24.01	Y
E0980	Wheelchair safety vest				1/1/25	\$ 3.93	\$ 39.25	Y
E0981	Seat upholstery, replacement only				1/1/25	\$ 4.30	\$ 43.02	Y
E0982	Back upholstery, replacement only				1/1/25	\$ 4.76	\$ 47.63	Y

E0983	Manual wheelchair, power add-on to convert to motorized whchr, joystick including accessories (eFix)		Y		1/1/25	\$ 280.59	\$ 2,805.94	Y
E0984	Manual wheelchair, power add-on to convert to motorized wheelchair,tiller including accessories (eFix)		Y		1/1/25	\$ 192.86	\$ 1,928.57	Y
E0985	Wheelchair seat lift mechanism				1/1/25	\$ 20.32	\$ 203.15	Y
E0986	Manual wheelchair accessory, push activated power assist, each		Y		1/1/25	\$ 577.70	\$ 5,777.03	Y
E0990	Wheelchair elevating leg res				1/1/25	\$ 6.62	\$ 66.15	Y
E0992	Wheelchair solid seat insert				1/1/25	\$ 7.02	\$ 70.16	Y
E0994	Wheelchair arm rest				1/1/25	\$ 1.95	\$ 19.54	Y
E0995	Wheelchair calf rest/pad, replacement only, ea				1/1/25	\$ 2.65	\$ 26.45	Y
E1002	Wheelchair accessory, power seating sys, tilt only		Y		1/1/25	\$ 383.57	\$ 3,835.71	Y
E1003	Power seating sys, recline only, w/o shear reduction		Y		1/1/25	\$ 448.95	\$ 4,489.53	Y
E1004	Power seating sys, recline only w/mech shear reduction		Y		1/1/25	\$ 493.46	\$ 4,934.59	Y
E1005	Power seating sys, recline only, w/power shear reduction		Y		1/1/25	\$ 539.47	\$ 5,394.70	Y
E1006	Power seating sys, combo tilt & recline w/power shear reduction		Y		1/1/25	\$ 660.79	\$ 6,607.90	Y
E1007	Power seating sys, combo tilt and recline, w/mech shear reduction		Y		1/1/25	\$ 826.17	\$ 8,261.66	Y
E1008	Power seating sys, combo tilt & recline, w/o shear reduction		Y		1/1/25	\$ 847.42	\$ 8,474.25	Y
E1009	Addition to power seating sys, mech linked leg elevation sys, inc pushrod		Y		1/1/24		I/C	N
E1010	Addition to power seating sys, power leg elevation system, inc leg rest, pair		Y		1/1/25	\$ 115.16	\$ 1,151.58	Y
E1011	Modification to ped w/c, width adjstmnt pkg (not to be disp w/initial chair)		Y		7/1/03		I/C	N
E1012	Center mount power elevating leg rest (rental only if not used on w/c K8035-K0864)		Y		1/1/25	\$ 115.16	\$ 1,151.58	Y

E1014	Reclining back, addition to pediatric wheelchair				1/1/25	\$ 43.38	\$ 433.84	Y
E1015	Shock absorber for manual wheelchair				1/1/25	\$ 11.15	\$ 111.48	Y
E1016	Shock absorber for power wheelchair				1/1/25	\$ 10.70	\$ 106.95	Y
E1017	Heavy duty shock absorber for heavy duty or extra hvy dty manual wchair		Y		7/1/03		I/C	N
E1018	Heavy duty shock absorber for heavy duty or extra hvy dty power whchair		Y		7/1/03		I/C	N
E1020	Residual limb support system for w/c any type , incld hardware				1/1/25	\$ 16.93	\$ 169.32	Y
E1028	Manual swngawy, retratable or removable hardware for joystick or other cont				1/1/25	\$ 12.97	\$ 129.71	Y
E1029	Ventilator tray, fixed				1/1/25	\$ 37.82	\$ 378.17	Y
E1030	Ventilator tray, gimbaled				1/1/25	\$ 119.28	\$ 1,192.81	Y
E1035	Multi-positional patient transfer system , with integrated seat,		Y		1/1/25	\$ 559.74	\$ 5,597.42	Y
WHEELCHAIRS - FULLY RECLINING								
E1050	Wheelchair fixed full length arms				1/1/25	\$ 102.82	\$ 1,028.16	Y
E1060	Fully-reclining wheelchair, detach arms, swng-awy detach elev legrests		Y		1/1/25	\$ 147.21	\$ 1,472.12	Y
E1070	Fully-reclining wheelchair, detach arms, swng-awy detachable legrests				1/1/25	\$ 110.58	\$ 1,105.77	Y
E1083	Hemi-Wheelchair, fixed full length arms, swng-awy dtchbl, elv legrest				1/1/25	\$ 93.51	\$ 935.09	Y
E1084	Hemi-Wheelchair, dtchble arms, elevating legrests				1/1/25	\$ 116.50	\$ 1,165.01	Y
E1087	High-strength lightweight wheelchair; fixed full-length arms, swngawy, detach, elev legrest		Y		1/1/25	\$ 150.27	\$ 1,502.72	Y
E1088	High Strength lightweight Wheelchair, detachable arms		Y		1/1/25	\$ 152.20	\$ 1,522.01	Y
E1089	High-strength lightweight wheelchair; fixed length arms, swngwy, dtchbl footrests				7/1/13	\$ 66.27	\$ 662.74	N
E1090	High Strength lightweight Wheelchair, detachable arms, swng detach footrests				7/1/13	\$ 88.41	\$ 884.11	N
E1092	Wide, heavy duty wheelchair; detach arms, disk or full length, swng		Y		1/1/25	\$ 129.74	\$ 1,297.36	Y

E1093	Wide, heavy duty wheelchair; dtch arms, detachable footrests				1/1/25	\$ 117.34	\$ 1,173.43	Y
E1100	Semi-reclining wheelchair: fx full length elevating legrests				1/1/25	\$ 123.28	\$ 1,232.76	Y
E1110	Semi-reclining wheelchair; dtch arms, elevating legrest				1/1/25	\$ 112.11	\$ 1,121.07	Y
E1150	Standard Wheelchair, dtch arms (desk) or full length, elevating leg rest				1/1/25	\$ 96.83	\$ 968.32	Y
E1160	Standard Wheelchair, fixed full length arms, elevating leg rests				1/1/25	\$ 74.24	\$ 742.39	Y
E1161	Manual adult sized wheelchair, with tilt-in space		Y		1/1/25	\$ 280.99	\$ 2,809.93	Y
WHEELCHAIRS - AMPUTEE								
E1170	Amputee Wheelchair, fixed full length arms, swng-away dtch elv legrests				1/1/25	\$ 90.18	\$ 901.77	Y
E1171	Amputee Wheelchair, fixed full length arms, w/out footrests or legrests				1/1/25	\$ 88.17	\$ 881.71	Y
E1172	Amputee Wheelchair, detachable arms, w/out footrests or legrests				1/1/25	\$ 116.37	\$ 1,163.65	Y
E1180	Amputee Wheelchair, detachable arms, swing-away detachable footrest				1/1/25	\$ 102.30	\$ 1,022.98	Y
E1190	Amputee Wheelchair, dtchble arms, swing-away dtchble elev leg rests				1/1/25	\$ 118.18	\$ 1,181.76	Y
E1195	Heavy duty wheelchair; fx full length arms, elevating legrests		Y		1/1/25	\$ 137.83	\$ 1,378.28	Y
E1200	Amputee Wheelchair, fied full length arms, swng-away dtchble footrest				1/1/25	\$ 103.33	\$ 1,033.35	Y
WHEELCHAIRS - SPECIAL SIZE								
E1221	Wheelchair w/fixed arms, footrests				1/1/25	\$ 56.43	\$ 564.32	Y
E1222	Wheelchair w/fixed arms, elevating legrests				1/1/25	\$ 80.49	\$ 804.87	Y
E1223	Wheelchair w/detachable arms, footrests				1/1/25	\$ 81.54	\$ 815.41	Y
E1224	Wheelchair w/detachable arms, elevating legrests				1/1/25	\$ 96.19	\$ 961.86	Y
E1225	Semi-reclining back for customized wheelchair				1/1/25	\$ 36.33	\$ 363.29	Y
E1226	Wheelchair accessory, manual fully reclining back				1/1/25	\$ 347.10	\$ 3,470.98	Y

E1227	Special height arms for wheelchair				1/1/25	\$ 32.96	\$ 329.57	Y
E1228	Special back height for wheelchair				1/1/25	\$ 28.30	\$ 282.97	Y
E1229	Wheelchair, pediatric size, not otherwise specified		Y		7/1/13	\$ 149.37	\$ 1,493.69	N
E1230	Power-Operated Vehicle, 3 or 4 wheel, non-highway		Y		1/1/25	\$ 236.62	\$ 2,366.19	Y
E1231	Wheelchair, pediatric sized, tilt-in-space, rigid, adj, w/seating system		Y		7/1/13	\$ 120.24	\$ 1,202.38	N
E1232	Wheelchair, pediatric sized, tilt-in-space, folding, adj. W/seating system		Y		1/1/25	\$ 253.98	\$ 2,539.80	Y
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjl w/o seating system		Y		1/1/25	\$ 263.13	\$ 2,631.35	Y
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adj. W/o seating system		Y		1/1/25	\$ 229.09	\$ 2,290.92	Y
E1235	Wheelchair, pediatric size rigid, adjustable, w/ seating system		Y		1/1/25	\$ 220.60	\$ 2,206.01	Y
E1236	Wheelchair, pediatric size, folding, adjustable, w/seating system		Y		1/1/25	\$ 194.62	\$ 1,946.25	Y
E1237	Wheelchair, pediatric size, rigid, adjustable, w/o seating system		Y		1/1/25	\$ 196.31	\$ 1,963.08	Y
E1238	Wheelchair, pediatric size, folding adjustable, without seating system		Y		1/1/25	\$ 194.62	\$ 1,946.25	Y
WHEELCHAIRS - LIGHTWEIGHT								
E1240	Lightweight Wheelchair, detachable arms, swng-awy detachbl elv legrests				1/1/25	\$ 104.18	\$ 1,041.85	Y
E1270	Lightwght Whchr, fx full lngth arms, swng-swy detachble elv legrests				1/1/25	\$ 89.94	\$ 899.39	Y
WHEELCHAIRS - HEAVY DUTY								
E1280	Wide heavy duty Wheelchair, detachble arms, elevating leg rests		Y		1/1/25	\$ 155.88	\$ 1,558.82	Y
E1295	Wide heavy duty Wheelchair, fixed full length arms, elevating leg rests		Y		1/1/25	\$ 131.84	\$ 1,318.44	Y
E1296	Special wheelchair seat height from floor				1/1/25	\$ 49.63	\$ 496.31	Y
E1297	Special wheelchair seat depth, by upholstery				1/1/25	\$ 12.42	\$ 124.24	Y
E1298	Special w/c depth and/or width, by construction				1/1/25	\$ 42.77	\$ 427.67	Y

ADDITIONAL OXYGEN RELATED EQUIPMENT								
E1355	Oxygen supplies stand/rack				1/1/25		\$ 25.35	Y
E1372	Oxy supply heater for nebulizer				1/1/25	\$ 12.33	\$ 123.33	Y
E1390	Oxygen concentrator				1/1/25	\$ 79.78		Y
E1391	Oxygen concentrator, dual delivery port			monthly	1/1/25	\$ 79.78		Y
E1392	Portable Oxygen, concentrator, rental			monthly	1/1/25	\$ 41.04		Y
E1399	Miscellaneous DME				7/1/08	I/C	I/C	N
E1405	O2/water vapor enrich w/heat			monthly	1/1/25	\$ 109.00		Y
E1406	O2/water vapor enrich w/o he			monthly	1/1/25	\$ 85.36		Y
OTHER ORTHOPEDIC DEVICES, SUCTION PUMPS, GLUCOSE MONITORS AND COMMUNICATION BOARDS								
E1800	Adjust elbow ext/flex device		Y		1/1/25	\$ 145.49	\$ 1,454.86	Y
E1801	Bi-directional static progressive stretch elbow device, includes cuffs		Y		1/1/25	\$ 144.51	\$ 1,445.09	Y
E1802	Dynamic adj forearm pron/supin device, includes soft interface material		Y		1/1/25	\$ 388.13	\$ 3,881.27	Y
E1805	Adjust wrist ext/flex device		Y		1/1/25	\$ 150.06	\$ 1,500.59	Y
E1806	Bi-directional static progrss stretch wrist device , includes cuffs				1/1/25	\$ 118.65	\$ 1,186.52	Y
E1810	Adjust knee ext/flex device		Y		1/1/25	\$ 147.97	\$ 1,479.68	Y
E1811	Bi-directional progressv stretch knee device, w/rnge motion adj, inc cuffs		Y		1/1/25	\$ 150.31	\$ 1,503.06	Y
E1812	Dynamic knee, extension/flexion device w/active resistance control				1/1/25	\$ 102.13	\$ 1,021.28	Y
E1815	Adjust ankle ext/flex device		Y		1/1/25	\$ 150.06	\$ 1,500.59	Y
E1816	Bi-directnl static progrss strtch ankle device w/rnge of motn adj, inc cuffs		Y		1/1/25	\$ 152.63	\$ 1,526.26	Y
E1818	Bi-dretnl static progrss strtch forearm pron/sup dvc w/rng of mo adj, cuf		Y		1/1/25	\$ 155.84	\$ 1,558.39	Y
E1820	Soft interface material				1/1/25	\$ 9.16	\$ 91.59	Y
E1821	Soft interface material,bi-directional static progress stretch device				1/1/25	\$ 12.50	\$ 124.98	Y
E1825	Adjust finger ext/flex devc		Y		1/1/25	\$ 150.06	\$ 1,500.59	Y
E1830	Adjust toe ext/flex device		Y		1/1/25	\$ 150.06	\$ 1,500.59	Y
E1840	Dynamic adjustable shoulder flexion/abd/rotation device, inc sft intfce		Y		1/1/25	\$ 442.16	\$ 4,421.62	Y

E1841	Multi-directional static progressive strtch shoulder device, includes cuffs		Y		1/1/25	\$ 537.97	\$ 5,379.74	Y
E1902	Communication board, non-electronic aug or alt communication device		Y		6/15/02	I/C	I/C	N
E2000	Gastric suction pump, home model, portale or stationary, electric				1/1/25	\$ 58.02	\$ 580.21	Y
E2100	Blood glucose monitor w/integrated voice synthesizer				1/1/25	\$ 76.38	\$ 763.84	Y
E2101	Blood glucose monitor w/integrated lancing/blood sample				1/1/25	\$ 22.39	\$ 223.92	Y
E2102	Adju CGM Receiver/Monitor		Y		1/1/25	\$ 18.12	\$ 181.21	Y
E2103	Non-adju cgm receiver/mon		Y		1/1/25	\$ 22.34	\$ 234.68	Y
OTHER WHEELCHAIR ACCESSORIES								
E2201	Manual w/ch acc seat w>= 20" < 24"				1/1/25	\$ 26.85	\$ 268.48	Y
E2202	Non standard seat width24-27 inch				1/1/25	\$ 39.11	\$ 391.06	Y
E2203	Non standard frame depth < 22 inch				1/1/25	\$ 37.82	\$ 378.23	Y
E2204	Seat frame depth, 22 to 25 inch				1/1/25	\$ 68.35	\$ 683.54	Y
E2205	Manual wheelchair accessory, handrim w/projections, any type, replacement				1/1/25	\$ 3.44	\$ 34.39	Y
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each				1/1/25	\$ 3.57	\$ 35.70	Y
E2207	W/C accessory-crutch-cane holder				1/1/25	\$ 4.34	\$ 43.42	Y
E2208	Wheelchair accessory, cylinder tank carrier, each				1/1/25	\$ 6.96	\$ 69.56	Y
E2209	Wheelchair accessory, arm trough, w/without hand support, each				1/1/25	\$ 8.05	\$ 80.48	Y
E2210	Wheelchair accessory, bearings, any type, replacement only, each				1/1/25	\$ 0.50	\$ 4.95	Y
E2211	Manual Wheelchair accessory, pneumatic propulsion tire, any size, each				1/1/25	\$ 3.29	\$ 32.91	Y
E2212	Manual Wheelchair accessory, tube for pneumatic propulsion tire, any sz,ea				1/1/25	\$ 0.59	\$ 5.87	Y
E2213	Manual Wheelchair accessory, insert for pneumatic propulsion tire, any sz,ea				1/1/25	\$ 2.76	\$ 27.59	Y

E2214	Manual Wheelchair accessory, pneumatic, caster tire, any size, each				1/1/25	\$ 3.11	\$ 31.08	Y
E2215	Manual Wheelchair accessory, tube for pneumatic caster tire, any sz,ea				1/1/25	\$ 0.96	\$ 9.61	Y
E2216	Manual Wheelchair Accessory, foam filled propulsion tire, any size				1/1/25	\$ 4.34	\$ 43.35	Y
E2217	Manual Wheelchair accessory, foam filled caster tire, any size, each				1/1/25	\$ 3.84	\$ 38.36	Y
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each				1/1/25	\$ 4.34	\$ 43.35	Y
E2219	Manual wheelchair accessory, foam caster tire, any size, each				1/1/25	\$ 3.84	\$ 38.36	Y
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any sz, replacement only, ea				1/1/25	\$ 2.75	\$ 27.51	Y
E2221	Manual Wheelchair accessory, solid (rubber/plastic) caster tire, any sz, replacement only, ea				1/1/25	\$ 2.50	\$ 24.95	Y
E2222	Manual Wheelchair accessory, solid (rubber/plastic) cst tire w/intg wheel, replacement only, ea				1/1/25	\$ 2.12	\$ 21.22	Y
E2224	Manual wheelchair accessory, propulsion wheel excluds tire, any size, replacement only, each				1/1/25	\$ 9.08	\$ 90.79	Y
E2225	Manual wheelchair accessory, caster wheel, excluds tire, any size, each				1/1/25	\$ 1.72	\$ 17.18	Y
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each				1/1/25	\$ 3.80	\$ 38.00	Y
E2227	Gear Reduction Drive Wheel		Y		1/1/25	\$ 213.61	\$ 2,136.05	Y
E2228	MWC Acc, w/c brake				1/1/25	\$ 89.90	\$ 898.96	Y
E2231	Solid seat support base, includes all hardware				1/1/25	\$ 13.04	\$ 130.43	Y
E2291	Back, planar, for pediatric size wheelchair inc fx atch hardware, custom		Y		1/1/05		I/C	N
E2292	Seat, planar, for pediatric size wheelchair incl fix atch hardware, custom		Y		1/1/05		I/C	N

E2293	Back, contoured, for pediatric size wheelchair incl fix atch hardware, custom		Y		1/1/05			I/C	N
E2294	Seat, contoured, for peidatric size wheelchair incl fix atch hardware, custom		Y		1/1/05			I/C	N
E2298	Power wc acc, power seat elevation system for K0835 - K0864		Y		1/1/25	\$ 175.29	\$ 1,752.87		Y
E2301	Power standing system		Y		1/1/04			I/C	N
E2310	Electro connect btw control		Y		1/1/25	\$ 112.31	\$ 1,123.11		Y
E2311	Electro connect btw 2 or more systems		Y		1/1/25	\$ 226.64	\$ 2,266.44		Y
E2312	Mini-prop remote joystick		Y		1/1/25	\$ 230.31	\$ 2,303.08		Y
E2313	PWC harness, expand control				1/1/25	\$ 36.60	\$ 366.01		Y
E2321	Hand interface joystick		Y		1/1/25	\$ 152.61	\$ 1,526.09		Y
E2322	Mult mech switches		Y		1/1/25	\$ 144.18	\$ 1,441.77		Y
E2323	Special joystick handle				1/1/25	\$ 7.03	\$ 70.28		Y
E2324	Chin cup interface				1/1/25	\$ 4.49	\$ 44.85		Y
E2325	Sip and puff interface		Y		1/1/25	\$ 137.80	\$ 1,378.02		Y
E2326	Breath tube kit for sip and puff				1/1/25	\$ 35.55	\$ 355.47		Y
E2327	Head control interface mech		Y		1/1/25	\$ 267.39	\$ 2,673.93		Y
E2328	Head/extremity control interface		Y		1/1/25	\$ 507.22	\$ 5,072.21		Y
E2329	Head control nonpropotional		Y		1/1/25	\$ 180.78	\$ 1,807.78		Y
E2330	Head control proximity switch		Y		1/1/25	\$ 350.28	\$ 3,502.77		Y
E2331	Attendant control		Y		7/1/20			I/C	N
E2340	W/c wdth 20 - 23 inch seat frame				1/1/25	\$ 42.56	\$ 425.58		Y
E2341	W/c wdth 24-27 in seat frame				1/1/25	\$ 63.84	\$ 638.44		Y
E2342	W/c dpth 22-25 inch seat frame				1/1/25	\$ 53.20	\$ 532.04		Y
E2343	Power Wheelchair accessory, nonstand seat frame depth, 22-25 inches				1/1/25	\$ 85.13	\$ 851.27		Y
E2351	Electronic SGD interface				1/1/25	\$ 71.54	\$ 715.38		Y
E2359	Power wheelchair accessory, group 32 sealed lead acid battery, each				1/1/25	\$ 15.64	\$ 156.37		Y
E2360	W/c Battery, 22NF nonsealed lead acid				1/1/25	\$ 12.02	\$ 120.18		Y
E2361	W/c Battery, 22NF sealed lead acid				1/1/25	\$ 11.41	\$ 114.11		Y
E2362	W/c Battery, Gr24 nonsealed lead acid				1/1/25	\$ 10.77	\$ 107.70		Y
E2363	W/c Battery, gr24 sealed lead acid				1/1/25	\$ 13.89	\$ 138.87		Y
E2364	W/c Battery, U1 nonsealed lead acid				1/1/25	\$ 11.69	\$ 116.93		Y

E2365	W/c Battery, U1 sealed lead acid				1/1/25	\$ 7.49	\$ 74.89	Y
E2366	Battery charger, single mode				1/1/25	\$ 14.49	\$ 144.92	Y
E2367	Battery charger, dual mode				1/1/25	\$ 37.13	\$ 371.27	Y
E2368	Power wheelchair component, drive wheel motor, replacement only				1/1/25	\$ 40.08	\$ 400.78	Y
E2369	Power wheelchair component, drive wheel gear box, replacement only				1/1/25	\$ 35.12	\$ 351.22	Y
E2370	Power wheelchair component, intergrated drive wheel motor and gear box combo replacemnt only			1 unit	1/1/25	\$ 51.88	\$ 518.84	Y
E2371	Power wheelchair accessory, group 27 sealed lead acid Battery (e.g. gel cell				1/1/25	\$ 13.54	\$ 135.37	Y
E2372	Power wheelchair accessory, group 27 non-sealed lead acid Battery		Y		1/1/06		I/C	N
E2373	PWR w/c access, hand/chin cntrl interf, mini-propor, compact/short throw rmt jystk or touchpad prop incl all related electronics & fixed mounting hrdwre				1/1/25	\$ 80.29	\$ 802.91	Y
E2374	PWR w/c access, hand/chin cntrl interf, stand remote jystk (not incl contro), prop, incl all related electronics & fixed mounting hdwr, replacement only				1/1/25	\$ 51.76	\$ 517.57	Y
E2375	PWC acc , non-expandable contr, inc all related elect and mt hdwe, replacement only				1/1/25	\$ 66.54	\$ 665.38	Y
E2376	PWC acc , expandable controller, inc all related elect and mt hdwe, replacement only		Y		1/1/25	\$ 128.57	\$ 1,285.71	Y
E2377	PWC acc, expand contr, inc all related elect and mt hdwr upgrade prov at ini issue				1/1/25	\$ 47.63	\$ 476.34	Y
E2378	PWC component, actuator, replacement only				1/1/25	\$ 53.08	\$ 530.83	Y
E2381	PWC acc, pneumatic drive wheel tire, any size, replacement, each				1/1/25	\$ 5.66	\$ 56.58	Y
E2382	PWC accessory, tube for pneumatic drive wheel tire, any size, replacement only, each				1/1/25	\$ 1.89	\$ 18.86	Y
E2383	PWC acc, insert for pneumatic drive tire (removable) any type/size, repl only, each				1/1/25	\$ 11.46	\$ 114.56	Y

E2384	PWC accessory, pneumatic caster tire, any size, replacement only, each				1/1/25	\$ 5.50	\$ 54.96	Y
E2385	PWC accessory, tube for pneumatic caster tire, any size, replacement only, each				1/1/25	\$ 4.53	\$ 45.27	Y
E2386	PWC accessory, foam filled drive wheel tire, any size, replacement only, each				1/1/25	\$ 9.63	\$ 96.32	Y
E2387	PWC accessory, foam filled drive caster tire, any size, replacement only, each				1/1/25	\$ 4.52	\$ 45.15	Y
E2388	PWC accessory, foam drive wheel tire, any size, replacement only each				1/1/25	\$ 4.93	\$ 49.26	Y
E2389	PWC accessory, foam caster tire, any size, replacement only, each				1/1/25	\$ 2.75	\$ 27.53	Y
E2390	PWC acc, solid (rubber/plastic) drive wheel tire, any size, replacement only, each				1/1/25	\$ 4.26	\$ 42.64	Y
E2391	PWC acc, solid (rubber/plastic) caster tire, any size, replacement only, each				1/1/25	\$ 1.64	\$ 16.41	Y
E2392	PWC acc, solid (rubber/plastic) caster tire, w/integ wheel, any size, replace only, each				1/1/25	\$ 3.93	\$ 39.34	Y
E2394	PWC accessory, drive wheel excludes tire, any size, replacement only, each			2/Year	1/1/25	\$ 5.66	\$ 56.63	Y
E2395	PWC accessory, caster wheel excludes tire, any size, replacement only each				1/1/25	\$ 4.04	\$ 40.42	Y
E2396	PWC accessory, caster fork, any size, replacement only each				1/1/25	\$ 5.05	\$ 50.49	Y
E2397	PWC accessory, lith-based battery				1/1/25	\$ 42.29	\$ 422.94	Y
E2402	Neg press wound therapy pump		Y		1/1/25	\$ 689.38	\$ 6,893.76	Y
SPEECH GENERATING DEVICES								
E2500	Speech Generating Device, digitized pre-rec <=8min				1/1/25		\$ 464.41	Y
E2502	Speech Generating device (SGD), prerec msg>8min <=20 min		Y		1/1/25	\$ 142.01	\$ 1,420.14	Y
E2504	SGD, prerec msg>20min<=40min		Y		1/1/25	\$ 187.34	\$ 1,873.37	Y
E2506	SGD, prerec msg >40 min		Y		1/1/25	\$ 274.69	\$ 2,746.89	Y
E2508	SGD, spelling phys contact		Y		1/1/25	\$ 424.76	\$ 4,247.63	Y
E2510	SGD, w multi methods msg		Y		1/1/25	\$ 803.81	\$ 8,038.08	Y

E2512	SGD, accessory, mounting system		Y		1/1/04	I/C	I/C	N
E2599	SGD accessory, not otherwise classified		Y		1/1/04	I/C	I/C	N
ADDITIONAL WHEELCHAIR ACCESSORIES (CUSHIONS) AND GAIT TRAINERS								
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth				1/1/25	\$ 3.69	\$ 36.92	Y
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth				1/1/25	\$ 7.87	\$ 78.66	Y
E2603	Skin protection wheelchair seat cushion width less than 22 inches, any depth				1/1/25	\$ 9.54	\$ 95.35	Y
E2604	Skin protection wheelchair seat cushion width 22 inches or greater, any depth				1/1/25	\$ 13.33	\$ 133.34	Y
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth				1/1/25	\$ 19.36	\$ 193.60	Y
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth				1/1/25	\$ 30.97	\$ 309.69	Y
E2607	Skin protection & positioning wheelchair cushion, width less than 22 inch				1/1/25	\$ 19.11	\$ 191.06	Y
E2608	Skin protection & positioning wheelchair cushion, width 22 inches or greater				1/1/25	\$ 24.43	\$ 244.28	Y
E2609	Custom fabricated wheelchair seat cushion, any size		Y		7/1/05		I/C	N
E2610	Wheelchair seat cushion, powered		Y		1/1/05		I/C	N
E2611	General use wheelchair back cushion, width less than 22 inches, any height				1/1/25	\$ 15.62	\$ 156.15	Y
E2612	General use wheelchair back cushion, width 22 inches or greater, any height				1/1/25	\$ 27.71	\$ 277.11	Y
E2613	Positioning w/c back cushion, posterior, width less than 22 inches, any height, height				1/1/25	\$ 29.45	\$ 294.46	Y
E2614	Positioning w/c back cushion, posterior, width 22 inches or greater, any height, height				1/1/25	\$ 41.33	\$ 413.27	Y
E2615	Positioning w/c back cushion, posterior-lateral, width less than 22 inches, any height				1/1/25	\$ 34.55	\$ 345.47	Y
E2616	Positioning w/c back cushion, post-lateral, width 22 inches or greater, any height				1/1/25	\$ 43.65	\$ 436.48	Y

E2617	Custom fab wheelchair back cushion, any size, inc hardware		Y		1/1/05		I/C	N
E2619	Replacement cover for wheelchair cushion or back cushion, each				1/1/25	\$ 5.07	\$ 50.72	Y
E2620	Positioning wheelchair back cush, planar back w/lateral supports, < 22 inch				1/1/25	\$ 35.75	\$ 357.51	Y
E2621	Positioning wheelchair back cush, planar cack w/lat supp 22 inches or >				1/1/25	\$ 42.16	\$ 421.63	Y
E2622	Ajustable skin protect seat <22IN				1/1/25	\$ 32.18	\$ 321.75	Y
E2623	Ajustable skin protect seat <22IN				1/1/25	\$ 40.69	\$ 406.88	Y
E2624	Ajustable skin protect/positioning seat <22IN				1/1/25	\$ 32.70	\$ 326.95	Y
E2625	Ajustable skin protect/positioning seat >22IN				1/1/25	\$ 40.46	\$ 404.63	Y
E2626	W/C access, shldr elbow mobile arm support adjustable				1/1/25	\$ 60.28	\$ 602.77	Y
E2627	W/C access, shldr elbow mobile arm support adjustable, rancho type				1/1/25	\$ 92.85	\$ 928.46	Y
E2628	W/C access, shldr elbow mobile arm support adjustable, reclining				1/1/25	\$ 73.67	\$ 736.70	Y
E2629	W/C access, shldr elbow mobile arm support adjustable, friction type				1/1/25	\$ 94.64	\$ 946.43	Y
E2630	W/C access, shldr elbow mobile arm support adjustable, yoke type				1/1/25	\$ 65.01	\$ 650.05	Y
E2631	W/C access, addition to mobile arm support elevating proximal				1/1/25	\$ 28.22	\$ 282.19	Y
E2632	W/C access, addition to mobile arm support offst or lat rocker arm w/elas				1/1/25	\$ 16.83	\$ 168.33	Y
E2633	W/C access, addition to mobile arm support supinator				1/1/25	\$ 13.79	\$ 137.87	Y
E8000	Gait trainer, pediatric size, post support, incl all accessories & components		Y		1/3/05		I/C	N
E8001	Gait trainer, pediatric size, upright support, incl all accessories & components		Y		1/5/05		I/C	N
E8002	Gait trainer, pediatric size, anterior support, incl all accessories & components		Y		1/5/05		I/C	N

K CODES (TEMPORARY) K0000-K9999 ASSIGNED TO DME

K0001	Standard wheelchair				1/1/25	\$ 21.87	\$ 218.71	Y
K0002	Std hemi (low seat) whlchr				1/1/25	\$ 37.83	\$ 378.25	Y
K0003	Lightweight wheelchair				1/1/25	\$ 29.67	\$ 302.43	Y
K0004	High strength ltwt whlchr				1/1/25	\$ 40.19	\$ 401.88	Y
K0005	Ultralightweight wheelchair		Y		1/1/23	\$ 219.56	\$ 2,195.64	Y
K0006	Heavy duty wheelchair				1/1/25	\$ 58.12	\$ 581.23	Y
K0007	Extra Heavy duty wheelchair				1/1/25	\$ 83.44	\$ 834.45	Y
K0009	Other manual wheelchair base				1/1/25	\$ 84.88	\$ 848.81	Y
K0010	Standard weight frame power wheelchair		Y		1/1/25	\$ 486.17	\$ 4,861.75	Y
K0011	Standard weight power wheelchair w/control		Y		1/1/25	\$ 593.38	\$ 5,933.77	Y
K0012	Light weight portable power wheelchair		Y		1/1/25	\$ 363.98	\$ 3,639.79	Y
K0014	Other power wheelchair base		Y		1/1/21		I/C	N
K0015	Detach non-adjust hght armrst				1/1/25	\$ 12.21	\$ 122.06	Y
K0017	Detach adjust armrest base				1/1/25	\$ 4.88	\$ 48.83	Y
K0018	Detach adjust armrst upper				1/1/25	\$ 2.76	\$ 27.60	Y
K0019	Arm pad, replacement only, each				1/1/25	\$ 1.13	\$ 11.28	Y
K0020	Fixed adjust armrest pair				1/1/25	\$ 4.76	\$ 47.56	Y
K0037	High mount flip-up footrest, only, ea				1/1/25	\$ 4.59	\$ 45.94	Y
K0038	Leg strap each				1/1/25	\$ 2.44	\$ 24.40	Y
K0039	Leg strap in stype each				1/1/25	\$ 5.24	\$ 52.40	Y
K0040	Adjustable angle footplate				1/1/25	\$ 5.06	\$ 50.63	Y
K0041	Large size footplate each				1/1/25	\$ 5.01	\$ 50.08	Y
K0042	Standard size footplate, replacement only, each				1/1/25	\$ 3.22	\$ 32.16	Y
K0043	First lower extension tube, replacement only				1/1/25	\$ 1.99	\$ 19.86	Y
K0044	First upper hanger bracket, replacement only				1/1/25	\$ 1.70	\$ 17.03	Y
K0045	Footrest complete assembly, replacement only				1/1/25	\$ 5.68	\$ 56.82	Y
K0046	Elevating legrest, lower extension tube, replacement only, each				1/1/25	\$ 2.00	\$ 19.98	Y
K0047	Elevating legrest, upper hanger bracket, replacement only, each				1/1/25	\$ 7.06	\$ 70.63	Y
K0050	Ratchet assembly, replacement only				1/1/25	\$ 3.28	\$ 32.77	Y
K0051	Cam release assem frst/lgrst, replacement only				1/1/25	\$ 5.18	\$ 51.83	Y
K0052	Swingaway detach footrest, replacement only				1/1/25	\$ 6.50	\$ 64.97	Y
K0053	Elevat footrest articulate				1/1/25	\$ 8.29	\$ 82.88	Y
K0056	Seat ht <17 or >= 21 ltwt wc				1/1/25	\$ 8.87	\$ 88.66	Y

K0065	Spoke protectors				1/1/25	\$ 4.45	\$ 44.52	Y
K0069	Rear whl complete solid tire, replacement only				1/1/25	\$ 8.66	\$ 86.63	Y
K0070	Rear whl compl pneum tire, replacement only				1/1/25	\$ 15.12	\$ 151.22	Y
K0071	Front castr compl pneum tire, replacement only				1/1/25	\$ 10.12	\$ 101.16	Y
K0072	Frnt cstr crmpl sem-pneum tire, replacement only				1/1/25	\$ 6.55	\$ 65.51	Y
K0073	Caster pin lock, each				1/1/25	\$ 3.40	\$ 33.96	Y
K0077	Front castr assemble, complete,wsolid tire, replacement only, each				1/1/25	\$ 4.91	\$ 49.06	Y
K0105	IV Hanger, each				1/1/25	\$ 9.25	\$ 92.49	Y
K0108	Wheelchair component or accessory, not otherwise classified		Y		3/15/02		I/C	N
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)				1/1/23	\$ 10.26	\$ 102.60	Y
MISCELLANEOUS								
K0552	Supplies for external non-insulin drug infusion pmp, syrng type cartridge, sterile	Y/12 mos		20 per mo	1/1/25		\$ 2.87	Y
K0601	Replacement battery, silver oxide 1.5 volts	Y/12 mos			1/1/25		\$ 1.30	Y
K0602	Replacement battery, silver oxide 3.0 volts	Y/12 mos			1/1/25		\$ 7.34	Y
K0603	Replacement battery, alkaline 1/5 volts	Y/12 mos			1/1/25		\$ 0.66	Y
K0604	Replacement battery, lithium 3.6 volts	Y/12 mos			1/1/25		\$ 7.08	Y
K0605	Replacement battery, lithium 4.5 volts	Y/12 mos			1/1/25		\$ 16.92	Y
K0606	Auto external defib, w/integrated electrocardiogram analysis, garment type	Y/12 mos	Y		1/1/25	\$2,990.75		Y
K0607	Replace battery for AED	Y/12 mos			1/1/25	\$ 23.08	\$ 230.78	Y
K0669	Wheelchair accessory, seat or back cushion	Y/12 mos	Y		7/1/04		I/C	N
K0730	Controlled dose inhalation drug delivery system	Y/12 mos	Y		1/1/25	\$ 204.74	\$ 2,047.40	Y
K0733	Battery for power wheelchair, 12-24 amp hour, sealed lead acid	Y/12 mos			1/1/25	\$ 2.82	\$ 28.17	Y
K0738	Portable Oxygen, concentrator, rental	Y/12 mos			1/1/25	\$ 41.04		Y
REPAIRS								
K0739	Repair of purchased DME (labor component, per 15 minutes)			12 units	8/1/19		\$ 17.76	N
POWER WHEELCHAIRS								
K0800	POV Group 1, std, up to 300 lbs.		Y		1/1/25	\$ 82.83	\$ 828.27	Y
K0801	POV, Group 1, heavy duty, 301-450 lbs.		Y		1/1/25	\$ 151.69	\$ 1,516.94	Y

K0802	POV, Group 1, very heavy duty, 451-600 lbs.		Y		1/1/25	\$ 201.70	\$ 2,017.02	Y
K0806	POV, Group 2, std, up to 300 lbs.		Y		1/1/25	\$ 144.74	\$ 1,447.43	Y
K0807	POV, Group 2, heavy duty, 301-450 lbs.		Y		1/1/25	\$ 224.32	\$ 2,243.16	Y
K0808	POV, Group 2, very heavy duty, 451-600 lbs.		Y		1/1/25	\$ 346.76	\$ 3,467.55	Y
K0812	POV, not otherwise classified (noc)		Y		1/1/07		I/C	N
K0813	PWC, Group 1, std, portable, sling/solid seat and back		Y		1/1/25	\$ 258.79	\$ 2,587.91	Y
K0814	PWC, Group 1, std, port captains chair, up to and including 300 lbs.		Y		1/1/25	\$ 265.93	\$ 2,659.31	Y
K0815	PWC, Group 1, std, seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 289.73	\$ 2,897.31	Y
K0816	PWC, Group 1, std, captains chair, up to and including 300 lbs.		Y		1/1/25	\$ 271.23	\$ 2,712.27	Y
K0820	PWC, Group 2, std, port, seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 262.78	\$ 2,627.78	Y
K0821	PWC, Group 2, std, port, captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 271.55	\$ 2,715.50	Y
K0822	PWC, Group 2, std, sl/sd seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 286.65	\$ 2,866.54	Y
K0823	PWC, Group 2, std, captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 271.55	\$ 2,715.50	Y
K0824	PWC, Group 2, std, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		1/1/25	\$ 399.34	\$ 3,993.39	Y
K0825	PWC, Group 2, heavy duty, captians chair, 301-450 lbs.		Y		1/1/25	\$ 379.47	\$ 3,794.74	Y
K0826	PWC, Group 2, very heavy duty, sling/solid seat and back, 451-600 lbs.		Y		1/1/25	\$ 632.07	\$ 6,320.69	Y
K0827	PWC, Group 2, very heavy duty, captians chair, 451-600 lbs.		Y		1/1/25	\$ 573.46	\$ 5,734.61	Y
K0828	PWC, Group 2, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		1/1/25	\$ 789.08	\$ 7,890.81	Y
K0829	PWC, Group 2, extra heavy duty, captians chair, 600 lbs. or more		Y		1/1/25	\$ 816.87	\$ 8,168.67	Y
K0830	PWC, Group 2, std, seat elevator sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13	\$ 293.44	\$ 2,934.40	N

K0831	PWC, Group 2, std, seat elevator, captians chair, up to and including 300 lbs.		Y		1/1/21	\$ 276.18	\$ 2,761.79	N
K0835	PWC, Group 2, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 371.91	\$ 3,719.09	Y
K0836	PWC, Group 2, std, sing power opt., captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 385.74	\$ 3,857.39	Y
K0837	PWC, Group 2, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/25	\$ 477.01	\$ 4,770.12	Y
K0838	PWC, Group 2, heavy duty, sing power opt., captians chair, 301-450 lbs.		Y		1/1/25	\$ 422.79	\$ 4,227.90	Y
K0839	PWC, Group 2, very heavy duty, single powr opt., sl/sd seat and back, 451-600 lbs		Y		1/1/25	\$ 633.63	\$ 6,336.33	Y
K0840	PWC, Group 2, extra heavy duty, sing power opt., sl/sd seat and back, 601 or more lbs.		Y		1/1/25	\$ 972.83	\$ 9,728.34	Y
K0841	PWC, Group 2, std. multiple power opt., sl/sd seat and back, up to including 300 lbs.		Y		1/1/25	\$ 419.10	\$ 4,191.01	Y
K0842	PWC, Group 2, std, multiple power opt., captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 418.50	\$ 4,184.98	Y
K0843	PWC, Group 2, heavy duty, multiple power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/25	\$ 496.81	\$ 4,968.08	Y
K0848	PWC, Group 3, std, sling/solid seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 811.38	\$ 8,113.85	Y
K0849	PWC, Group 3, std, captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 780.09	\$ 7,800.88	Y
K0850	PWC, Group 3, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		1/1/25	\$ 941.15	\$ 9,411.54	Y
K0851	PWC, Group 3, heavy duty, captians chair, 301-450 lbs.		Y		1/1/25	\$ 904.94	\$ 9,049.36	Y
K0852	PWC, Group 3, very heavy duty, sling/solid seat and back, 401-600 lbs.		Y		1/1/25	\$ 1,087.45	\$ 10,874.48	Y
K0853	PWC, Group 3, very heavy duty, captians chair, 451-600 lbs.		Y		1/1/25	\$ 1,117.10	\$ 11,170.96	Y
K0854	PWC, Group 3, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		1/1/25	\$ 1,479.91	\$ 14,799.10	Y

K0855	PWC, Group 3, extra heavy duty, captians chair, 601 lbs or more		Y		1/1/25	\$ 1,397.99	\$ 13,979.87	Y
K0856	PWC, Group 3, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 870.91	\$ 8,709.10	Y
K0857	PWC, Group 3, std, sing power opt., captians chair, up to and including 300 lbs.		Y		1/1/25	\$ 888.38	\$ 8,883.78	Y
K0858	PWC, Group 3, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/25	\$ 1,080.55	\$ 10,805.54	Y
K0859	PWC, Group 3, heavy duty, sing power opt., captians chair, 301-450 lbs.		Y		1/1/25	\$ 1,030.52	\$ 10,305.23	Y
K0860	PWC, Group 3, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		1/1/25	\$ 1,543.72	\$ 15,437.19	Y
K0861	PWC, Group 3, multiple power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/25	\$ 872.31	\$ 8,723.13	Y
K0862	PWC, Group 3, heavy duty, multiple power opt, sl/sd seat and back, 301-450 lbs.		Y		1/1/25	\$ 1,080.55	\$ 10,805.54	Y
K0863	PWC, Group 3, very heavy duty, multiple power opt, sl/sd seat and back, 451-600 lbs.		Y		1/1/25	\$ 1,543.72	\$ 15,437.19	Y
K0864	PWC, Group 3, x-heavy duty, multiple power opt, sl/sd seat and back, 601 lbs or more		Y		1/1/25	\$ 1,837.02	\$ 18,370.20	Y
K0868	PWC, Group 4, std, sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13		I/C	N
K0869	PWC, Group 4, std, captians chair, up to and including 300 lbs.		Y		7/1/13		I/C	N
K0870	PWC, Group 4, heavy duty, sling/solid seat/back, 301-450 lbs.		Y		1/1/07		I/C	N
K0871	PWC, Group 4, very heavy duty, sling/solid seat/back, 451-600 lbs.		Y		1/1/07		I/C	N
K0877	PWC, Group 4, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13		I/C	N
K0878	PWC, Group 4, std, sing power opt., captain's chair, up to and including 300 lbs.		Y		1/1/07		I/C	N
K0879	PWC, Group 4, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		7/1/13		I/C	N

K0880	PWC, Group 4, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		7/1/13		I/C	N
K0884	PWC, Group 4, std, mult power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13		I/C	N
K0885	PWC, Group 4, std, multiple power opt., captians chair, up to and including 300 lbs.		Y		7/1/13		I/C	N
K0886	PWC, Group 4, heavy duty, multiple power opt., sl/sd seat and back 301-450 lbs.		Y		7/1/13		I/C	N
K0890	PWC, Group 5, ped. sing power opt. sl/sd seat and back, up to and including 125 lbs.		Y		7/1/13		I/C	N
K0891	PWC, Group 5, ped. mult power opt., sl/sd seat and back, up to and including 125 lbs.		Y		7/1/13		I/C	N
K0900	Customized DME, other than wheelchair - Specialized Adaptive Car Seat		Y		9/1/17		I/C	N
ORTHOTIC DEVICES - SPINAL								
L0112	Cranial cervical orthosis		Y	2 per yr	1/1/25		\$ 1,399.05	Y
L0120	Cerv flexible non-adjustable			2 per yr	1/1/25		\$ 26.78	Y
L0130	Flex thermoplastic collar mo			2 per yr	1/1/25		\$ 189.27	Y
L0140	Cervical semi-rigid adjustab			2 per yr	1/1/25		\$ 62.59	Y
L0150	Cerv rig adj molded chn			2 per yr	1/1/25		\$ 114.82	Y
L0160	Cerv semi-rig wire occ/mand			2 per yr	1/1/25		\$ 149.98	Y
L0170	Cervical molded to patient model			2 per yr	1/1/25		\$ 617.57	Y
L0172	Cerv col thermplas foam 2 pi			2 per yr	1/1/25		\$ 133.90	Y
L0174	Cerv col foam 2 piece w thor			2 per yr	1/1/25		\$ 263.06	Y
L0180	Cervical , multiple post collar, occipital/mandibular supports, adj.			2 per yr	1/1/25		\$ 364.77	Y
L0190	Cerv collar supp adj cerv ba			2 per yr	1/1/25		\$ 474.36	Y
L0200	Cerv col supp adj bar & thor			2 per yr	1/1/25		\$ 494.51	Y
L0220	Thoracic rib belt custom fabrica			2 per yr	1/1/25		\$ 135.04	Y
THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO)								
L0450	TLSO, flexible, trnk spprt, upper thoracic, prefab, incld ftng & adj			2 per yr	1/1/25		\$ 105.37	Y
L0452	TLSO, flexible, trnk spprt, upper thoracic, custom, incld ftng & adj		Y	1 per yr	7/1/05		I/C	N

L0454	TLSO, trnk spprt, extds from sacroccocygeal, prefab, incld ftng & adj			2 per yr	1/1/25		\$ 346.67	Y
L0456	TLSO, trnk spprt, thoracic region, prefab, incld ftng & adj			2 per yr	1/1/25		\$ 994.16	Y
L0458	TLSO, Triplanar Control, modular segmnt spnl systm, two rigid plst shll			2 per yr	1/1/25		\$ 891.45	Y
L0460	TLSO, (same as L0458 -anterior exts from symphs pubis to sternal notch			2 per yr	1/1/25		\$ 1,003.40	Y
L0462	TLSO, (same as L0460 with three rigid plastic shells)		Y	2 per yr	1/1/25		\$ 1,248.07	Y
L0464	TLSO, (same as L0460 & L0462 with four rigid plastic shells		Y	2 per yr	1/1/25		\$ 1,485.81	Y
L0466	TLSO, Saggital Control, rigid posterior frame and flex soft anterior apron			2 per yr	1/1/25		\$ 361.13	Y
L0468	TLSO, Saggital Control, (same as L0466 extends from sacroccocygeal)			2 per yr	1/1/25		\$ 478.44	Y
L0470	TLSO, Triplanar Control, rigid posterior frame and flex soft anterior aprn			2 per yr	1/1/25		\$ 610.52	Y
L0472	TLSO, hyperextension, rigid anterior and lateral fram ext from symphysis			2 per yr	1/1/25		\$ 387.20	Y
L0480	TLSO, Triplanar control, one piece rigid plastic shell w/out interface lnr		Y	2 per yr	1/1/25		\$ 1,363.56	Y
L0482	TLSO, (same as L0480 - with interface liner)		Y	2 per yr	1/1/25		\$ 1,583.83	Y
L0484	TLSO, Triplanar Control, two piece (same as L0482), lateral strngth, cf		Y	2 per yr	1/1/25		\$ 1,701.79	Y
L0486	TLSO, Triplanar Control, otwo piece (s/a L0484). Pstr ext cust fab		Y	2 per yr	1/1/25		\$ 1,805.50	Y
L0488	TLSO, Triplanar Control, one piece (s/a L0482) prefab, incl ftng & adjsts			2 per yr	1/1/25		\$ 1,003.40	Y
L0490	TLSO, Triplanar, one piece rigid plastic shell, w/overlapping reinfrc ant			2 per yr	1/1/25		\$ 282.78	Y
L0491	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid			2 per yr	1/1/25		\$ 767.69	Y
L0492	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid			2 per yr	1/1/25		\$ 504.88	Y

LUMBAR-SACRAL ORTHOSIS (LSO) AND CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)								
L0621	Sacroliac orthosis, flexible, provides pelvic-sacral support, prefabricated			2 per yr	1/1/25		\$ 55.56	Y
L0622	Sacroliac orthosis, flexible, provides pelvic-sacral support, custom fabricated			2 per yr	1/1/25		\$ 289.21	Y
L0623	Sacroliac orthosis, prvds plvc-sacl supprt, w/rigid or semi rigid panels, prefab		Y	2 per yr	1/1/25		\$ 99.58	Y
L0624	Sacroliac orthosis, prvds plvc-sacl spprt, custom fabricated		Y	2 per yr	1/1/06		I/C	N
L0625	Lumbar Orthosis (LO), flexible, prvds lmbr suport, post ext fr L-1 to L-5, prfb			2 per yr	1/1/25		\$ 31.08	Y
L0626	Lumbar Orthosis, sagittal control, w/rigid post panel(s), prefabricated			2 per yr	1/1/25		\$ 77.90	Y
L0627	Lumbar Orthosis, sagittal control, w/rigid post & anterior panel(s), prefab			2 per yr	1/1/25		\$ 410.90	Y
L0628	Lumbar-sacral orthosis, flexible, prefabricated			2 per yr	1/1/25		\$ 47.32	Y
L0629	Lumbar-sacral orthosis, flexible, custom fabricated		Y	2 per yr	1/1/06		I/C	N
L0630	Lumbar-sacral orthosis, sagittal control, prefabricated			2 per yr	1/1/25		\$ 161.88	Y
L0631	Lumbar-sacral orths, w/rigid anterior & posterior, prefab		Y	2 per yr	1/1/25		\$ 1,026.15	Y
L0632	Lumbar-sacral orthosis, sagittal control, custom fabricated		Y	2 per yr	1/1/06		I/C	N
L0633	Lumbar-sacral orthosis, sagittal-coronal control, pre fabricated			2 per yr	1/1/25		\$ 286.65	Y
L0634	Lumbar-sacral orthosis, sagittal-coronal control, custom fabricated		Y	2 per yr	1/1/06		I/C	N
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, pre fabricated			2 per yr	1/1/25		\$ 916.61	Y
L0636	Lumbar-sacral orthosis, sagittal-coronal contro, lumbar flexion, custom fab		Y	2 per yr	1/1/25		\$ 1,356.92	Y
L0637	Lumbar-sacral orthosis, sagittal-coronal, w/rigid ant & post frame/panels, prf		Y	2 per yr	1/1/25		\$ 1,073.83	Y

L0638	Lumbar-sacral orthosis, sagittal-crnl, w/rigid ant & post frame/panels, cust fb		Y	2 per yr	1/1/25		\$ 1,318.35	Y
L0639	Lumbar-sacral orthosis, sagittal-crnl control, rigid shell/panel, pre fab		Y	2 per yr	1/1/25		\$ 1,073.83	Y
L0640	Lumbar-sacral orthosis, sagittal-crnl control, rigid shell/panel, custom fab		Y	2 per yr	1/1/25		\$ 1,045.99	Y
L0648	LSO sag r an/pos pnl pre ots			1 per yr	1/1/25		\$ 579.12	Y
L0650	Lumbar-sacral orthosis, sagittal-crnl control, rigid shell/panel, off the shelf			2 per yr	1/1/25		\$ 670.08	Y
L0700	Ctlso a-p-l control molded		Y	2 per yr	1/1/25		\$ 1,957.62	Y
L0710	Ctlso a-p-l control w/inter		Y	2 per yr	1/1/25		\$ 1,999.96	Y
HALO PROCEDURE								
L0810	Halo cervical into jekt vest		Y	2 per yr	1/1/25		\$ 2,501.19	Y
L0820	Halo cervical into body jack		Y	2 per yr	1/1/25		\$ 2,244.98	Y
L0830	Halo cerv into Milwaukee typ		Y	2 per yr	1/1/25		\$ 3,163.84	Y
L0859	Addition to Halo procedure, magnetic resonance image, any material		Y	2 per yr	1/1/25		\$ 1,318.51	Y
L0861	Halo replacement liner/interface			2 per yr	1/1/25		\$ 215.44	Y
TORSO SUPPORT - ADDITIONS TO SPINAL ORTHOSIS								
L0970	TLSO corset front			4 per yr	1/1/25		\$ 128.77	Y
L0972	LSO corset front			2 per yr	1/1/25		\$ 115.66	Y
L0974	TLSO full corset			2 per yr	1/1/25		\$ 171.75	Y
L0976	LSO full corset			1 per yr	1/1/25		\$ 153.12	Y
L0978	Axillary crutch extension			1 per yr	1/1/25		\$ 202.10	Y
L0980	Peroneal straps pair			1 per yr	1/1/25		\$ 22.06	Y
L0982	Stocking supp grips set of f			2 per yr	1/1/25		\$ 15.60	Y
L0984	Protective body sock each			7 per yr	1/1/25		\$ 64.73	Y
L0999	Addition to spinal orthosis, NOS		Y	2 per yr	1/1/06		I/C	N
CTLSO (MILWAUKEE) SCOLIOSIS PROCEDURES								
L1000	Ctlso Milwaukee initial model		Y	2 per yr	1/1/25		\$ 1,964.08	Y
L1001	Ctlso infant immobilizer		Y	50 per yr	1/1/07		I/C	N
L1005	Tension based scoliosis orth		Y	1 per year	1/1/25		\$ 3,199.00	Y
L1010	Ctlso axilla sling			2 per yr	1/1/25		\$ 64.27	Y
L1020	Kyphosis pad floating			2 per yr	1/1/25		\$ 82.77	Y

L1025	Addtl to CTLSO or scoliosis, kyphosis pad, floating			2 per yr	1/1/25		\$ 158.00	Y
L1030	Lumbar bolster pad			2 per yr	1/1/25		\$ 60.92	Y
L1040	Lumbar or lumbar rib pad			2 per yr	1/1/25		\$ 79.73	Y
L1050	Sternal pad			2 per yr	1/1/25		\$ 96.10	Y
L1060	Thoracic pad			2 per yr	1/1/25		\$ 115.27	Y
L1070	Trapezius sling			2 per yr	1/1/25		\$ 112.55	Y
L1080	Outrigger			2 per yr	1/1/25		\$ 63.30	Y
L1085	Outrigger bil w/vert extens			2 per yr	1/1/25		\$ 171.28	Y
L1090	Lumbar sling			2 per yr	1/1/25		\$ 113.30	Y
L1100	Ring flange plastic/leather			2 per yr	1/1/25		\$ 180.94	Y
L1110	Ring flange plastic/leather mol			2 per yr	1/1/25		\$ 244.57	Y
L1120	Cover for upright each			2 per yr	1/1/25		\$ 41.36	Y
TLSO (LOW PROFILE)								
L1200	furnish initial orthosis only		Y	2 per yr	1/1/25		\$ 1,500.39	Y
L1210	lateral thoracic extension			2 per yr	1/1/25		\$ 250.56	Y
L1220	Anterior thoracic extension			2 per yr	1/1/25		\$ 239.37	Y
L1230	Milwaukee type superstructur			2 per yr	1/1/25		\$ 613.56	Y
L1240	Lumbar derotation pad			2 per yr	1/1/25		\$ 82.94	Y
L1250	Anterior asis pad			2 per yr	1/1/25		\$ 82.94	Y
L1260	Anterior thoracic derotation			2 per yr	1/1/25		\$ 84.69	Y
L1270	Abdominal pad			2 per yr	1/1/25		\$ 86.03	Y
L1280	Rib gusset (elastic) each			2 per yr	1/1/25		\$ 98.96	Y
L1290	Lateral trochanteric pad			2 per yr	1/1/25		\$ 78.34	Y
OTHER SCOLIOSIS PROCEDURES								
L1300	Body jacket mold to patient		Y	1 per yr	1/1/25		\$ 1,763.84	Y
L1310	Post-operative body jacket		Y	1 per yr	1/1/25		\$ 1,812.36	Y
L1499	Spinal othosis NOS		Y	10 per yr	6/15/02		I/C	N
HIP ORTHOSIS (HO) - FLEXIBLE								
L1600	Abduct hip flex frejka w cvr			4 per yr	1/1/25		\$ 123.39	Y
L1610	Abduct hip flex frejka covr			4 per yr	1/1/25		\$ 54.46	Y
L1620	Abduct hip flex pavlik hame			2 per yr	1/1/25		\$ 154.22	Y
L1630	Abduct control hip semi-flex			2 per yr	1/1/25		\$ 162.27	Y
L1640	Pelv band/spread bar thigh c			2 per yr	1/1/25		\$ 493.94	Y
L1650	HO abduction hip adjustable			2 per yr	1/1/25		\$ 249.96	Y

L1652	HO, bilateral thigh cuffs/adj abdc spreader bar, adult size, pre fab			2 per yr	1/1/25		\$ 356.30	Y
L1660	HO abduction static plastic			2 per yr	1/1/25		\$ 163.88	Y
L1680	Pelvic & hip control thigh c		Y	2 per yr	1/1/25		\$ 1,166.76	Y
L1681	Ho bilateral hip abduction		Y	1 per year	1/1/25		\$ 2,198.98	Y
L1685	Post-op hip abduct custom fa		Y	2 per yr	1/1/25		\$ 1,190.74	Y
L1686	HO post-op hip abduction		Y	2 per yr	1/1/25		\$ 1,099.49	Y
L1690	Combination bilateral HO		Y	2 per yr	1/1/25		\$ 1,932.95	Y
LEG PERTHES								
L1700	Leg perthes orth toronto typ		Y	2 per yr	1/1/25		\$ 1,462.37	Y
L1710	Leg perthes orth newington		Y	2 per yr	1/1/25		\$ 1,711.86	Y
L1720	Leg perthes orthosis trilat		Y	2 per yr	1/1/25		\$ 1,261.84	Y
L1730	Leg perthes orth scottish r		Y	2 per yr	1/1/25		\$ 1,083.80	Y
L1755	Leg perthes pattn bottom t		Y	2 per yr	1/1/25		\$ 1,719.92	Y
KNEE-ANKLE-FOOT ORTHOSIS (KAFO)								
L1810	KO elastic with joints			2 per yr	1/1/25		\$ 94.31	Y
L1812	KO elastic w/joints pre ots			2 per yr	1/1/25		\$ 47.46	Y
L1820	KO elas w/condyle pads & jo			2 per yr	1/1/25		\$ 146.10	Y
L1830	KO immobilizer canvas longit			2 per yr	1/1/25		\$ 42.77	Y
L1831	KO pos locking joint			4 per yr	1/1/25		\$ 294.20	Y
L1832	KO adj jnt pos rigid support			2 per yr	1/1/25		\$ 677.24	Y
L1833	KO adj jnt pos r sup pre otsko			2 per yr	1/1/25		\$ 308.07	Y
L1834	KO w/O joint rigid molded to			2 per yr	1/1/25		\$ 743.35	Y
L1836	KO, regid, rigid, w/o joints (s), includes soft interface material, prefab			2 per yr	1/1/25		\$ 60.48	Y
L1840	KO derot ant cruciate custom			2 per yr	1/1/25		\$ 990.17	Y
L1843	KO single upright custom fit			2 per yr	1/1/25		\$ 896.89	Y
L1844	KO w/adj rot cntrl molded			2 per yr	1/1/25		\$ 1,554.59	Y
L1845	KO w/ adj flex/ext rotat cus			2 per yr	1/1/25		\$ 930.73	Y
L1846	KO w adj flex/ext rotat mold		Y	2 per yr	1/1/25		\$ 1,141.14	Y
L1847	KO adjustable w air chambers			2 per yr	1/1/25		\$ 574.93	Y
L1850	KO Swedish type			2 per yr	1/1/25		\$ 139.28	Y
L1851	KO Single upright prefab ots			2 per yr	1/1/25		\$ 406.63	Y
L1852	KO double upright prefab oth			2 per yr	1/1/25		\$ 387.92	Y
L1860	KO supracondylar socket mold		Y	2 per yr	1/1/25		\$ 1,027.56	Y

ANKLE-FOOT ORTHOSIS (AFO)								
L1900	AFO spring wire drsflx calf bd			2 per yr	1/1/25		\$ 258.34	Y
L1902	AFO ankle gauntlet			4 per yr	1/1/25		\$ 89.27	Y
L1904	AFO molded ankle gauntlet			2 per yr	1/1/25		\$ 536.83	Y
L1906	AFO multiligamentus ankle supp, pref, ots			2 per yr	1/1/25		\$ 115.17	Y
L1907	AFO supramalleolar custom			4 per yr	1/1/25		\$ 562.46	Y
L1910	AFO sing bar clasp attach sh			2 per yr	1/1/25		\$ 261.53	Y
L1920	AFO sing upright w/adjust s			2 per yr	1/1/25		\$ 334.77	Y
L1930	AFO plastic			2 per yr	1/1/25		\$ 226.53	Y
L1932	AFO, rigid anterior tib sect, total carb or equal , prefab, inc fit & adjustments			2 per yr	1/1/25		\$ 891.99	Y
L1940	AFO molded to patient plastic			2 per yr	1/1/25		\$ 473.58	Y
L1945	AFO molded plas rig ant tib		Y	2 per yr	1/1/25		\$ 1,132.24	Y
L1950	AFO spiral molded to pt plas			2 per yr	1/1/25		\$ 750.73	Y
L1951	AFO spiral prefabricated			2 per yr	1/1/25		\$ 839.48	Y
L1960	AFO pos solid ank plastic mo			2 per yr	1/1/25		\$ 566.22	Y
L1970	AFO plastic molded w/ankle j			4 per yr	1/1/25		\$ 681.40	Y
L1971	AFO w/ankle joint, prefab			4 per yr	1/1/25		\$ 468.53	Y
L1980	AFO sing solid stirrup calf			2 per yr	1/1/25		\$ 351.44	Y
L1990	AFO doub solid stirrup calf			2 per yr	1/1/25		\$ 426.85	Y
KAFO								
L2000	KAFO sing fre stirr thi/calf			4 per yr	1/1/25		\$ 1,011.27	Y
L2005	KAFO, any material, single or double upright, contro, auto lock		Y	2 per yr	1/1/25		\$ 4,096.01	Y
L2006	KAF, sng/dbl swg/stn mcpr custom		Y	1 per yr	1/1/25		\$ 32,153.98	Y
L2010	KAFO sng solid stirrup w/o j			2 per yr	1/1/25		\$ 943.38	Y
L2020	KAFO dbl solid stirrup band/		Y	2 per yr	1/1/25		\$ 1,187.83	Y
L2030	KAFO dbl solid stirrup w/o j		Y	2 per yr	1/1/25		\$ 1,078.28	Y
L2034	KAFO full plastic, single upright, custom fabricated		Y	2 per yr	1/1/25		\$ 2,036.66	Y
L2035	KAFO plastic pediatric size			2 per yr	1/1/25		\$ 174.90	Y
L2036	KAFO plastic double free knee motion		Y	2 per yr	1/1/25		\$ 1,841.13	Y
L2037	KAFO plastic single free knee motion		Y	2 per yr	1/1/25		\$ 1,717.67	Y
L2038	KAFO, full plastic, with or w/o free motion knee, multi-axis ankle, custom fab		Y	2 per yr	1/1/25		\$ 1,744.88	Y

TORSION CONTROL AND HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)								
L2040	HKAFO torsion bil rot straps			2 per yr	1/1/25		\$ 211.62	Y
L2050	HKAFO torsion cable hip pelv			2 per yr	1/1/25		\$ 456.16	Y
L2060	HKAFO torsion ball bearing j			2 per yr	1/1/25		\$ 555.98	Y
L2070	HKAFO torsion unilat rot strap			2 per yr	1/1/25		\$ 142.77	Y
L2080	HKAFO unilat torsion cable			2 per yr	1/1/25		\$ 344.44	Y
L2090	AFO tib fx cast synthetic mo			2 per yr	1/1/25		\$ 419.90	Y
L2106	AFO tib fx cast plaster mold			2 per yr	1/1/25		\$ 651.09	Y
L2108	AFO tib fx cast molded to pt		Y	2 per yr	1/1/25		\$ 1,133.67	Y
L2112	AFO tibial fracture soft			2 per yr	1/1/25		\$ 521.43	Y
L2114	AFO tib fx semi-rigid			2 per yr	1/1/25		\$ 654.02	Y
L2116	AFO tibial fracture rigid			2 per yr	1/1/25		\$ 752.51	Y
L2126	KAFO fem fx cast thermoplas		Y	2 per yr	1/1/25		\$ 1,258.81	Y
L2128	KAFO fem fx cast molded to p		Y	2 per yr	1/1/25		\$ 1,782.55	Y
L2132	KAFO femoral fx cast soft			2 per yr	1/1/25		\$ 966.44	Y
L2134	KAFO fem fx cast semi-rigid		Y	2 per yr	1/1/25		\$ 1,031.26	Y
L2136	KAFO femoral fx cast rigid		Y	2 per yr	1/1/25		\$ 1,230.89	Y
ADDITIONS TO FRACTURE ORTHOSIS								
L2180	Plas shoe insert w ank joint			2 per yr	1/1/25		\$ 114.86	Y
L2182	Drop lock knee			4 per yr	1/1/25		\$ 95.17	Y
L2184	Limited motion knee joint			4 per yr	1/1/25		\$ 130.11	Y
L2186	Adj motion knee jnt lerman t			4 per yr	1/1/25		\$ 180.46	Y
L2188	Quadrilateral brim			4 per yr	1/1/25		\$ 345.60	Y
L2190	Waist belt			4 per yr	1/1/25		\$ 89.29	Y
L2192	Pelvic band & belt thigh fla			6 per yr	1/1/25		\$ 392.12	Y
L2200	Limited ankle motion ea jnt			6 per yr	1/1/25		\$ 45.53	Y
L2210	Dorsiflexion assist each joi			6 per yr	1/1/25		\$ 65.91	Y
ADDITIONS TO LOWER EXTREMITY ORTHOSIS AND SHOE-ANKLE SHIN-KNEE								
L2220	Dorsi & plantar flex ass/res			6 per yr	1/1/25		\$ 78.42	Y
L2230	Split flat caliper stirr & p			6 per yr	1/1/25		\$ 73.47	Y
L2232	Additions to lower extremity orthosis, rocker bottom for total AFO, cust fab only			2 per yr	1/1/25		\$ 99.48	Y
L2240	Roung caliper and plate atta			6 per yr	1/1/25		\$ 90.95	Y
L2250	Foot plate molded stirrup at			6 per yr	1/1/25		\$ 368.71	Y
L2260	Reinforced solid stirrup			6 per yr	1/1/25		\$ 191.96	Y

L2265	Long tongue stirrup			6 per yr	1/1/25		\$ 112.78	Y
L2270	Varus/Valgus strap padded/li			6 per yr	1/1/25		\$ 52.87	Y
L2275	Plastic mod low ext pad/line			6 per yr	1/1/25		\$ 124.66	Y
L2280	Molded inner boot			2 per yr	1/1/25		\$ 435.91	Y
L2300	Abduction bar jointed adjust			2 per yr	1/1/25		\$ 273.34	Y
L2310	Abducted bar-straight			2 per yr	1/1/25		\$ 136.88	Y
L2320	Non-molded to patient mode			2 per yr	1/1/25		\$ 197.03	Y
L2330	Lacer molded to patient mode			2 per yr	1/1/25		\$ 412.44	Y
L2335	Anterior swing band			2 per yr	1/1/25		\$ 254.63	Y
L2340	Pre-tibial shell molded to p			2 per yr	1/1/25		\$ 551.26	Y
L2350	Prosthetic type socket mold			2 per yr	1/1/25		\$ 952.07	Y
L2360	Extended steel shank			6 per yr	1/1/25		\$ 49.55	Y
L2370	Patten bottom			2 per yr	1/1/25		\$ 321.05	Y
L2375	Torsion ank & half solid sti			4 per yr	1/1/25		\$ 135.61	Y
L2380	Torsion straight knee joint			4 per yr	1/1/25		\$ 117.90	Y
L2385	Straight knee joint heavy du			6 per yr	1/1/25		\$ 128.27	Y
L2387	Addition to lower extremity Polycentric knee joint, for custom fab knee			6 per yr	1/1/25		\$ 184.80	Y
L2390	Offset knee joint each			6 per yr	1/1/25		\$ 107.41	Y
L2395	Offset knee joint heavy duty			4 per yr	1/1/25		\$ 149.83	Y
L2397	Suspension sleeve lower ext			4 per yr	1/1/25		\$ 116.72	Y
ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS								
L2405	Addition to knee joint, drop lock, each			6 per yr	1/1/25		\$ 87.14	Y
L2415	Knee joint cam lock each joi			6 per yr	1/1/25		\$ 121.41	Y
L2425	Knee disc/dial lock/adj flex			6 per yr	1/1/25		\$ 143.28	Y
L2430	Knee jnt ratchet lock ea jnt			4 per yr	1/1/25		\$ 143.28	Y
L2492	Knee lift loop drop lock rin			6 per yr	1/1/25		\$ 130.09	Y
ADDITIONS TO THIGH/WEIGHT BEARING AND GLUTEAL/SCHIAL WEIGHT BEARING								
L2500	Thi/glut/ischia wgt bearing			6 per yr	1/1/25		\$ 311.22	Y
L2510	Thiwght bear quad-lat brim m			2 per yr	1/1/25		\$ 698.27	Y
L2520	Thi/wght bear quad-lat brim c			2 per yr	1/1/25		\$ 460.62	Y
L2525	Thi/wght bear nar m-l brim mo		Y	2 per yr	1/1/25		\$ 1,242.73	Y
L2526	Thi/wght bear nar m-l brim cu			6 per yr	1/1/25		\$ 709.18	Y
L2530	Thigh/wght bear lacer non-mo			6 per yr	1/1/25		\$ 225.00	Y
L2540	Thi/wght bear lacer molded			6 per yr	1/1/25		\$ 404.86	Y

L2550	Thight/wght bear high roll cu			2 per yr	1/1/25		\$ 275.03	Y
ADDITIONS TO PELVIC AND THORACIC CONTROL								
L2570	Hip clevis type 2 posit jnt			2 per yr	1/1/25		\$ 456.11	Y
L2580	Pelvic control pelvic sling			2 per yr	1/1/25		\$ 444.43	Y
L2600	Hip clevis/thrust bearing fr			2 per yr	1/1/25		\$ 243.37	Y
L2610	Hip clevis/thrust bearing lo			2 per yr	1/1/25		\$ 257.77	Y
L2620	Pelvic control hip heavy dut			2 per yr	1/1/25		\$ 289.85	Y
L2622	Hip joint adjustable flexion			2 per yr	1/1/25		\$ 328.60	Y
L2624	Hip adj flex ext abduct cont			2 per yr	1/1/25		\$ 317.10	Y
L2627	Plastic mold recipro hip & c		Y	2 per yr	1/1/25		\$ 1,730.35	Y
L2628	Metal frame recipro hip & ca		Y	6 per yr	1/1/25		\$ 1,702.04	Y
L2630	Pelvic control band & belt u			2 per yr	1/1/25		\$ 237.12	Y
L2640	Pelvic control band & belt b			2 per yr	1/1/25		\$ 321.80	Y
L2650	Pelv & thor control gluteal			2 per yr	1/1/25		\$ 137.02	Y
L2660	Thoracic control thoracic ba			6 per yr	1/1/25		\$ 178.47	Y
L2670	Thorac cont paraspinal uprig			2 per yr	1/1/25		\$ 173.08	Y
L2680	Thorac cont lat support upri			2 per yr	1/1/25		\$ 160.32	Y
L2750	Plating chrome/nickel pr bar			4 per yr	1/1/25		\$ 80.04	Y
L2755	Carbon graphite lamination			10 per yr	1/1/25		\$ 130.59	Y
L2760	Extension per extension per			12 per yr	1/1/25		\$ 58.18	Y
L2768	Orthotic side bar disconnect device, per bar			2 per yr	1/1/25		\$ 130.22	Y
L2780	Non-crrosive finish			12 per yr	1/1/25		\$ 64.81	Y
L2785	Drop lock retainer each			6 per yr	1/1/25		\$ 30.47	Y
L2795	Knee control full kneecap			2 per yr	1/1/25		\$ 82.65	Y
L2800	Knee cap medial or lateral p			2 per yr	1/1/25		\$ 127.04	Y
L2810	Knee control condylar pad			6 per yr	1/1/25		\$ 99.72	Y
L2820	Soft interface below knee se			6 per yr	1/1/25		\$ 83.16	Y
L2830	Soft interface above knee se			6 per yr	1/1/25		\$ 89.96	Y
L2840	Tibial length sock fx or equ			6 per yr	1/1/25		\$ 53.18	Y
L2850	Femoral lgth sock fx or equa			8 per yr	1/1/25		\$ 59.29	Y
L2861	Knee or ankle, concentric adjustable torsion style mechanism		Y	6 per yr	1/1/11		I/C	N
L2999	Lower extremity orthosis NOS		Y	20 per mo	3/15/02		I/C	N
INSERTS, ARCH SUPPORTS AND ABDUCTION AND ROTATION BARS								
L3000	Foot insert Berkeley shell			2 per yr	1/1/25		\$ 314.00	Y

L3001	Foot insert, removable, molded to patient model, Spenco model, each			2 per yr	1/1/25		\$ 132.22	Y
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, ea			2 per yr	1/1/25		\$ 161.44	Y
L3003	Foot insert, removable, molded to patient model, silicone gel, each			2 per yr	1/1/25		\$ 174.20	Y
L3010	Foot insert, removable, molded to patient model, longitdl, arch supprt ea			2 per yr	1/1/25		\$ 174.20	Y
L3020	Foot insert, removable, molded to patient mdl, lngtdl/metatrs sl spprt, ea			2 per yr	1/1/25		\$ 198.31	Y
L3030	Foot arch support remov prem			2 per yr	1/1/25		\$ 76.29	Y
L3031	Foot lamin/prepreg composite			2 per yr	1/1/25		\$ 122.43	Y
L3100	Hallus-valgus night dynamic splint			3 per yr	1/1/25		\$ 43.21	Y
L3140	Abduction rotation bar shoe			2 per yr	1/1/25		\$ 89.00	Y
L3150	Abduction rotation bar w/o shoe			3 per yr	1/1/25		\$ 81.36	Y
L3160	Shoe styled positioning device, Torque heels		Y	3 per yr	7/1/03		I/C	N
L3170	Foot, plastic, silicone or equal, Heel Stabilizer, each			4 per yr	1/1/25		\$ 50.86	Y
ORTHOPEDIC FOOTWEAR								
L3201	Oxford w supinator/pronator inf		Y	3 per yr	7/1/03		I/C	N
L3202	Oxford w supinator/pronator child		Y	3 per yr	7/1/03		I/C	N
L3203	Oxford w supinator/pronator jun		Y	3 per yr	7/1/03		I/C	N
L3204	Hightop w supp/pronator infant		Y	3 per yr	7/1/03		I/C	N
L3206	Hightop w supp/pronator child		Y	3 per yr	7/1/03		I/C	N
L3207	Hightop w supp/pronator junior		Y	3 per yr	7/1/03		I/C	N
L3208	Surgical boot, each infant		Y	3 per yr	7/1/03		I/C	N
L3209	Surgical boot, each child		Y	3 per yr	7/1/03		I/C	N
L3211	Surgical boot, each junior		Y	3 per yr	7/1/03		I/C	N
L3212	Benesch boot pair infant		Y	3 per yr	7/1/03		I/C	N
L3213	Benesch boot pair child		Y	3 per yr	7/1/03		I/C	N
L3214	Benesch boot pair junior		Y	3 per yr	7/1/03		I/C	N
L3215	Orthopedic ftwear ladies oxford, each		Y	3 per yr	7/1/03		I/C	N
L3216	Orthopedic ftwear, ladies shoe, depth inlay, each		Y	3 per yr	7/1/03		I/C	N
L3217	Ladies shoes hightop depth		Y	3 per yr	7/1/03		I/C	N

L3219	Orthopedic mens shoe, oxford		Y	3 per yr	7/1/03		I/C	N
L3221	Orthopedic mens shoes dpth		Y	3 per yr	7/1/03		I/C	N
L3222	Mens shoes hightop depth inl		Y	3 per yr	7/1/03		I/C	N
L3224	Woman's shoe oxford brace			2 per yr	1/1/25		\$ 63.70	Y
L3225	Man's shoe oxford brace			2 per yr	1/1/25		\$ 65.41	Y
L3230	Custom shoes depth inlay			2 per yr	7/1/13		\$ 82.47	N
L3250	Custom mold shoe remov prost			2 per yr	7/1/13		\$ 243.65	N
L3251	Shoe molded to pt silicone s		Y	3 per yr	7/1/03		I/C	N
L3252	Shoe molded plastazote cust		Y	3 per yr	7/1/03		I/C	N
L3253	Shoe molded plastazote cust		Y	3 per yr	7/1/03		I/C	N
L3254	Orth foot non-std size/w		Y	3 per yr	7/1/03		I/C	N
L3255	Orth foot non-std size/w		Y	3 per yr	7/1/03		I/C	N
L3257	Orth foot add change splint		Y	3 per yr	7/1/03		I/C	N
L3260	Ambulatory surgical boot each-nylon			3 per yr	10/1/19		\$ 18.21	N
L3265	Plastazole sandal each			1 per yr	1/1/20		\$ 10.88	N
SHOE MODIFICATIONS - LIFTS								
L3300	Lift, elevation, heel, tapered to metatarsals, per inch			4 per yr	1/1/25		\$ 52.12	Y
L3310	Shoe lift elev heel/sole neo			6 per yr	1/1/25		\$ 81.36	Y
L3320	Shoe lift elev heel/sole cor			3 per yr	7/1/13		\$ 350.36	N
L3330	Lift, elevation, metal extension (skate)			6 per yr	1/1/25		\$ 565.72	Y
L3332	Lift, elevation, inside shoe, taperd, up to one-half inch			2 per yr	1/1/25		\$ 73.71	Y
L3334	Lift, elevation, heel, per inch			3 per yr	1/1/25		\$ 38.15	Y
SHOE MODIFICATIONS - WEDGES								
L3340	Shoe wedge each			3 per yr	1/1/25		\$ 85.21	Y
L3350	Shoe sole wedge			3 per yr	1/1/25		\$ 22.90	Y
L3360	Shoe sole wedge outside sole			3 per yr	1/1/25		\$ 35.60	Y
L3370	Shoe sole wedge between sole			3 per yr	1/1/25		\$ 49.55	Y
L3380	Shoe clubfoot wedge			3 per yr	1/1/25		\$ 49.55	Y
L3390	Shoe outflare wedge			3 per yr	1/1/25		\$ 49.55	Y
L3400	Shoe metarsal bar wedge			3 per yr	1/1/25		\$ 40.69	Y
L3410	Shoe metarsal bar between			3 per yr	1/1/25		\$ 92.79	Y
L3420	Full sole/heel wedge between			3 per yr	1/1/25		\$ 54.68	Y
L3430	Shoe heel count plast reinforc			4 per yr	1/1/25		\$ 160.18	Y

SHOE MODIFICATIONS - HEELS								
L3440	Heel leather reinforced			3 per yr	1/1/25		\$ 76.29	Y
L3450	Shoe heel sach cushion type			3 per yr	1/1/25		\$ 105.54	Y
L3455	Shoe heel new leather standard			3 per yr	1/1/25		\$ 40.69	Y
L3460	Shoe heel new rubber standard			3 per yr	1/1/25		\$ 34.30	Y
L3465	Shoe heel thomas with wedge			3 per yr	1/1/25		\$ 58.46	Y
L3470	Shoe heel Thomas extended to B			3 per yr	1/1/25		\$ 62.28	Y
L3480	Shoe heel pad & depress for			3 per yr	1/1/25		\$ 62.28	Y
L3485	Heel pad, removable for spur		Y	2 per yr	1/1/04		I/C	N
MISCELLANEOUS SHOE ADDITIONS								
L3500	Shoe heel pad removable for			3 per yr	1/1/25		\$ 29.24	Y
L3510	Ortho shoe add leather insole			3 per yr	1/1/25		\$ 29.24	Y
L3520	Ortho shoe add rub insole			3 per yr	1/1/25		\$ 31.76	Y
L3530	Ortho shoe add felt w leather insole			3 per yr	1/1/25		\$ 31.76	Y
L3540	Ortho shoe add half sole			3 per yr	1/1/25		\$ 50.86	Y
L3550	Ortho shoe add full sole			3 per yr	1/1/25		\$ 8.87	Y
L3560	Ortho shoe add standard toe tap			3 per yr	1/1/25		\$ 22.90	Y
L3570	Ortho shoe add instep extension			3 per yr	1/1/25		\$ 85.21	Y
L3580	Ortho shoe add instep velcro clos			3 per yr	1/1/25		\$ 64.84	Y
L3590	Ortho shoe convert firm to soft count			3 per yr	1/1/25		\$ 53.39	Y
L3595	Ortho shoe add march bar			3 per yr	1/1/25		\$ 41.94	Y
TRANSFER OR REPLACEMENT								
L3600	Transshoe calip plate exist			3 per yr	1/1/25		\$ 76.29	Y
L3610	Trans shoe caliper plate new			3 per yr	1/1/25		\$ 100.43	Y
L3620	Trans shoe solid stirrup existing			3 per yr	1/1/25		\$ 76.29	Y
L3630	Trans shoe solid stirrup new			3 per yr	1/1/25		\$ 100.43	Y
L3640	Shoe Dennis Browne splint both			3 per yr	1/1/25		\$ 43.21	Y
L3649	Orthopedic shoe modification NOS		Y	3 per yr	7/1/03		I/C	N
ORTHOTIC DEVICES - UPPER LIMB								
SHOULDER ORTHOSIS (SO)								
L3650	Shoulder orthotic fig 8 abduction restrainer, pre-fab			2 per yr	1/1/25		\$ 63.67	Y
L3671	Shoulder orthosis, shoulder cap design, w/o joints, custom fabricated			2 per yr	1/1/25		\$ 819.73	Y

L3675	Shoulder orthosis, vest type abduction restrainer, canvas web or equal			2 per yr	1/1/25		\$ 159.65	Y
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefab		Y	2 per yr	1/1/07		I/C	N
ELBOW ORTHOSIS (EO)								
L3702	Elbow orthosis, w/o joints, custom fabricated			2 per yr	1/1/25		\$ 262.68	Y
L3710	Elbow elastic with metal joint			2 per yr	1/1/25		\$ 146.43	Y
L3720	Forearm/arm cuffs free motio			2 per yr	1/1/25		\$ 653.39	Y
L3730	Forearm/arm cuffs ext'/flex a			2 per yr	1/1/25		\$ 844.71	Y
L3740	Cuffs adj lock w/active con			2 per yr	1/1/25		\$ 1,001.48	Y
L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj			2 per yr	1/1/25		\$ 454.92	Y
L3761	Elbow Orthosis, adj lock joint prefab ots			2 per yr	1/1/25		\$ 454.92	Y
L3762	Elbow Orthosis, rigid, w/o joints, includes soft interface, prefab			2 per yr	1/1/25		\$ 97.82	Y
L3763	EWHO, rigid, w/o joints, may include soft interface, straps, custom fab			2 per yr	1/1/25		\$ 638.56	Y
L3764	Elbow wrist hand orthosis, inclds one or more nontorsion joints, cust fab			2 per yr	1/1/25		\$ 833.48	Y
L3765	Elbow wrist hand finger orthosis, rigid, w/o joints, custom fabricated		Y	2 per yr	1/1/25		\$ 1,166.46	Y
L3766	Elbow wrist hand finger orthosis, inclds one or more nontorsion joints, cs fab		Y	2 per yr	1/1/25		\$ 1,235.20	Y
WRIST-HAND-FINGER ORTHOSIS (WHFO)								
L3806	Whfo w/joint(s), custom fab			2 per yr	1/1/25		\$ 413.24	Y
L3807	Whfo w inflatable airchamber			2 per yr	1/1/25		\$ 227.48	Y
L3808	Whfo rigid, w/o joint(s), custom fab			2 per yr	1/1/25		\$ 340.19	Y
L3809	Whfo w/o joints pre ots			1 per yr	1/1/25		\$ 227.48	Y
DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION AND FINGER FLEXION/EXTENSION								
L3900	Hinge extension/flex wrist/f		Y	3 per yr	1/1/25		\$ 1,326.46	Y
L3901	Hinge ext/flex wrist finger		Y	3 per yr	1/1/25		\$ 1,506.35	Y
L3904	Whfo electric custom fitted		Y	3 per yr	1/1/25		\$ 2,744.13	Y
L3905	Wrist hand orthosis, inclds one or more nontorsion joints, elastic bands, cfab			2 per yr	1/1/25		\$ 902.18	Y
OTHER WHFOS - CUSTOM FITTED								

L3906	Wrist hand orthosis, without joints, custom fabricated			2 per yr	1/1/25		\$ 400.55	Y
L3908	Wrist cock-up non-molded			2 per yr	1/1/25		\$ 63.04	Y
L3912	Flex glove w/elastic finger			2 per yr	1/1/25		\$ 109.20	Y
L3913	Hand finger orthosis, without joints, may include soft interface, custom fab			2 per yr	1/1/25		\$ 246.38	Y
L3915	WHO w/nontor joints, prefab			2 per yr	1/1/25		\$ 483.57	Y
L3917	Prefab metacarpl fx orthosis			50 per yr	1/1/25		\$ 96.14	Y
L3919	Hand orthosis, w/o joints, custom fabricated			2 per yr	1/1/25		\$ 246.38	Y
L3921	Hand finger orthosis, inclds one or more nontorsion joints, custom fabricated			2 per yr	1/1/25		\$ 292.21	Y
L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj			4 per yr	1/1/25		\$ 87.81	Y
L3924	HFO w/o joints pre ots			3 per yr	1/1/25		\$ 87.81	Y
L3925	Finger orthosis, PIP/DIP with joint/spring			6 per yr	1/1/25		\$ 47.09	Y
L3927	Finger orthosis, PIP/DIP without joint/spring			6 per yr	1/1/25		\$ 31.81	Y
L3929	HFO non-torsion joint, prefab			6 per yr	1/1/25		\$ 83.44	Y
L3931	WHFO Non-torsion joint, prefab			6 per yr	1/1/25		\$ 170.87	Y
L3933	Finger orthosis, w/o joints, may incld soft interface, custom fab			6 per yr	1/1/25		\$ 194.07	Y
L3935	Finger orthosis, nontorsion joint, custom fabricated			2 per yr	1/1/25		\$ 200.96	Y
L3956	Addition of joint to upper extremity orthosis, any material; per joint		Y	6 per yr	1/1/07		I/C	N
SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO)								
ABDUCTION POSITION, CUSTOM FITTED								
L3960	SEWHO, airplane design abduction positioning			2 per yr	1/1/25		\$ 689.30	Y
L3961	SEWHO, shoulder cap design, custom fabricated		Y	2 per yr	1/1/25		\$ 1,528.41	Y
L3962	SEWHO Erb's palsey design abduction positioning			2 per yr	1/1/25		\$ 672.33	Y
L3967	SEWHO, abduction positioning (airplane design)		Y	2 per yr	1/1/25		\$ 1,804.55	Y
ADDITIONS TO MOBILE ARM SUPPORTS								
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, custom fabricated		Y	6 per yr	1/1/25		\$ 1,712.95	Y

L3973	SEWH Orhosis, abd pstng (airplane dsgn, custom fabricated)		Y	6 per yr	1/1/25		\$ 1,804.55	Y
L3975	SEWHF orthosis, shoulder cap design, custom fabricated		Y	6 per yr	1/1/25		\$ 1,528.41	Y
L3976	SEWHF orthosis, Abduction pstng design, custom fabricated		Y	2 per yr	1/1/25		\$ 1,528.41	Y
L3977	SEWHF orthosis, shoulder cap design, one or more nontorsion joints, cs fab		Y	2 per yr	1/1/25		\$ 1,712.95	Y
L3978	SEWHF orthosis, abduction pstng (airplannedesign), custom fabricated		Y	2 per yr	1/1/25		\$ 1,804.55	Y
FRACTURE ORTHOSIS								
L3980	Upp ext fx orthosis humeral			2 per yr	1/1/25		\$ 300.06	Y
L3982	Upper ext fx orthosis rad/ul			2 per yr	1/1/25		\$ 349.82	Y
L3984	Upper ext fx orthosis wrist			2 per yr	1/1/25		\$ 322.52	Y
L3995	Sock fracture or equal each			4 per yr	1/1/25		\$ 33.42	Y
L3999	Upper Limb Orthosis, not otherwise classified		Y	6 per yr	1/1/03		I/C	N
SPECIFIC REPAIR								
L4000	Repl girdle milwaukee orth		Y	1 per yr	1/1/25		\$ 1,318.24	Y
L4002	Replacement strap, any orthosis, includes all components, any length or type		Y	4 per yr	1/1/05		I/C	N
L4010	Replace trilateral socket br			6 per yr	1/1/25		\$ 642.66	Y
L4020	Replae quadlat socket brim			6 per yr	1/1/25		\$ 898.78	Y
L4030	Replace socket brim cust fit			2 per yr	1/1/25		\$ 483.48	Y
L4040	Replace molded thigh lacer			2 per yr	1/1/25		\$ 394.53	Y
L4045	Replace non-molded thigh lac			2 per yr	1/1/25		\$ 314.12	Y
L4050	Replace molded calf lacer			2 per yr	1/1/25		\$ 395.34	Y
L4055	Replace non-molded calf lace			2 per yr	1/1/25		\$ 255.99	Y
L4060	Replace high roll cuff			2 per yr	1/1/25		\$ 304.33	Y
L4070	Replace prox & dist upright			2 per yr	1/1/25		\$ 269.49	Y
L4080	Repl met band KAFO-AFO prox			2 per yr	1/1/25		\$ 110.55	Y
L4090	Repl met band KAFO-AFO calf/			2 per yr	1/1/25		\$ 87.23	Y
L4100	Repl leath cuff KAFO prox th			2 per yr	1/1/25		\$ 114.54	Y
L4110	Repl leath cuff KAFO-AFO cal			2 per yr	1/1/25		\$ 86.28	Y
L4130	Replace pretibial shell			2 per yr	1/1/25		\$ 483.84	Y
PROSTHETIC REPAIRS								

L4205	Repair orthotic device per 15 min			12 units	7/1/13		\$ 18.09	N
L4210	Repair or replace minor parts			10 per yr	7/1/20		\$ 26.35	N
L4350	Pneumatic ankle cntrl splint			4 per yr	1/1/25		\$ 95.85	Y
L4360	Pneumatic walking splint, custom			2 per yr	1/1/25		\$ 294.66	Y
L4361	Pneumatic walking splint, prefab			2 per yr	1/1/25		\$ 294.66	Y
L4370	Pneumatic full leg splint			2 per yr	1/1/25		\$ 194.85	Y
L4386	Non-pneumatic walking spline, prefab, includes fitting and adjstmnts			2 per yr	1/1/25		\$ 158.47	Y
L4387	Non-pneumatic walk boot pre oth			2 per yr	1/1/25		\$ 158.47	Y
L4392	Replacement soft interface material, static AFO			4 per yr	1/1/25		\$ 23.52	Y
L4394	Replace soft interface material, foot drop splint			4 per yr	1/1/25		\$ 17.15	Y
L4396	Static AFO			2 per yr	1/1/25		\$ 167.71	Y
L4398	Foot drop splint recumbent			2 per yr	1/1/25		\$ 77.22	Y
L4631	AFO walking boot type, custom fab		Y	2 per yr	1/1/25		\$ 1,593.87	Y
PROSTHETIC CODES L5000-L9999								
LOWER LIMB-PARTIAL FOOT								
L5000	Shoe insert w arch toe filler			2 per yr	1/1/25		\$ 568.61	Y
L5010	Mold socket ank hgt w/toe f		Y	4 per yr	1/1/25		\$ 1,242.05	Y
L5020	Tibial tubercle hgt w/toe f		Y	2 per yr	1/1/25		\$ 2,021.79	Y
ANKLE								
L5050	Ank symes mold sckt sach ft		Y	2 per yr	1/1/25		\$ 2,341.33	Y
L5060	Symes met fr leath socket ar		Y	2 per yr	1/1/25		\$ 2,817.82	Y
BELOW KNEE								
L5100	Molded socket shin sach foot		Y	2 per yr	1/1/25		\$ 2,439.03	Y
L5105	Plast socket jts/thgh lacer		Y	2 per yr	1/1/25		\$ 3,871.27	Y
KNEE DISARTICULATION								
L5150	Mold sckt ext knee shin sach		Y	2 per yr	1/1/25		\$ 3,582.65	Y
L5160	Mold socket bant knee shin s		Y	2 per yr	1/1/25		\$ 3,896.77	Y
ABOVE KNEE								
L5200	Knee sing axis fric shin sach		Y	2 per yr	1/1/25		\$ 3,394.42	Y
L5210	No knee/ankle joints w/ft b		Y	2 per yr	1/1/25		\$ 2,475.61	Y
L5220	No knee joint with artic ali		Y	2 per yr	1/1/25		\$ 2,813.98	Y
L5230	Fem focal defic constant fri		Y	2 per yr	1/1/25		\$ 3,881.03	Y
HIP DISARTICULATION								
L5250	Hip canad sing axi cons fric		Y	1 per yr	1/1/25		\$ 5,293.38	Y

L5270	Tilt table locking hip sing		Y	2 per yr	1/1/25		\$ 5,247.02	Y
HEMIPELVECTOMY								
L5280	Hemipelvect canad sing axis		Y	2 per yr	1/1/25		\$ 5,194.55	Y
L5301	Below knee, molded socket, shin, SACH foot, endoskel system		Y	2 per yr	1/1/25		\$ 2,342.42	Y
L5321	Above knee, molded socket, open end, SACH foot, endoskel sys, single		Y	2 per yr	1/1/25		\$ 3,353.11	Y
L5331	Hip disarticulation, Canadian type, molded socket, SACH foot		Y	2 per yr	1/1/25		\$ 4,744.78	Y
L5341	Hemipelvectomy, Canadian type, molded socket, SACH foot		Y	2 per yr	1/1/25		\$ 5,156.08	Y
IMMEDIATE POSTSURGICAL OR EARLY FITTING PROCEDURES								
L5400	Postop dress & cast chg bk		Y	2 per yr	1/1/25		\$ 1,227.86	Y
L5410	Postop dsg bk ea add cast ch			2 per yr	1/1/25		\$ 537.95	Y
L5420	Postop dsg & 1 cast chg ak/d		Y	2 per yr	1/1/25		\$ 1,550.73	Y
L5430	Postop dsg ak ea add cast ch			2 per yr	1/1/25		\$ 684.51	Y
L5450	Postop app non-wft bear dsg			2 per yr	1/1/25		\$ 437.89	Y
L5460	Postop app non-wgt bear clsg			2 per yr	1/1/25		\$ 645.41	Y
INITIAL PROSTHESIS								
L5500	Init bk ptb plaster direct		Y	2 per yr	1/1/25		\$ 1,310.28	Y
L5505	Init ak lschal plstr direct		Y	2 per yr	1/1/25		\$ 1,774.46	Y
PREPARATORY PROSTHESIS								
L5510	Prep BK ptb plaster molded		Y	2 per yr	1/1/25		\$ 1,485.29	Y
L5520	Prep BK ptb thermopls direct		Y	2 per yr	1/1/25		\$ 1,467.11	Y
L5530	Prep BK ptb thermopls molded		Y	2 per yr	1/1/25		\$ 1,857.06	Y
L5535	Prep BK ptb open end socket		Y	2 per yr	1/1/25		\$ 1,830.12	Y
L5540	Prep BK ptb laminated socket		Y	2 per yr	1/1/25		\$ 1,932.52	Y
L5560	Prep AK ischial plast molded		Y	2 per yr	1/1/25		\$ 1,982.85	Y
L5570	Prep AK ischial direct form		Y	2 per yr	1/1/25		\$ 2,061.47	Y
L5580	Prep AK ischial thermo mold		Y	2 per yr	1/1/25		\$ 2,406.62	Y
L5585	Prep AK ischial open end		Y	2 per yr	1/1/25		\$ 2,610.27	Y
L5590	Prep AK ischial laminated		Y	2 per yr	1/1/25		\$ 2,452.51	Y
L5595	Hip disartic sach thermopis		Y	2 per yr	1/1/25		\$ 4,310.84	Y
L5600	Hip disartic sach laminat mold		Y	2 per yr	1/1/25		\$ 4,701.95	Y
ADDITIONS: LOWER EXTREMITY								

L5610	Above knee hydracadence		Y	6 per yr	1/1/25		\$ 2,112.22	Y
L5611	Ak 4 bar link w/fric swing		Y	6 per yr	1/1/25		\$ 1,643.73	Y
L5613	Ak 4 bar ling w/hydraul swig		Y	6 per yr	1/1/25		\$ 2,500.22	Y
L5614	4-bar link above knee w/swng		Y	6 per yr	1/1/25		\$ 1,690.05	Y
L5615	Endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control		Y	1 per year	1/1/25		\$ 5,694.69	Y
L5616	Ak univ multiplex sys frict		Y	6 per yr	1/1/25		\$ 1,385.60	Y
L5617	AK/BK self-aligning unit ea			2 per yr	1/1/25		\$ 560.35	Y
L5618	Test socket symes			6 per yr	1/1/25		\$ 322.81	Y
L5620	Test socket below knee			4 per yr	1/1/25		\$ 283.63	Y
L5622	Test socket knee disarticula			6 per yr	1/1/25		\$ 433.16	Y
L5624	Test socket above knee			6 per yr	1/1/25		\$ 413.29	Y
L5626	Test socket hip disarticulat			2 per yr	1/1/25		\$ 580.93	Y
L5628	Test socket hemipelvectomy			2 per yr	1/1/25		\$ 550.21	Y
L5629	Below knee acrylic socket			2 per yr	1/1/25		\$ 420.17	Y
L5630	Syme typ expandable wall sckt			6 per yr	1/1/25		\$ 457.86	Y
L5631	Ak/knee disartic acrylic soc			2 per yr	1/1/25		\$ 547.53	Y
L5632	Symes type ptb brim design s			6 per yr	1/1/25		\$ 226.53	Y
L5634	Symes type poster opening so			6 per yr	1/1/25		\$ 310.34	Y
L5636	Symes type medial opening so			6 per yr	1/1/25		\$ 259.95	Y
L5637	Below knee total contact			4 per yr	1/1/25		\$ 347.23	Y
L5638	Below knee leather socket			6 per yr	1/1/25		\$ 496.49	Y
L5639	Below knee wood socket		Y	6 per yr	1/1/25		\$ 1,164.75	Y
L5640	Knee disarticulat leather so			6 per yr	1/1/25		\$ 709.15	Y
L5642	Above knee leather socket			6 per yr	1/1/25		\$ 634.87	Y
L5643	Hip flex inner socket ext fr		Y	6 per yr	1/1/25		\$ 1,587.89	Y
L5644	Above knee wood socket			6 per yr	1/1/25		\$ 602.57	Y
L5645	Ak flexibl inner socket ext			2 per yr	1/1/25		\$ 814.01	Y
L5646	Below knee air cushion socket			6 per yr	1/1/25		\$ 558.98	Y
L5647	Below knee suction socket			2 per yr	1/1/25		\$ 811.54	Y
L5648	Above knee air cushion socket			2 per yr	1/1/25		\$ 671.68	Y
L5649	Isch containmt/narrow mi-l so		Y	4 per yr	1/1/25		\$ 2,039.12	Y
L5650	Tot contact ank/knee disart s			2 per yr	1/1/25		\$ 498.05	Y
L5651	Ak flex inner socket ext fra		Y	2 per yr	1/1/25		\$ 1,225.18	Y
L5652	Suction susp ak/knee disart			2 per yr	1/1/25		\$ 444.79	Y

L5653	Knee disart expand wall sock			6 per yr	1/1/25		\$ 593.76	Y
ADDITIONS: SOCKET INSERT AND SUSPENSION								
L5654	Socket insert symes			2 per yr	1/1/25		\$ 338.34	Y
L5655	Socket insert below knee			2 per yr	1/1/25		\$ 286.47	Y
L5656	Socket insert knee articulat			2 per yr	1/1/25		\$ 403.55	Y
L5658	Socket insert aboveknee			2 per yr	1/1/25		\$ 393.00	Y
L5661	Multi-durometer symes			2 per yr	1/1/25		\$ 682.94	Y
L5665	Multi-durometer below knee			2 per yr	1/1/25		\$ 522.37	Y
L5666	Below knee cuff suspension			2 per yr	1/1/25		\$ 77.62	Y
L5668	Socket insert w/o lock lower			2 per yr	1/1/25		\$ 103.64	Y
L5670	Bk molded supracondylar susp			2 per yr	1/1/25		\$ 315.51	Y
L5671	add to lwr ext, below knee/above knee, eold socket insert			2 per yr	1/1/25		\$ 507.47	Y
L5672	Bk removable medial brim sus			2 per yr	1/1/25		\$ 385.50	Y
L5673	Socket insert w/lock mech			4 per yr	1/1/25		\$ 716.75	Y
L5676	Bk knee joints single axis p			2 per yr	1/1/25		\$ 369.70	Y
L5677	Bk knee joints polycentric p			2 per yr	1/1/25		\$ 503.01	Y
L5678	Bk joint covers pair			2 per yr	1/1/25		\$ 40.51	Y
L5679	Socket insert w/o lock mech			6 per yr	1/1/25		\$ 597.29	Y
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded			2 per yr	1/1/25		\$ 353.34	Y
L5681	Initial containmt/narrow mi-l so		Y	50 per yr	1/1/25		\$ 1,317.42	Y
L5682	Add to lower etremity, below knee, thigh lacer, gluteal/ischial, molded			6 per yr	1/1/25		\$ 638.03	Y
L5683	Add to lwr extr, below knee/above knee, custom socket insert		Y	4 per yr	1/1/25		\$ 1,317.42	Y
L5684	Add to lower ext, below knee, fork strap			2 per yr	1/1/25		\$ 49.10	Y
L5685	Add to lower ext pros, below knee, suspens/sealing sleeve			4 per yr	1/1/25		\$ 128.28	Y
L5686	Bk back check			2 per yr	1/1/25		\$ 66.23	Y
L5688	Bk waist belt webbing			2 per yr	1/1/25		\$ 62.32	Y
L5690	Bk waist belt padded and lin			2 per yr	1/1/25		\$ 120.67	Y
L5692	Ak pelvic control belt light			2 per yr	1/1/25		\$ 140.05	Y
L5694	Ak pelvic control belt pad/l			2 per yr	1/1/25		\$ 185.08	Y
L5695	Ak sleeve susp neoprene/equa			2 per yr	1/1/25		\$ 194.15	Y

L5696	Ak/knee disartic pelvic join			2 per yr	1/1/25		\$ 212.19	Y
L5697	Ak/knee disartic pelvic band			2 per yr	1/1/25		\$ 86.19	Y
L5698	Ak/knee disartic silesian ba			2 per yr	1/1/25		\$ 107.20	Y
L5699	Shoulder harness			2 per yr	1/1/25		\$ 190.22	Y
REPLACEMENTS								
L5700	Replace socket below knee		Y	2 per yr	1/1/25		\$ 2,939.13	Y
L5701	Replace socket above knee		Y	6 per yr	1/1/25		\$ 3,646.26	Y
L5702	Replace socket hip		Y	6 per yr	1/1/25		\$ 4,595.58	Y
L5703	Symes ankle w/o (sach) foot		Y	1 per year	1/1/25		\$ 2,134.14	Y
L5704	Custom shape cover below knee			2 per yr	1/1/25		\$ 599.28	Y
L5705	Custom shape cover above knee		Y	2 per yr	1/1/25		\$ 1,098.72	Y
L5706	Custom shape cover knee disart		Y	6 per yr	1/1/25		\$ 1,071.65	Y
L5707	Custom shape cover hip disart		Y	6 per yr	1/1/25		\$ 1,439.76	Y
ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM								
L5710	Knee-shin exo sng axi mnl loc			6 per yr	1/1/25		\$ 366.93	Y
L5711	Knee-shin exo mnl lock ultra			6 per yr	1/1/25		\$ 556.62	Y
L5712	Knee-shin exo frict swg & st			6 per yr	1/1/25		\$ 439.60	Y
L5714	Knee-shin exo variable frict			6 per yr	1/1/25		\$ 453.34	Y
L5716	Knee-shin exo mech stance ph			6 per yr	1/1/25		\$ 743.56	Y
L5718	Knee-shin exo frct swg & sta			2 per yr	1/1/25		\$ 929.38	Y
L5722	Knee-shin pneum swg frct exo			2 per yr	1/1/25		\$ 969.84	Y
L5724	Knee-shin exo fluid swing ph		Y	2 per yr	1/1/25		\$ 1,539.91	Y
L5726	Knee-shin ext jnts fld swig e		Y	2 per yr	1/1/25		\$ 2,022.07	Y
L5728	Knee-shin fluid swg & stance		Y	2 per yr	1/1/25		\$ 2,519.23	Y
L5780	Knee-shin pneum/hydra pneum		Y	2 per yr	1/1/25		\$ 1,214.65	Y
L5781	Vacuum pump, residual limb volume management and moisture		Y	6 per yr	1/1/25		\$ 4,007.31	Y
L5782	Vacuum pump, residual limb volume management, heavy duty		Y	6 per yr	1/1/25		\$ 4,224.60	Y
COMPONENT MODIFICATION								
L5785	Exoskeletal system below knee ultra light			2 per yr	1/1/25		\$ 530.05	Y
L5790	Exoskeletal ak ultra-light m			2 per yr	1/1/25		\$ 733.55	Y
L5795	Exsoskehip ultra-light mate		Y	2 per yr	1/1/25		\$ 1,095.39	Y
L5810	Endoskel knee-shin mnl lock			2 per yr	1/1/25		\$ 509.58	Y

L5811	Endoskeletal knee shin system, ultra light material			2 per yr	1/1/25		\$ 744.06	Y
L5812	Endo knee-shin frct swg & st			2 per yr	1/1/25		\$ 576.73	Y
L5814	Endo knee-shin hydral swg ph		Y	6 per yr	1/1/25		\$ 3,719.53	Y
L5816	Endo knee-shin polyc mch sta			2 per yr	1/1/25		\$ 867.63	Y
L5818	Endo knee-shin frct swg & st			2 per yr	1/1/25		\$ 979.73	Y
L5822	Endo knee-shin pneum swg frc spc		Y	2 per yr	1/1/25		\$ 1,900.75	Y
L5824	Endo knee-shin fluid spc		Y	2 per yr	1/1/25		\$ 1,564.54	Y
L5826	Minature knee joint		Y	2 per yr	1/1/25		\$ 3,158.97	Y
L5828	Endo knee-shin fluid swg/sta		Y	2 per yr	1/1/25		\$ 2,982.35	Y
L5830	Endo knee-shin pneum/swg pha		Y	2 per yr	1/1/25		\$ 2,119.10	Y
L5840	Multi-axial knee/shin system		Y	2 per yr	1/1/25		\$ 3,736.77	Y
L5845	Knee-shin gys stance flexion		Y	2 per yr	1/1/25		\$ 1,795.12	Y
L5848	Endo Knee-shin system, hydraulic stance, dampening feature, w/without adjustable		Y	2 per yr	1/1/25		\$ 1,076.98	Y
L5850	Endo ak/hip knee extens assi			2 per yr	1/1/25		\$ 135.50	Y
L5855	Mech hip extension assist			2 per yr	1/1/25		\$ 315.08	Y
L5856	Add to lower extremity pros, endoskel-knee-shin, swing & stance phase		Y	4 per yr	1/1/25		\$ 24,042.69	Y
L5857	Add to lower extremity pros, endoskel-knee-shin, swing phase only		Y	4 per yr	1/1/25		\$ 8,531.29	Y
L5910	Endo below knee alignable sy			2 per yr	1/1/25		\$ 372.11	Y
L5920	Endo ak/hip alignable system		Y	2 per yr	1/1/25		\$ 541.31	Y
L5925	Above knee manual lock			2 per yr	1/1/25		\$ 342.80	Y
L5926	Endoskel posit rotat unit			1 per year	1/1/25		\$ 584.55	Y
L5930	High activity knee frame		Y	2 per yr	1/1/25		\$ 3,371.09	Y
L5940	Endo bk ultra-light material			6 per yr	1/1/25		\$ 511.74	Y
L5950	Endo ak ultra-light material			6 per yr	1/1/25		\$ 864.52	Y
L5960	Endo hip ultra-light material		Y	2 per yr	1/1/25		\$ 1,035.56	Y
L5962	Below knee flex cover system			2 per yr	1/1/25		\$ 599.67	Y
L5964	Above knee flex cover system		Y	2 per yr	1/1/25		\$ 1,074.14	Y
L5966	Hip flexible cover system		Y	2 per yr	1/1/25		\$ 1,383.66	Y
L5968	Multiaxial ankle w dorsiflex start		Y	2 per yr	1/1/25		\$ 3,639.50	Y
L5970	Foot external keel sach foot			2 per yr	1/1/25		\$ 223.97	Y
L5971	Sach foot, replacement			2 per yr	1/1/25		\$ 223.97	Y

L5972	Flexible keel foot			6 per yr	1/1/25		\$ 359.55	Y
L5973	Ank-foot sys dors-plant flex		Y	1 per yr	1/1/25		\$ 17,534.17	Y
L5974	Foot single axis ankle/foot			6 per yr	1/1/25		\$ 303.35	Y
L5975	Combo ankle/foot prosthesis			6 per yr	1/1/25		\$ 464.30	Y
L5976	Energy storing foot		Y	6 per yr	1/1/25		\$ 571.34	Y
L5978	Ft prosth multiaxial ankl/ft		Y	6 per yr	1/1/25		\$ 297.72	Y
L5979	Multi-axial ankle/ft prosth		Y	2 per yr	1/1/25		\$ 2,389.05	Y
L5980	Flex foot system		Y	2 per yr	1/1/25		\$ 3,782.63	Y
L5981	Flex walk sys low ext prosth		Y	2 per yr	1/1/25		\$ 3,269.58	Y
L5982	Exoskeletal axial rotation u			2 per yr	1/1/25		\$ 589.79	Y
L5984	Endoskeletal axial rotation			2 per yr	1/1/25		\$ 584.55	Y
L5985	Lwr ext dynamic prosth pylon			2 per yr	1/1/25		\$ 282.83	Y
L5986	Multi-axial rotation unit			2 per yr	1/1/25		\$ 649.92	Y
L5987	Shank ft w vert load pylon		Y	2 per yr	1/1/25		\$ 7,204.76	Y
L5988	Vertical shock reducing pylo		Y	2 per yr	1/1/25		\$ 2,000.78	Y
L5990	User adjustable heel height		Y	2 per yr	1/1/25		\$ 1,817.01	Y
L5999	Lower extremity prosthesis NOS		Y	15 per yr	7/1/05		I/C	N
UPPER LIMB/PARTIAL HAND								
L6000	Par hand robin-aid fthm rem		Y	2 per yr	1/1/25		\$ 1,355.54	Y
L6010	Hand robin-aids little/ring		Y	2 per yr	1/1/25		\$ 1,508.50	Y
L6020	Part hand robin-aids no fing		Y	2 per yr	1/1/25		\$ 1,406.43	Y
WRIST DISARTICULATION								
L6050	Wrst MLd sick fix hng tri pad		Y	2 per yr	1/1/25		\$ 1,938.00	Y
L6055	Wrst mold sock w/exp interfa		Y	2 per yr	1/1/25		\$ 3,080.54	Y
BELOW ELBOW								
L6100	Elb mold sock flex hinge pad		Y	2 per yr	1/1/25		\$ 1,963.49	Y
L6110	Elbow mold sock suspension t		Y	2 per yr	1/1/25		\$ 2,082.62	Y
L6120	Elbow mold doub splt soc sta		Y	2 per yr	1/1/25		\$ 2,427.00	Y
L6130	Elbow stump activated lock h		Y	2 per yr	1/1/25		\$ 2,641.02	Y
ELBOW DISARTICULATION/ABOVE ELBOW/SHOULDER DISARTC/INTERSCAPULAR THORACIC								
L6200	Elbow mold outsid lock hinge		Y	2 per yr	1/1/25		\$ 2,783.21	Y
L6205	Elbow molded w/expand inter		Y	2 per yr	1/1/25		\$ 4,637.91	Y
L6250	Above elbow, molded double wall socket, internal locking elbow, frarm		Y	2 per yr	1/1/25		\$ 2,739.60	Y

L6300	Shoulder disart, molded socket, shoulder bulkhead, locking elbow, forearm		Y	2 per yr	1/1/25		\$ 3,800.90	Y
L6310	Shoulder passive restor comp		Y	2 per yr	1/1/25		\$ 3,125.75	Y
L6320	Shoulder passive restor cap		Y	2 per yr	1/1/25		\$ 1,743.46	Y
L6350	Thoracic intern lock elbow		Y	2 per yr	1/1/25		\$ 3,996.07	Y
L6360	Thoracic passive restor comp		Y	2 per yr	1/1/25		\$ 3,280.56	Y
L6370	Thoracic passive restor cap		Y	2 per yr	1/1/25		\$ 2,469.73	Y
IMMEDIATE AND EARLY POSTSURGICAL PROCEDURES								
L6380	Postop dsg cast chg wrst/elb		Y	2 per yr	1/1/25		\$ 1,333.87	Y
L6382	Postop dsg cast chg elb dis/		Y	2 per yr	1/1/25		\$ 1,596.16	Y
L6384	Postop dsg cast chg shldr/t		Y	2 per yr	1/1/25		\$ 1,947.78	Y
L6386	Postop ea cast chg & realign			2 per yr	1/1/25		\$ 467.09	Y
L6388	Postop applicat rigid dsg on			2 per yr	1/1/25		\$ 448.50	Y
ENDOSKELETAL: BELOW ELBOW/ELBOW DISARTC/ABOVE ELBOW/SHOULDER/INTERCAPULAR								
L6400	Below elbow prosth tiss shap		Y	2 per yr	1/1/25		\$ 2,372.27	Y
L6450	Elb disart prosth tiss shap		Y	2 per yr	1/1/25		\$ 3,145.38	Y
L6500	Above elbow prosth tiss shap		Y	2 per yr	1/1/25		\$ 3,147.95	Y
L6550	Shldr disar prosth tiss shap		Y	2 per yr	1/1/25		\$ 3,890.30	Y
L6570	Scap thorac prosth tiss shap		Y	2 per yr	1/1/25		\$ 4,720.26	Y
L6580	Wrist/elbow bowden cable mol		Y	2 per yr	1/1/25		\$ 1,647.67	Y
L6582	Wrist/elbow bowden cbl dir f		Y	2 per yr	1/1/25		\$ 1,404.12	Y
L6584	Elbow fair lead cable molded		Y	2 per yr	1/1/25		\$ 2,274.43	Y
L6586	Elbow fair lead cable dir fo		Y	2 per yr	1/1/25		\$ 1,989.65	Y
L6588	Shdr fair lead cable molded		Y	2 per yr	1/1/25		\$ 3,284.45	Y
L6590	Shdr fair lead cable direct		Y	2 per yr	1/1/25		\$ 3,004.35	Y
L6600	Polycentric hinge pair			2 per yr	1/1/25		\$ 202.72	Y
L6605	Single pivot hinge pair			2 per yr	1/1/25		\$ 189.23	Y
L6610	Elexible metal hinge pair			2 per yr	1/1/25		\$ 169.86	Y
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type			6 per yr	1/1/25		\$ 412.38	Y
L6615	Disconnect locking wrist uni			2 per yr	1/1/25		\$ 209.45	Y
L6616	Disconnect insert locking wr			2 per yr	1/1/25		\$ 88.23	Y
L6620	Flexion-friction wrist unit			2 per yr	1/1/25		\$ 328.70	Y
L6621	flexion-friction wrist unit, use with external powered terminal device		Y	2 per yr	1/1/25		\$ 2,290.82	Y

L6623	Spring-ass rot wrst w/latch			2 per yr	1/1/25		\$ 752.41	Y
L6624	Upper extremity addition, flexion/extension and rotation wrist unit			2 per yr	1/1/25		\$ 3,771.89	Y
L6625	Rotation wrst w/cable lock			2 per yr	1/1/25		\$ 547.51	Y
L6628	Quick disconn hook adapter o			2 per yr	1/1/25		\$ 559.51	Y
L6629	Lamination collar w/couplin			2 per yr	1/1/25		\$ 149.26	Y
L6630	Stainless steel any wrist			2 per yr	1/1/25		\$ 219.88	Y
L6632	Latex suspension sleeve each			2 per yr	1/1/25		\$ 73.34	Y
L6635	Lift assist for elbow			2 per yr	1/1/25		\$ 203.66	Y
L6637	Nudge control elbow lock			2 per yr	1/1/25		\$ 422.75	Y
L6638	Electric locking feature, only for use w/manually powered elbow		Y	4 per yr	1/1/25		\$ 2,504.58	Y
L6640	Shoulder abduction jhoint pai			2 per yr	1/1/25		\$ 288.49	Y
L6641	Excursion ampliffier pulley t			2 per yr	1/1/25		\$ 191.73	Y
L6642	Excursion amplifier lever ty			2 per yr	1/1/25		\$ 272.99	Y
L6645	Shoulder flexion-abduction j			2 per yr	1/1/25		\$ 331.52	Y
L6646	Shoulder joint, multipstnl lckng, flexion, adj		Y	2 per yr	1/1/25		\$ 3,158.84	Y
L6647	Shoulder lock mechanism, body powered actuator			2 per yr	1/1/25		\$ 520.03	Y
L6648	Shoulder lock mechanism, external powered actuator		Y	2 per yr	1/1/25		\$ 3,257.88	Y
L6650	Shoulder universal joint			2 per yr	1/1/25		\$ 345.32	Y
L6655	Standard control cable extra			2 per yr	1/1/25		\$ 76.64	Y
L6660	Heavy duty control cable			2 per yr	1/1/25		\$ 93.64	Y
L6665	Teflon or equal cable lining			2 per yr	1/1/25		\$ 53.54	Y
L6670	Hook to hand cable adapter			2 per yr	1/1/25		\$ 50.76	Y
L6672	Harness chest/shlder saddle			2 per yr	1/1/25		\$ 172.02	Y
L6675	Harness figure of 8 sing con			2 per yr	1/1/25		\$ 122.52	Y
L6676	Harness figure of 8 duyal con			2 per yr	1/1/25		\$ 123.73	Y
L6677	Harness, triple control, simultaneous operation of terminal device elbow			2 per yr	1/1/25		\$ 297.10	Y
L6680	Test sock wrist disart/bel e			4 per yr	1/1/25		\$ 236.69	Y
L6682	Test sock elbw disart/above			4 per yr	1/1/25		\$ 265.28	Y
L6684	Test socket shldr disart/tho			2 per yr	1/1/25		\$ 355.61	Y
L6686	Suction socket			4 per yr	1/1/25		\$ 661.30	Y

L6687	Frame typ socket bel elbow/w			2 per yr	1/1/25		\$ 588.46	Y
L6688	Frame typ sock above elb/dis			2 per yr	1/1/25		\$ 569.25	Y
L6689	Frame typ socket shoulder di			2 per yr	1/1/25		\$ 687.41	Y
L6690	Frame typ sock interscap-tho			2 per yr	1/1/25		\$ 744.44	Y
L6691	Removable insert each			2 per yr	1/1/25		\$ 445.20	Y
L6692	Silicone gel insert or equal			2 per yr	1/1/25		\$ 570.53	Y
L6693	Locking elbow forearm cntrbal		Y	2 per yr	1/1/25		\$ 2,843.36	Y
L6694	Add to upper extrem pros, below elbow/above elbow, fab from exist mold (for)			8 per yr	1/1/25		\$ 716.75	Y
L6695	Add to upper extrem pros, below elbow/above elbow, fab from exist mold (not)			8 per yr	1/1/25		\$ 597.29	Y
L6696	Add to upper extrem pros, for use w/ or w/o locking mech, initial only		Y	8 per yr	1/1/25		\$ 1,317.42	Y
L6697	Add to upper extrem pros, below elbow/abv elbow, other than initial		Y	8 per yr	1/1/25		\$ 1,317.42	Y
L6698	Add to upper extrem pros, excludes socket insert			8 per yr	1/1/25		\$ 507.47	Y
TERMINAL DEVICES HOOKS								
L6703	Terminal device, passive hand/mitt, any material, any size			2 per yr	1/1/25		\$ 360.81	Y
L6704	Terminal device, sport/recreation/work attachment, any material, any size			2 per yr	1/1/25		\$ 597.47	Y
L6706	Terminal device, hook, mechanical volunt opening, any material, any size, lined/unlined			2 per yr	1/1/25		\$ 355.97	Y
L6707	Terminal device, hook, mechanical volunt closing, any material, any size, lined/unlined		Y	2 per yr	1/1/25		\$ 1,500.28	Y
L6708	Terminal device, hand , mechanical volun opening, any material/size, line/unlined			2 per yr	1/1/25		\$ 853.37	Y
L6709	Terminal device, hand , mechanical volun closing, any material/size, line/unlined		Y	4 per yr	1/1/25		\$ 1,381.12	Y
L6715	Term device, multi art digit		Y	1 per year	1/1/25		\$ 3,161.97	Y
L6721	Hook/hand, hvy dty, vol open		Y	1 per year	1/1/25		\$ 2,355.55	Y
L6722	Hook/hand, hvy dty, vol clos		Y	1 per year	1/1/25		\$ 2,030.68	Y
L6805	Addition to terminal device, modifier wrist unit			2 per yr	1/1/25		\$ 367.23	Y
L6810	Additional to terminal device, precision pinch device			4 per yr	1/1/25		\$ 200.18	Y

HANDS								
L6880	Elec hand ind art digits		Y	1 per year	1/1/25		\$ 23,929.17	Y
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device		Y	2 per yr	1/1/25		\$ 4,094.53	Y
L6882	Microprocessor control feature, add to upper limb		Y	2 per yr	1/1/25		\$ 3,105.89	Y
L6883	Replc sockt below e/w disa		Y	1 per year	1/1/25		\$ 1,618.94	Y
L6884	Test socket shldr disart/tho		Y	2 per yr	1/1/25		\$ 2,277.63	Y
L6885	Replacet socket, shoulder, disarticulation, molded to patient, w/wo ext power		Y	2 per yr	1/1/25		\$ 3,280.56	Y
L6890	Production glove			2 per yr	1/1/25		\$ 173.53	Y
L6895	Custom glove			2 per yr	1/1/25		\$ 631.57	Y
L6900	Hand restorat thumb/1 finger		Y	2 per yr	1/1/25		\$ 1,639.11	Y
L6905	Hand restoration multiple fi		Y	2 per yr	1/1/25		\$ 1,609.14	Y
L6910	Hand restoration no fingers		Y	2 per yr	1/1/25		\$ 1,651.89	Y
L6915	Hand restoration replacmnt			2 per yr	1/1/25		\$ 638.67	Y
BASE DEVICES								
L6920	Wrist disarticul switch ctrl		Y	2 per yr	1/1/25		\$ 7,863.99	Y
L6925	Wrist disart myoelectronic c		Y	2 per yr	1/1/25		\$ 8,621.21	Y
L6930	Below elbow switch control		Y	2 per yr	1/1/25		\$ 7,439.51	Y
L6935	Below elbow myoelectronic ct		Y	2 per yr	1/1/25		\$ 8,803.37	Y
L6940	Elbow disarticulation switch		Y	2 per yr	1/1/25		\$ 9,698.76	Y
L6945	Elbow disart myoelectronic c		Y	2 per yr	1/1/25		\$ 10,847.88	Y
L6950	Above elbow switch control		Y	2 per yr	1/1/25		\$ 10,278.63	Y
L6955	Above elbow myoelectronic ct		Y	2 per yr	1/1/25		\$ 12,500.80	Y
L6960	Shldr disartic switch contro		Y	2 per yr	1/1/25		\$ 13,271.49	Y
L6965	Shldr disartic myoelectronic		Y	2 per yr	1/1/25		\$ 15,202.46	Y
L6970	Interscapular-thor switch ct		Y	2 per yr	1/1/25		\$ 16,339.61	Y
L6975	Interscap-thor myoelectronic		Y	2 per yr	1/1/25		\$ 18,039.13	Y
L7007	Electric hand, switch or myoelectric controlled, adult		Y	2 per yr	1/1/25		\$ 3,700.31	Y
L7008	Electric hand, switch or myoelectric controlled,pediatric		Y	2 per yr	1/1/25		\$ 6,251.20	Y
L7009	Electric hook, switch or myoelectric controlled, adult		Y	2 per yr	1/1/25		\$ 3,784.01	Y

L7040	Prehensile actuator, switch controlled		Y	2 per yr	1/1/25		\$ 2,967.83	Y
L7045	Electron hook, switch or myoelectric controlled, pediatric		Y	2 per yr	1/1/25		\$ 1,648.99	Y
L7170	Electronic elbow hosmer swit		Y	2 per yr	1/1/25		\$ 5,981.99	Y
ELBOW								
L7180	Electronic elbow utah myoele		Y	2 per yr	1/1/25		\$ 35,621.13	Y
L7181	Electronic elbow, microprocessor simultaneous control of elbow term dev		Y	2 per yr	1/1/25		\$ 40,129.58	Y
L7185	Electron elbow adolescent sw		Y	2 per yr	1/1/25		\$ 6,124.56	Y
L7186	Electron elbow child switch		Y	2 per yr	1/1/25		\$ 9,352.72	Y
L7190	Elbow adolescent myoelectron		Y	2 per yr	1/1/25		\$ 7,973.95	Y
L7191	Elbow child myoelectronic ct		Y	2 per yr	1/1/25		\$ 10,073.65	Y
L7259	Electron wrist rotator, any		Y	2 per yr	1/1/25		\$ 4,253.97	Y
BATTERY COMPONENTS AND REPAIRS								
L7360	Six volt bat otto bock/eq ea			2 per yr	1/1/25		\$ 304.84	Y
L7362	Battery chrgr six volt otto			1 per yr	1/1/25		\$ 274.63	Y
L7364	Twelve volt battery utah/equ			2 per yr	1/1/25		\$ 507.62	Y
L7366	Battery chrgr 12 volt utah/e			1 per yr	1/1/25		\$ 683.89	Y
L7367	Lithium ion battery, replacement			2 per yr	1/1/25		\$ 389.92	Y
L7368	Lithium ion battery charger			1 per yr	1/1/25		\$ 505.47	Y
L7400	Add to upp ext prosth elb/wrst, ultralite material(titanium, carbn fibr, or equal)			2 per yr	1/1/25		\$ 306.96	Y
L7403	Add to upper ext prosth elb/wrst disarticulation (acrylic)		Y	2 per yr	1/1/25		\$ 368.82	Y
L7404	Add ue prost a/e acrylic			1 per year	1/1/25		\$ 556.68	Y
L7405	Add ue prost s/d acrylic			2 per year	1/1/25		\$ 728.04	Y
L7499	Upper extremity prosthesis NOS		Y	1 per yr	1/1/08		I/C	N
L7510	Prosthetic device repair minor parts			5 per yr	7/1/20		\$ 184.42	N
L7520	Repair prosthetic device per 15 min			12 units (3 hrs)	7/1/13		\$ 24.57	N
L7700	Pros Soc Insert Gasket/Seal			2 per yr	1/1/25		\$ 147.02	Y
BREAST PROSTHESIS								
L8000	Mastectomy bra, w/o intergrated breast form, any size, any type			3 per yr	1/1/25		\$ 37.25	Y
L8001	Mastectomy bra, w/integrated form, unilateral, any size any type			2 per yr	1/1/25		\$ 125.64	Y

L8002	Mastectomy bra, w/integrated foam, bilateral, any size, any type			2 per yr	1/1/25		\$ 165.22	Y
L8010	Mastectomy sleeve			4 per yr	7/1/13		\$ 50.62	N
L8015	Ext breastprosthesis garment			2 per yr	1/1/25		\$ 60.04	Y
L8020	Mastectomy form			2 per yr	1/1/25		\$ 255.25	Y
L8030	Breast prosthesis silicone w/o adhesive			2 per yr	1/1/25		\$ 330.35	Y
L8035	Custom breast prosthesis		Y	2 per yr	1/1/25		\$ 3,669.25	Y
L8039	Breast prosthesis, NOS		Y	1 per yr	3/15/02		I/C	N
L8041	Midfacial prosthesis		Y	1 per yr	1/1/25		\$ 3,076.88	Y
L8042	Orbital prosthesis, provided by non-phys		Y	1 per yr	1/1/25		\$ 3,457.16	Y
L8043	Upper facial prosthesis provided by NPP		Y		1/1/25		\$ 3,872.07	Y
L8044	Hemi-facial prosthesis		Y	1 per year	1/1/25		\$ 4,286.86	Y
L8047	Nasal septal prosthesis			1 per year	1/1/25		\$ 1,417.46	Y
L8300	Truss single w/ standard pad			1 per year	1/1/25		\$ 86.06	Y
L8310	Truss double w/ standard pad			2 per year	1/1/25		\$ 135.87	Y
L8320	Truss addition to std pad wa			1 per year	1/1/25		\$ 60.92	Y
L8330	Truss add to std pad scrotal			1 per year	1/1/25		\$ 50.36	Y
PROSTHETIC SOCKS								
L8400	Sheath below knee			36 per yr	1/1/25		\$ 17.72	Y
L8410	Sheath above knee			36 per yr	1/1/25		\$ 23.66	Y
L8415	Sheath upper limb			10 per yr	1/1/25		\$ 23.27	Y
L8417	Pros sheath/sock w gel cushn			36 per yr	1/1/25		\$ 75.27	Y
L8420	Prosthetic sock multi ply BK			36 per yr	1/1/25		\$ 20.90	Y
L8430	Prosthetic sock multi ply AK			36 per yr	1/1/25		\$ 22.58	Y
L8435	Pros sock multi ply upper lm			12 per yr	1/1/25		\$ 21.45	Y
L8440	Shrinker below knee			10 per yr	1/1/25		\$ 42.66	Y
L8460	Shrinker above knee			10 per yr	1/1/25		\$ 67.99	Y
L8465	Shrinker, upper limb			10 per yr	1/1/25		\$ 60.19	Y
L8470	Pros sock single ply BK			72 per yr	1/1/25		\$ 6.81	Y
L8480	Pros sock single ply AK			72 per yr	1/1/25		\$ 9.39	Y
L8485	Pros sock single ply upper l			10 per yr	1/1/25		\$ 11.80	Y
L8499	Unlisted Misc prosthetic service		Y	10 per yr	1/1/08		I/C	N
L8500	Artificial larynx			1 per yr	1/1/25		\$ 897.73	Y
L8501	Tracheostomy speaking valve	Y/12 mos		12 per yr	1/1/25		\$ 123.24	Y

L8505	Artificial larynx replacement battery/accessory, any type (AUDIOLOGY)		Y	5 per yr	7/1/13		I/C	N
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each			1 per yr	1/1/25		\$ 41.95	Y
L8509	Trach-esoph voice prosthesis, MD inserted, any type, each			2 per yr	1/1/25		\$ 109.37	Y
L8510	Voice amplifier			1 per yr	1/1/25		\$ 253.08	Y
L8511	Indwelling trach insert			50 per yr	1/1/25		\$ 72.85	Y
L8512	Gel cap for trach voice pros			50 per yr	1/1/25		\$ 2.16	Y
L8513	Trach pros cleaning device, pipet, brush, or equal, replacement only			50 per yr	1/1/25		\$ 5.20	Y
L8514	Replace trach puncture dialator			50 per yr	1/1/25		\$ 94.43	Y
L8515	Gel cap app device for trach			1 per year	1/1/25		\$ 63.20	Y
L8609	Artificial cornea		Y	2 per year	1/1/25		\$ 6,525.45	Y
L8612	Aqueous shunt prosthesis			2 per year	1/1/25		\$ 630.34	Y
L8641	Metatarsal joint implant			1 per year	1/1/25		\$ 2,174.23	Y
L8642	Hallux implant			1 per year	1/1/25		\$ 357.13	Y
L8658	Interphalangeal joint spacer			1 per year	1/1/25		\$ 333.46	Y
L8631	MCP joint repl 2 pc or more		Y	50 per yr	1/1/25		\$ 335.94	Y
L8659	Interphalangeal joint replacement		Y	50 per yr	1/1/25		\$ 1,932.65	Y
L8701	Ewh s/d uprt micro sensor		Y	1 per year	1/1/25		\$ 29,141.77	Y
L8702	Ewhf s/d uprt micro sensor		Y	1 per year	1/1/25		\$ 57,334.76	Y
L9900	Orthotic and prosthetic supply, accessory, or or service		Y	1 per yr	1/1/04		I/C	N
TEMPORARY NATIONAL CODES (INCLUDING INCONTINENCE SUPPLIES)								
S1015	IV tubing extension set	Y/12 mos	Y	I/C	1/1/02		I/C	N
S1040	Cranial remolding orthosis, rigid, w/soft interface material, custom, fabricated		Y	I/C	10/1/02		I/C	N
S8100	Holding chamber or spacer for use w/inhaler or neb; w/o mask	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8101	Holding chamber or spacer for use w/inhaler or neb; w/mask	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8120	Oxygen contents, gaseous, refills	Y/12 mos		4 per mo	7/1/13		\$ 14.06	N
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Y/12 mos		300 lbs per mo	1/1/13		\$ 0.66	N
S8185	Flutter Device	Y/12 mos		2 per mo	7/1/13		\$ 28.08	N

S8186	Swivel adaptor			2 per mo	7/1/13		\$ 4.50	N
S8189	Tracheostomy supply, not otherwise classified	Y/12 mos	Y	I/C	8/1/19		I/C	N
S8189	Saline bullets per box of 100	Y/12 mos	Y	I/C	8/1/19		\$ 7.31	N
S8189	Cotton Tipped Applicators 6" per box of 100 (sterile only)	Y/12 mos	Y	I/C	8/1/19		\$ 4.12	N
S8210	Mucus Trap	Y/12 mos		12 per mo	7/1/13		\$ 2.07	N
S8265	Haberman feeders	Y/12 mos		10 per yr	7/1/13		\$ 2.17	N
S8420	Gradient pressure aid (sleeve and glove combo), custom made	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8421	Gradient pressure aid (sleeve and glove combo), ready made	Y/12 mos		3 per yr	7/1/13		\$ 65.55	N
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8424	Gradient pressure aid (sleeve), ready made	Y/12 mos		3 per yr	7/1/13		\$ 52.44	N
S8425	Gradient pressure aid (glove), custom made, medium weight	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8426	Gradient pressure aid (glove), custom made, heavy duty	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8427	Gradient pressure aid (glove), ready made	Y/12 mos		3 per yr	7/1/13		\$ 81.49	N
S8428	Gradient pressure aid (gauntlet), ready made	Y/12 mos		3 per yr	7/1/13		\$ 39.31	N
S8429	Compression bandage, roll	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8430	Padding for compression bandage, roll	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8431	Compression bandage, roll	Y/12 mos	Y	I/C	1/1/02		I/C	N
S8450	Splint, prefab, digit		Y	I/C	1/1/02		I/C	N
S8451	Splint, prefab, wrist or ankle		Y	I/C	1/1/02		I/C	N
S8452	Sling, prefab, elbow		Y	I/C	1/1/02		I/C	N
S8999	Resuscitation bag	Y/12 mos	Y	2 per yr	7/1/13		\$ 20.43	N
T1999	Miscellaneous therapeutic items & supplies, noc	Y/12 mos	Y	I/C	1/3/04		I/C	N
INCONTINENCE SUPPLIES								
T4521	Adult sized disposable incontinence product, brief/diaper, small	Y/12 mos		240 per mo/180 per yr	7/1/13		\$ 0.63	N
T4522	Adult sized disposable incontinence product, brief/diaper, medium	Y/12 mos		240 per mo/180 per yr	7/1/13		\$ 0.63	N

T4523	Adult sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.88	N
T4524	Adult sized disposable incontinence product, brief/diaper, extra large	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.98	N
T4525	Adult sized disposable incontinence product, protective undrwr/pull-on, sm	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.98	N
T4526	Adult sized disposable incontinence product, protective undrwr/pull-on, med	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.98	N
T4527	Adult sized disposable incontinence product, protective undrwr/pull-on, large	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.98	N
T4528	Adult sized disposable incontinence product, protective undrwr/pull-on, XL	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.98	N
T4529	Pediatric sized disposable incontinence product, brief/diaper, sm/medium	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.57	N
T4530	Pediatric sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.57	N
T4531	Pediatric sized dispos incont product, protective underwear/pull-on, sm/med	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.93	N
T4532	Pediatric sized disp incont product, protective underwear/pull-on, large	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.95	N
T4533	Youth sized disposable incontinence product, brief/diaper, each	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 0.61	N
T4534	Youth sized disposable incontinence product, protective undrwr/pull-on	Y/12 mos		240 per mo/180 pe	7/1/13		\$ 1.00	N
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Y/12 mos		200 per mo	7/1/13		\$ 0.37	N
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	Y/12 mos		24 per yr	7/1/13		\$ 7.69	N
T4539	Incontinence product, diaper/brief, reusable, any size, each	Y/12 mos		24 per yr	7/1/13		\$ 5.92	N
T4541	Incontinence product, disposable underpad, large, each	Y/12 mos		135 per mo/100 pe	7/1/13		\$ 0.51	N
T4542	Incontinence product, disposable underpad, small, each	Y/12 mos		135 per mo/100 pe	7/1/13		\$ 0.50	N

T4543	Incontinence product, brief/diaper, bariatric, each	Y/12 mos		240 per mo/180 per yr	1/1/20		\$ 1.75	N
T5001	Positioning seat for special orthopedic needs - Small (for feeding issues only - includes accessories)		Y		1/1/21	\$ 217.36	\$ 2,173.60	N
T5001	Positioning seat for special orthopedic needs - Small Hi/Lo(for feeding issues only - includes accessories)		Y		1/1/21	\$ 289.96	\$ 2,899.60	N
T5001	Positioning seat for special orthopedic needs - Med (for feeding issues only - includes accessories)		Y		1/1/21	\$ 223.86	\$ 2,238.60	N
T5001	Positioning seat for special orthopedic needs - Med Hi/Lo(for feeding issues only - includes accessories)		Y		1/1/21	\$ 305.11	\$ 3,051.10	N
T5001	Positioning seat for special orthopedic needs - Lge (for feeding issues only - includes accessories)		Y		1/1/21	\$ 239.13	\$ 2,391.35	N
T5001	Positioning seat for special orthopedic needs - Lge Hi/Lo(for feeding issues only - includes accessories)		Y		1/1/21	\$ 353.53	\$ 3,535.35	N
T5999	Supply, not otherwise specified	Y/12 mos	Y	I/C	1/1/04		I/C	N
PROSTHETIC EYES								
V2524	Contact Lens, Hydrophil Photoch		Y	2 every 3 yrs	1/1/25		\$ 155.22	Y
V2623	Prosthetic, eye, plastic, custom made			1 each	1/1/25		\$ 915.77	Y
V2624	Polishing/Resurfacing of ocular prosthesis				1/1/25		\$ 82.82	Y
V2625	Enlargement of ocular prosthesis				1/1/25		\$ 377.60	Y
V2626	Reduction of ocular prosthesis				1/1/25		\$ 203.54	Y
V2627	Scleral cover shell				1/1/25		\$ 1,314.57	Y
V2628	Fabrication and fitting of ocular conformer				1/1/25		\$ 310.39	Y
V2629	Prosthetic, eye, not otherwise classified		Y		1/1/21		I/C	N

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