

**NEW YORK STATE
MEDICAID PROGRAM**

DURABLE MEDICAL EQUIPMENT

PROCEDURE CODES

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4.0 GENERAL INFORMATION AND INSTRUCTIONS

Note: Fees are now published in Fee Schedule section of the DME Provider Manual, located at <http://www.emedny.org/ProviderManuals/DME/index.html>.

1. a. For dates of service **prior to September 1, 1999**, reimbursement for **Durable Medical Equipment** is limited to the **lower** of:

- the acquisition cost (by invoice to the Provider) plus 50%, or
- the usual and customary charge to the general public.

If the charge for an item of **Durable Medical Equipment** exceeds the price indicated for that item, attach an invoice to the claim form which shows the actual acquisition cost. Do not attach an invoice if the charge to Medicaid is less than or equal to the price indicated or the item was prior approved.

- b. For dates of service **on or after September 1, 1999**, reimbursement for **Durable Medical Equipment** is limited to the **lower** of:

- the price as indicated in the fee schedule for Durable Medical Equipment; or
- the usual and customary price charged to the general public.

- c. Reimbursement for Durable Medical Equipment with no price indicated in the fee schedule, Prescription Footwear and unlisted Supply Items is limited to the **lower** of:

- the acquisition cost (by invoice to the Provider) plus 50%, or
- the usual and customary charge to the general public.

If the charge for an item of Prescription Footwear exceeds the price indicated for that item, attach an invoice to the claim form which shows the actual acquisition cost. Do not attach an invoice if the charge to Medicaid is less than or equal to the price indicated or the item was prior approved.

- d. Effective January 1, 2005, reimbursement for Enteral Therapy indicated By Report is limited to the lower of:

- the actual acquisition cost (by invoice to the provider) plus 30%;or
- the usual and customary price charged to the general public.

2. Reimbursement for **Enteral Therapy, Medical/Surgical Supplies, Prosthetics and Orthotics** is limited to the lower of:

- the price as indicated in the fee schedule for Durable Medical Equipment; or
- the usual and customary price charged to the general public.

3. Reimbursement for **equipment rentals** cannot exceed the monthly rental charge to the general public. Duration of rental and the monthly charge will be determined by the Department of Health (see Rule 12 for instructions on use of the rental modifier). **All rental payments must be deducted from purchase price.** The monthly rental payment includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories or parts. **Equipment which is new to the recipient's treatment plan should be rented initially.** Exceptions to this policy include, if the ordering practitioner has documented in the recipient's clinical file that long-term use (over 4 months) is certain for such equipment, if the equipment is an exact replacement for previously purchased equipment, or if **'-RR'** is **not** listed under the code in the fee schedule. Documentation of the reason for the exception must be maintained in the DME provider's file, including clinical documentation from the ordering practitioner.
4. Delivery and set up are included in the Medicaid - allowed charge for purchased or rented equipment.
5. Prior approval, dispensing validation, and prior authorization:
 - a. "_____", Underlined code numbers indicate that prior approval is required.
 - b. When the description is preceded by "#", Medicaid Eligibility Verification System (MEVS) dispensing validation is required.
 - c. When the description is preceded by a "*", voice interactive telephone prior authorization is required. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.
6. Where the letters "PA" appear in the price column, the actual price must be determined at the time of the prior approval. Reimbursement is limited to the lower of the acquisition cost (by invoice to the provider) plus 50%, or the usual and customary charge to the general public.
7. **Oxygen and oxygen supplies:** Reimbursement will be an **all-inclusive monthly rate.** Home liquid oxygen services require DVS authorization. Gaseous oxygen and concentrators do not require prior approval. The provider must maintain the ordering practitioner's documentation of medical necessity on file with the written order. Oxygen therapy must be re-ordered once every 12 months or more frequently if the recipient's need for oxygen changes. See DME Policy Guidelines for specific coverage criteria:
<http://www.emedny.org/ProviderManuals/DME/index.html>
8. Standards of coverage are included for high utilization items to clarify conditions under which Medicaid will reimburse for these items. Also see Section 2 of DME Policy Guidelines.
9. Any item dispensed in violation of Federal, State or Local Law is not reimbursable by New York State Medicaid.

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10. Where brand names and model numbers appear in the fee schedule, they are intended to identify the type and quality of equipment expected, and are not exclusive of any comparable product by the same or another manufacturer.
11. Effective April 1, 2001, the additional charge for split size (mismatching) orthopedic footwear may be billed using code L3257 (MEVS dispensing validation required).
12. **MMIS MODIFIERS:** The following MMIS Modifiers should be added to the five character alpha-numeric code when appropriate.

'-RB' Replacement and Repair: (use RB for dos on or after 4/1/09) (use RP for dos prior to 4/1/09)

- Allowed once per year (365 days) per device for patient-owned devices only. More frequent repairs to the device require prior approval.
 - Bill with the most specific code available with the modifier for the equipment or part being repaired.
 - Use of '-RB' is not needed when a code is available for a specific replacement part; use the specific code only when billing.
 - A price must be listed for the code in the fee schedule in order for '-RB' to be reimbursable without prior approval.
 - '-RB' is not to be billed in combination with A9900, E1340, L4210 or L7510 for repair or replacement of the same device.
- a. Indicates replacement and repair of **orthotic and prosthetic devices** which have been in use for some time.
 - Effective April 1, 2003, prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device.
 - For charges \$35.00 and under, use L4210 or L7510.
 - b. Indicates replacement and repair of **durable medical equipment** which has been in use for some time and is outside of warranty.
 - Effective April 1, 2005, prior approval is not required when the repair charge is less than 10% of the price listed on the code for the device.
 - If the charge is greater than 10% of the price, prior approval is required.
 - If no code is available (i.e. unlisted equipment) to adequately describe the repair or replacement of the equipment or part, use A9900 and report E1340 for labor component.

'-RR' Rental - use the '-RR' modifier when DME is to be rented. Only when '-RR' is noted under the code will up to four months rental at 10% of price listed be allowed without prior approval. DVS authorization is not required when billing '-RR'. All rental payments must be deducted from purchase price. Prior approval is required for equipment rental when '-RR' is not listed under the code.

'-BO' **Orally administered enteral nutrition**, must be added to the five-digit alpha-numeric code as indicated, effective April 1, 2003.

'-LT' **Left side** and '-RT' **Right side** modifiers must be used when the orthotic, prescription footwear or prosthetic device is side-specific, effective January 1, 2005. Do not use these modifiers with procedure codes for devices which are not side-specific or when the code description is a pair.

13. **Acquisition Cost** means the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations, mailing, shipping, handling, insurance costs or any sales tax.
14. For items listed in section 4.1 **Medical/Surgical Supplies**, the quantity listed is the maximum allowed per month. If the fiscal order exceeds this amount, the provider must obtain prior approval.
15. **"BY REPORT" (BR):** When billing "By Report", appropriate documentation (e.g.: itemized invoice) indicating total cost of the item, and any other factors which may be pertinent, must be submitted with the claim.
16. **Orthopedic Footwear** may only be dispensed by a Provider who is certified or employs others who are certified by the American Board for Certification in Orthotics and Prosthetics, the Board for Certification in Pedorthics or the Board for Orthotist Certification. Failure to provide proof of certification will result in claim denials.
17. **Filling Orders:** An original fiscal order for Medical/Surgical Supplies may not be filled more than 60 days after it has been initiated by the ordering practitioner unless prior approval is required. An original fiscal order for Durable Medical Equipment, Orthotics, Prescription Footwear and Prosthetics may not be filled more than 180 days after it has been ordered by the ordering practitioner. Oxygen systems and certain prior approved items (determined at the time of prior approval) are exempt from this requirement. **When an item requires prior approval, the fee schedule effective on the order date is applicable.**
18. **Frequency:** Durable medical equipment has limits on the frequency that items can be dispensed to an eligible recipient. If a recipient exceeds the limit on an item, prior approval must be requested with accompanying medical documentation as to why the limits need to be exceeded. The frequency for each item is listed by a superscript notation next to the procedure code. The following table lists the meaning of each notation:

F1=once/lifetime	F2=twice/lifetime	F3=once/5 years	F4=once/3 years
F5=once/2 years	F6=once/year	F7=twice/year	F8=three/two months
F9=once/month	F10=twice/month	F11=four/month	F12=once/day
F13=once/3 months	F14=four/lifetime	F15=six/lifetime	F16=once/6 months
F17=twelve/lifetime	F18=three/lifetime	F19=twice/3 years	F20=two/2 years
F21=two/6 months	F22=four/year	F23=six/2 years	F24=eight/year
F25=eight/lifetime			

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
4.1 MEDICAL/SURGICAL SUPPLIES		
<u>ADHESIVE TAPE/REMOVER</u>		
A4450	Tape, non-waterproof, per 18 square inches	(up to 300)
A4452	Tape, waterproof, per 18 square inches	(up to 100)
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	(up to 40)
<u>ANTISEPTICS</u>		
A4244	Alcohol or peroxide, per pint	(up to 5)
A4245	Alcohol wipes, per box (100's)	each (up to 5)
A4246	Betadine or pHisoHex solution, per pint	(up to 3)
<u>BREAST PUMPS</u>		
E0602/E0603 include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.		
E0602	Breast pump, manual, any type	one
E0603	#Breast pump, electric (AC and/or DC), any type	one
<u>CANES/CRUTCHES/ACCESSORIES</u>		
A4635	Underarm pad, crutch, replacement, each	each (up to 2)
A4636	Replacement, handgrip, cane, crutch or walker, each	each (up to 2)
A4637	Replacement, tip, cane, crutch, or walker, each	each (up to 5)
E0100	#Cane, includes canes of all materials, adjustable or fixed, with tip	one
E0105	#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)	one
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (over 23" height, no rotation option)	one pair
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)	one
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	one pair
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	one

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	one pair
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	one
<u>INCONTINENCE APPLIANCES AND CARE SUPPLIES</u>		
A4310	Insertion tray without drainage bag and without catheter (accessories only)	each (up to10)
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to10)
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to10)
A4320	Irrigation tray with bulb or piston syringe, any purpose	each (up to30)
A4322	Irrigation syringe, bulb or piston, each	each (up t 50)
A4326	Male external catheter with integral collection chamber, any type, each	each (up to 2)
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	each (up to 5)
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	each (up to 5)
A4334	Urinary catheter anchoring device, leg strap, each	each (up to12)
<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up t 10)
A4344	Indwelling catheter, Foley type, two-way, all silicone	each (up to10)
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each	each (up to10)
A4349	Male external catheter, with or without adhesive, disposable, each	each (up to 60)
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 250)
<u>A4352</u>	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each (for self-catheterization)	each (up to 250)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4353	Intermittent urinary catheter, with insertion supplies	each (up to 60)
A4354	Insertion tray with drainage bag but without catheter	each (up to 30)
<u>EXTERNAL URINARY SUPPLIES</u>		
A4356	External urethral clamp or compression device (not to be used for catheter clamp),each	one
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	each (up to 10)
A4358	Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each	each (up to 30)
<u>OSTOMY SUPPLIES</u>		
A4361	Ostomy faceplate, each	each (up to 15)
A4362	Skin barrier; solid 4x4 or equivalent, each	each (up to 25)
A4363	Ostomy clamp, any type, replacement only, each	each (up to 5)
A4364	Adhesive, liquid, or equal, any type, per ounce	each (up to 20)
A4365	Adhesive remover wipes, any type, per 50	one
A4366	Ostomy vent, any type, each	each (up to 10)
A4367	Ostomy belt, each	each (up to 5)
A4368	Ostomy filter, any type, each	each (up to 40)
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	each (up to 22)
A4371	Ostomy skin barrier, powder, per oz	each (up to 21)
A4372	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	each (up to 15)
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	each (up to 15)
A4376	#Ostomy pouch, drainable, with faceplate attached, rubber, each	each (up to 2)
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, ea	each (up to 15)
A4378	#Ostomy pouch, drainable, for use on faceplate, rubber, each	each (up to 2)
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each (up to 15)
A4380	#Ostomy pouch, urinary, with faceplate attached, rubber, each	each (up to 2)
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	each (up to 10)
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	each (up to 15)
A4383	#Ostomy pouch, urinary, for use on faceplate, rubber. each	each (up to 2)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	each (up to 15)
A4387	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	each (up to 15)
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	each (up to 8)
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	each (up to 60)
A4396	#Ostomy belt with peristomal hernia support	each (up to 2)
A4397	Ostomy irrigation supply; sleeve, each	each (up to 125)
A4398	Ostomy irrigation supply; bag, each	each (up to 125)
A4399	Ostomy irrigation supply; cone/catheter, including brush	one
A4400	Ostomy irrigation set	each (up to 30)
A4402	Lubricant, per ounce	(up to 20)
A4404	Ostomy ring, each	each (up to 15)
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	each (up to 18)
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	each (up to 18)
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)
A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	each (up to 10)
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	each (up to 10)
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	each (up to 10)
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each (used after ostomy surgery)	each (up to 15)
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each (used after ostomy surgery)	each (up to 15)
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	each (up to 20)
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each	each (up to 20)
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	each (up to 60)
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	each (up to 60)
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	each (up to 60)
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	each (up to 60)
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	each (up to 60)
<u>A4421</u>	Ostomy supply; miscellaneous	each (up to 30)
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	each (up to 60)
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	each (up to 20)
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each	each (up to 20)
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each	each (up to 20)
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each	each (up to 20)
A4458	#Enema bag with tubing, reusable	one
A5051	Pouch, closed; with barrier attached (1 piece), each	each (up to 60)
A5052	Pouch, closed; without barrier attached (1 piece), each	each (up to 60)
A5053	Pouch, closed; for use on faceplate, each	each (up to 60)

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A5054	Pouch, closed; for use on barrier with flange (2 piece), each	each (up to 60)
A5055	Stoma cap	each (up to 5)
A5061	Pouch, drainable; with barrier attached (1 piece), each	each (up to 150)
A5062	Pouch, drainable; without barrier attached (1 piece), each	each (up to 150)
A5063	Pouch, drainable, for use on barrier with flange (2 piece system), each	each (up to 50)
A5071	Pouch, urinary; with barrier attached (1 piece), each	each (up to 50)
A5072	Pouch, urinary; without barrier attached (1 piece), each	each (up to 50)
A5073	Pouch, urinary; for use on barrier with flange (2 piece), each	each (up to 50)
A5081	Continent device; plug for continent stoma	each (up to 31)
A5082	Continent device; catheter for continent stoma	one
A5083	Continent device, stoma absorptive cover for continent stoma	each (up to 120)
A5093	Ostomy accessory; convex insert	each (up to 5)

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5105	# Urinary suspensory with leg bag, with or without tube, each	each (up to 5)
A5112	Urinary leg bag; latex	each (up to 5)
A5113	Leg strap; latex, replacement only, per set	pair (up to 2 pair)
A5114	Leg strap; foam or fabric, replacement only, per set	pair (up to 2 pair)
A5120	Skin barrier, wipes or swabs, each (only covered for ostomy patients for ostomy care)	each (up to 100)
A5121	Skin barrier; solid, 6x6 or equivalent, each	each (up to 25)
A5122	Skin barrier; solid, 8x8 or equivalent, each	each (up to 25)
A5126	Adhesive or non-adhesive; disc or foam pad	each (up to 30)
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	one
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	each (up to 30)

COMMUNE ACCESSORIES

E0160	#Sitz type bath, or equipment, portable, used with or without commode	one
E0167	#Pail or pan for use with commode chair	one
E0275	Bed pan, standard, metal or plastic	one
E0276	#Bed pan, fracture, metal or plastic	one
E0325	#Urinal; male, jug-type, any material	one
E0326	#Urinal; female, jug-type, any material	one

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>DIABETIC DIAGNOSTICS</u>		
A4233	#Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 2)
A4234	#Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	one
A4235	#Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	one
A4250	Urine test or reagent strips or tablets, (100 tablets or strips)	each (up to 2)
A4252	#Blood ketone test or reagent strip, each	each (up to 100)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, (visual also), per 50 strips	50's (up to 4)
A4256	#Normal, low and high calibrator solution/chips	one
E0607	#Home blood glucose monitor	one
<u>E2100</u>	Blood glucose monitor with integrated voice synthesizer	one
A9275	#Home glucose disposable monitor, includes test strips	each (up to 2)

Disposable glucometers are reimbursable when the ordering practitioner documents in the patient's file one of these diagnoses or situations: person newly diagnosed with diabetes, diagnosed with gestational diabetes, diagnosed with Type 2 diabetes, in medical need of a treatment plan change from a traditional to disposable home glucometer, in medical need of an emergency replacement glucometer while awaiting prior approval of a traditional glucometer, or a child who requires testing in school. Disposable glucometers are not reimbursable as a back-up glucometer.

Medicaid payment is only available for either a traditional glucometer or a disposable glucometer. If a disposable glucometer is dispensed, no additional strips are reimbursable.

DIABETIC DAILY CARE

A4230	#Infusion set for external insulin pump, non needle cannula type	each (up to 30) (two month supply)
A4231	#Infusion set for external insulin pump, needle type	each (up to 24) (two-month supply)
A4244	Alcohol or peroxide, per pint	(up to 5)
A4245	Alcohol wipes, per box (100's)	each (up to 5)
A4258	Spring-powered device for lancet, each	each (up to 2)
A4259	Lancets, per box of 100	each (up to 2)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>FAMILY PLANNING PRODUCTS</u>		
A4267	Contraceptive supply, condom, male, each	each (up to 108)
A4268	Contraceptive supply, condom, female, each	each (up to 108)
<u>GLOVES</u>		
Gloves are reimbursable only when medically necessary for the recipient. Gloves are not reimbursable as personal protective equipment for employees or when included in a kit or tray (e.g., catheter or tracheostomy). Sterile gloves are only reimbursable when medically necessary.		
A4927	#Gloves, non-sterile, per 100	100's (up to 1)
A4930	#Gloves, sterile, per pair	pair, up to 30
<u>HEAT APPLICATION</u>		
E0210	#Electric heat pad, standard	one
E0215	#Electric heat pad, moist	one
E0220	Hot water bottle	one
E0238	Non-electric heat pad, moist	one
<u>SYNTHETIC SHEEP SKIN AND DECUBITUS CARE</u>		
E0188	Synthetic sheepskin pad	one
E0191	Heel or elbow protector, each	each (up to 5)
<u>MASTECTOMY CARE</u>		
L8000	Breast prosthesis, mastectomy bra	each (up to 5)
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	each (up to 5)
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	each (up to 5)
L8020	Breast prosthesis, mastectomy form	each (up to 2)
L8030	Breast prosthesis, silicone or equal	each (up to 2)
S8460	Camisole, post-mastectomy	each (up to 5)
<u>RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES</u>		
<u>NOTE:</u> Supplies/parts are for patient-owned equipment only		
A4605	Tracheal suction catheter, closed system, each (for mechanical ventilation patient)	each (up to 15)

Durable Medical Equipment Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>A4481</u>	Tracheostoma filter, any type, any size, each (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter). If ventilator-dependent, included in monthly ventilator rental fee. Not to be billed in conjunction with E0450, E0461, E0463, or E0464	each (up to 30)
A4614	Peak expiratory flow meter, hand held	one
A4615	Cannula, nasal	each (up to 4)
A4616	Tubing, (oxygen), per foot (for patient owned respiratory equipment)	each (up to 30)
A4619	Face tent	each (up to 4)
A4620	Variable concentration mask	each (up to 4)
A4623	Tracheostomy, inner cannula	each (up to 5)
A4624	Tracheal suction catheter, any type, other than closed system, each (tray)	each (up to 250)
A4625	Tracheostomy care kit for new tracheostomy Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape, gauze roll and tracheostomy tube holder.	each (up to 90)
A4626	Tracheostomy cleaning brush	each (up to 2)
A4628	Oropharyngeal suction catheter, each (e.g., Yankauer)	each (up to 5)
A4629	Tracheostomy care kit for established tracheostomy Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape and tracheostomy tube holder.	each (up to 90)
A7000	Canister, disposable, used with suction pump, each	each (up to 5)
A7002	Tubing, used with suction pump, each (suction connection tubes)	each (up to 30)
A7003	Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable	each (up to 2)
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	each (up to 5)
A7005	#Administration set, with small volume non filtered pneumatic nebulizer, non-disposable	one
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	each (up to 5)
A7013	Filter, disposable, used with aerosol compressor	each (up to 5)
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	one
A7015	Aerosol mask, used with DME nebulizer	one

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A7038	Filter, disposable, used with positive airway pressure device	each (up to 5)
A7039	Filter, nondisposable, used with positive airway pressure device	each (up to 5)
A7523	Tracheostomy shower protector, each	one
A7525	Tracheostomy mask, each	each (up to 4)
E0605	#Vaporizer, room type (coverable for treatment of respiratory illness; warm or cool mist)	one
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	each (up to 9)
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	each (up to 6)
S8100	#Holding chamber or spacer for use with an inhaler or nebulizer; without mask	each (up to 2)
S8101	#Holding chamber or spacer for use with an inhaler or nebulizer; with mask	each (up to 2)
<u>S8189</u>	Tracheostomy supply, not otherwise classified	up to 1/month

SUPPORT GOODS

A4463	Surgical dressing holder, reusable, each	each (up to 5)
A4495	#Surgical stockings thigh length (compression 18-35 mmHg)	each (up to 4)
A4500	#Surgical stockings below knee length (compression 18-35 mmHg)	each (up to 4)
A4510	#Surgical stockings full length, each (e.g., pregnancy support, compression 18-35 mmHg)	each (up to 2)
A4565	Slings	one
A4570	Splint	each (up to 5)
L0120	Cervical, flexible, non-adjustable (foam collar)	one
L1825	Knee orthosis, elastic knee cap, prefabricated, including fitting and adjustment	each (up to 2)
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>THERMOMETERS</u>		
A4931	Oral thermometer, reusable, any type, each	one
A4932	Rectal thermometer, reusable, any type, each	one
<u>UNDERPADS/DIAPERS/LINERS</u>		
Diapers/liners and underpads are covered only when medical need may be demonstrated. Diapers/liners will not be covered when incontinence occurs as part of the normal developmental process, i.e., under age three. The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper/liner dispensed. Medicaid allows for any combination of up to 250 diapers and/or liners per month for the same beneficiary.		
<u>A4335</u>	Incontinence supply; miscellaneous	each (up to 30)
A4554	#Disposable underpads, all sizes, (e.g., Chux's)	each (up to 300)
T4521	#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")	each (up to 250)
T4522	#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")	each (up to 250)
T4523	#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")	each (up to 250)
T4524	#Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip 60"-62")	each (up to 250)
T4529	#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)	each (up to 250)
T4530	#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)	each (up to 250)
T4533	#Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)	each (up to 250)
T4535	#Disposable liner/shield/guard/pad/undergarment, for incontinence, each	each (up to 250)
T4537	#Incontinence product, protective underpad, reusable, bed size, each	each (up to 3)
T4539	#Incontinence product, diaper/brief, reusable, any size, each	each (up to 5)
T4540	#Incontinence product, protective underpad, reusable, chair size, each	each (up to 3)
<u>T4543</u>	Disposable incontinence product, brief/diaper, bariatric, each (waist/hip >-62")	each (up to 250)
<u>WOUND DRESSINGS</u>		
A6010	#Collagen based wound filler, dry form, sterile, per gram of collagen	up to 30
A6011	#Collagen based wound filler, gel/paste, sterile, per gram of collagen	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6021	#Collagen dressing, sterile, pad size 16 sq. in. or less, each	up to 5
A6022	#Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	up to 5
A6023	#Collagen dressing, sterile, pad size more than 48 sq. in., each	up to 5
A6024	#Collagen dressing wound filler, sterile, per 6 inches	up to 3
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	up to 30
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	up to 15
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	up to 60
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6201	Composite dressing, pad size more than 16 sq. in. But less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6204	Composite dressing, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
A6206	Contact layer, sterile, 16 sq. in., or less, each dressing	up to 30
A6207	Contact layer, sterile, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	up to 15
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6210	Foam dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6213	Foam dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 120
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 120
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 60
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 120
A6220	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15
A6222	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6223	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 60
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 15
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	up to 30
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	up to 30
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in. without adhesive border, each dressing	up to 30
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 und coversq. in. with any size adhesive border, each dressing	up to 30
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce	up to 20
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	up to 25
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adnesive border, each dressing	up to 30
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6248	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce	up to 30
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30
A6253	Specialty absorptive dressing wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	up to 30
A6258	Transparent film, sterile, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	up to 30
<u>A6261</u>	Wound filler, gel/paste, sterile, per fluid ounce, not elsewhere classified	up to 30
<u>A6262</u>	Wound filler, dry form, sterile, per gram, not elsewhere classified	up to 30
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	up to 30
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 180
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 120
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30
A6407	Packing strips, non-impregnated, sterile, up to two inches in width, per linear yard	up to 30
A6410	Eye pad, sterile, each	up to 50
A6411	Eye pad, non-sterile, each	up to 50
A6412	Eye patch, occlusive, each	up to 30

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	up to 30
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	up to 120
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	up to 120
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 120
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 120
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	up to 120
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 120
A6448	Light compression bandage, elastic, knitted/ woven, width less than three inches, per yard	up to 90
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 90
A6450	Light compression bandage, elastic, knitted/ woven, width greater than or equal to five inches, per yard	up to 90
A6451	Moderate compression bandage, elastic, knitted/ woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 90
A6452	High compression bandage, elastic, knitted/woven load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 15
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	up to 30
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	up to 30
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	up to 30

Durable Medical Equipment Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
A6456	Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 24
<u>A6457</u>	Tubular dressing with or without elastic, any width, per linear yard	up to 25

VARIOUS MISCELLANEOUS

A4216	Sterile water, saline, and/or dextrose (diluent), 10ml	up to 120
A4217	Sterile water/saline, 500ml	up to 10
A4221	#Supplies for maintenance of drug infusion catheter, per week (list drug separately) (bill monthly)	each unit (up to 200 units per month)

Use for all supplies necessary for maintenance of drug infusion catheters and external pumps, and/or supplies necessary for the administration of drugs (except insulin) not otherwise listed in the fee schedule.

<u>A4649</u>	Surgical supply; miscellaneous	up to 30
A4660	#Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type	one
<u>A4670</u>	Automatic blood pressure monitor (semi or fully automatic) Please review the detailed clinical coverage guidelines and documentation requirements published at http://www.emedny.org/providermanuals/DME/communications.html	one
<u>A9999</u>	Miscellaneous DME supply or accessory, not otherwise specified	up to 5
E0710	Restraints, any type (body, chest, wrist or ankle)	each (up to 4)
<u>T5999</u>	Supply, not otherwise specified (limited to the following previously state-defined codes):	
Z2003	Plastic strips	50's (up to 5)
Z2351	Basal thermometer	one
Z2156	Sterile 6" wood applicator w/cotton tips	100's (up to 1)
Z2640	Incentive spirometer	one
Z2744	Nasal aspirator	one

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
4.2 ENTERAL THERAPY		
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES</u>		
<p>Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes.</p>		
B4034	#Enteral feeding supply kit; syringe fed, per day	up to 30/mo
B4035	#Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036	#Enteral feeding supply kit; gravity fed, per day	up to 30/mo
B4081	#Nasogastric tubing with stylet	one/mo
B4082	#Nasogastric tubing without stylet	up to 2/mo
B4083	#Stomach tube - Levine type	up to 2/mo
B4087	#Gastrostomy/jejunostomy tube, standard, any material, any type, each	one/mo
B4088	#Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (for patients who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated)	one/3mo
B4100	#Food thickener, administered orally, per ounce	up to 180/mo

1. Enteral nutritional therapy is covered for nasogastric, jejunostomy or gastrostomy tube feeding or as a liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized (the inability to sustain oneself nutritionally by eating food) and the condition is one where enteral nutritional therapy is generally considered by the medical community as the treatment of choice to produce medical benefit. Medical necessity for enteral nutritional therapy must be substantiated by documented physical findings and/or laboratory data. The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized prescriber. It is the responsibility of the prescriber to maintain documentation in the recipient's record regarding the medical necessity for enteral nutritional therapy. Standard milk-based infant formulas are not reimbursable by Medicaid. Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.
2. The calculation for pricing enteral formula is as follows: Number of calories per can divided by 100 equals the number of caloric units per can.
3. Effective April 1, 2003, enteral formula requires voice interactive prior authorization, as indicated by the "*" next to the code description. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736

The NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at: <http://www.emedny.org/ProviderManuals/DME/communications.html>

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES</u>		(continued)
B4149	*Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4150	*Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4152	*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4153	*Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4154	*Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4155	*Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	up to 300 caloric units/mo
B4157	*Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4158	*Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
B4159	*Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4160	*Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4161	*Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
B4162	*Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo
<u>B9998</u>	Not otherwise classified enteral supplies (e.g., flavor packets, liquid vitamin E)	up to 90
S8265	#Haberman feeder for cleft lip/palate	up to 2/month

NOTE: Products categorized under codes B4154, B4155, B4157, B4161 and B4162 are reimbursable using “By Report” rules when the charge is greater than the price listed.

4.3 HEARING AID BATTERY

V5266	Battery for use in hearing device (any type) (up to a two-month supply may be dispensed on one date of service)	each (up to 24)
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NOTE: To be priced by the State on a periodic basis at retail less 20 percent. When billing for batteries on the claim form the “Quantity Dispensed” field refers to the individual number of batteries dispensed not number of packages dispensed.

CODE

DESCRIPTION

4.4 DURABLE MEDICAL EQUIPMENT

HOSPITAL BEDS AND ACCESSORIES

A hospital bed is covered if the recipient is bed-confined (not necessarily 100 percent of the time) and the recipient's condition necessitates positioning of the body in a way not feasible in an ordinary bed or attachments are required which could not be used on an ordinary bed. Bed enclosures are not reimbursable by Medicaid.

**E0250^{F3} Hospital bed, fixed height, with any type side rails, with mattress
'-RR'**

A standard hospital bed is one which conforms to accepted industry standards, consisting of a modified gatch spring assembly, mattress, bed ends with casters, two manually operated foot end cranks, is equipped with IV sockets and is capable of accommodating/supporting a trapeze bar, side rails, an overhead frame and other accessories.

**E0255^{F3} #Hospital bed, variable height, hi-lo, with any type side rails, with
'-RR' mattress**

In addition to criteria for a standard hospital bed, a multi-height bed is covered when necessary for recipient transfer due to his or her medical condition and/or documented attendant limitations warranting multi-height potential.

**E0260^{F3} #Hospital bed, semi-electric (head and foot adjustment) with any type
'-RR' side rails, with mattress**

**E0265^{F3} #Hospital bed, total electric (head, foot and height adjustments), with
'-RR' any type side rails, with mattress**

**E0303^{F3} #Hospital bed, heavy duty, extra wide, with weight capacity greater
'-RR' than 350 pounds, but less than or equal to 600 pounds, with any type
side rails, with mattress (up to 48" width)**

**E0304^{F2} #Hospital bed, extra heavy duty, extra wide, with weight capacity
'-RR' greater than 600 pounds, with any type side rails, with mattress**

**E0328^{F3} #Hospital bed, pediatric, manual, 360 degree side enclosures, top of
'-RR' headboard, footboard and side rails up to 24 inches above the spring,
includes mattress** Please review the detailed clinical coverage guidelines
and documentation requirements published at:

<http://www.emedny.org/providermanuals/DME/communications.html>

In addition to the preceding criteria for beds, an electric bed is covered when the recipient's condition is such that frequent change in body position is necessary and/or there may be an immediate need for a change in position (i.e., no delay in change can be tolerated) and the recipient can independently effect the adjustment by operating the controls.

E0271^{F5} Mattress, inner spring

E0272^{F5} Mattress, foam rubber

E0274^{F3} Over-bed table

E0305^{F5} #Bedside rails, half-length (telescoping per pair)

<u>CODE</u>	<u>DESCRIPTION</u>
E0310 ^{F5}	#Bedside rails, full-length (telescoping per pair)
<u>E0316</u> ^{F3}	Safety enclosure frame/canopy for use with hospital bed, any type
'-RR'	Please review the detailed clinical coverage guidelines and documentation requirements published at http://www.emedny.org/providermanuals/DME/communications.html

PRESSURE REDUCING SUPPORT SURFACES

Covered for bedridden or wheelchair-bound recipients and/or documented decubitus where conventional cushioning methods have failed. Air fluidized beds are not covered for the home setting. Medicaid reimbursement for pressure reducing support surfaces is based on the following coding assignments and coverage criteria.

For Group 1 surfaces (codes A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0196, E0197, E0198, E0199{see Section 4.1 for E0188}):

- Completely immobile, i.e. patient cannot make changes in body position,
- or**
- Limited mobility, i.e. patient cannot independently make changes in body position significant enough to alleviate pressure **and** has any stage pressure ulcer on the trunk or pelvis **and** one of the following: impaired nutritional status, fecal or urinary incontinence, altered sensory perception or compromised circulatory status.

For Group 2 surfaces (codes E0193, E0277, E0371, E0372):

- Multiple Stage II pressure ulcers located on trunk or pelvis, patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate Group 1 support surface and the ulcers have worsened or remained the same over the past month, **or**
- Large or multiple Stage III or IV pressure ulcers on the trunk or pelvis, **or**
- Recent myocutaneous flap or skin graft surgery (past 60 days) for a pressure ulcer on the trunk or pelvis and the patient has been on at least a Group 2 support surface immediately prior to a recent discharge (past 30 days) from a hospital or nursing home.

A4640 ^{F6}	#Replacement pad for use with medically necessary alternating pressure pad owned by patient
E0181 ^{F5}	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182 ^{F3}	#Pump for alternating pressure pad, for replacement only
E0184 ^{F6}	#Dry pressure mattress
E0185 ^{F6}	#Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186 ^{F6}	Air pressure mattress
E0187 ^{F6}	Water pressure mattress

<u>CODE</u>	<u>DESCRIPTION</u>
E0190 ^{F5}	#Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E0193 ^{F2}	#Powered air flotation bed (low air loss therapy)
'-RR'	
E0196 ^{F6}	Gel pressure mattress
E0197 ^{F6}	Air pressure pad for mattress, standard mattress length and width
E0198 ^{F6}	Water pressure pad for mattress, standard mattress length and width
E0199 ^{F6}	Dry pressure pad for mattress, standard mattress length and width
E0277 ^{F2}	#Power pressure reducing air mattress
'-RR'	
E0371 ^{F2}	#Non-powered advance pressure reducing overlay for mattress, standard mattress length and width
'-RR'	
E0372 ^{F2}	#Powered air overlay for mattress, standard mattress length and width
'-RR'	

IPPB MACHINES

Intermittent Positive Pressure Breathing Machines are covered if the recipient's ability to breathe is severely impaired and medical necessity is supported by diagnosis. The level of sophistication of the machine should be compatible with the recipient's need and be appropriate for home use.

- A4618^{F11} **Breathing Circuits**
- E0500^{F6} **IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source**

OXYGEN SYSTEMS (See Section 2 of the DME Policy Guidelines)

Oxygen and related supplies are covered when prescribed for home oxygen therapy to treat a demonstrated severe breathing impairment. Because for many high volume oxygen users an oxygen concentrator represents a less expensive, medically appropriate alternative to containerized oxygen, quantity consumed should be a consideration in the type of equipment dispensed. Portable oxygen systems are covered when the prescriber's order specifies that the portable system is medically necessary. E0431 and E0434 may not be billed in combination. Reimbursement will be an **all-inclusive monthly rate**.

- E0424^{F9} **Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing**
- E0431^{F9} **Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (includes contents)**
- E0434^{F9} **#Portable liquid oxygen systems, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing**

<u>CODE</u>	<u>DESCRIPTION</u>
E0439 ^{F9}	#Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (per unit) (one unit= one liter per minute) (up to six units)

As with all rentals the monthly fee includes all necessary equipment (e.g. oxygen tank holder)

E1390 ^{F9}	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at prescribed flow rate
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Monthly rate for code **E1390** includes portable/emergency gaseous supply. This supply would be in place for a power outage, malfunction of the concentrator, etc. for the homebound recipient, and is included in the monthly rate. **However**, portable oxygen **can** be billed in addition to the concentrator when the recipient requires portable oxygen (E0431) to go out of the house for **normal** (non-emergency) **activities** such as appointments or grocery shopping, etc.

E1392^{F9} Portable oxygen concentrator, rental

The monthly rate includes all oxygen needs: stationary, portable and emergency gaseous supply in place for a power outage, malfunction of the concentrator, or other emergency situations.

Code E1392 is not reimbursable in conjunction with any other oxygen system (codes E1390, E0424, E0431, E0434 or E0439).

RESPIRATORY CARE

Ventilators (E0450, E0461, E0463, E0464) and BiPAP ST equipment (E0471 and E0472) will only be rented and are not to be billed in combination. As with all rentals, the monthly fee includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies (e.g. tracheostoma filters, any type) and services for equipment set-up, maintenance and replacement of worn essential accessories or parts, loading or downloading software, and backup equipment as needed.

Requests for high frequency chest wall oscillation system (E0483) must be supported with documentation of diagnosis and treatment plan. All **airway clearance devices** (E0480, E0481, E0482, and E0483) require an order from a PHCP-approved Cystic Fibrosis Center or a board-certified pulmonologist. Treatment failure with regular chest physical therapy, suctioning, nebulization, medication, spacers, and positive expiratory pressure devices must be documented along with other measures attempted to address contributing conditions (e.g., aspiration). The equipment ordered must have been successfully used in a hospital or other care setting and training provided to caregivers or recipient on use of equipment. These devices are rented initially.

<u>CODE</u>	<u>DESCRIPTION</u>
A7025 ^{F2}	#High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026 ^{F2}	#High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027 ^{F7}	#Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028 ^{F7}	#Oral cushion for combination oral/nasal mask, replacement only, each
A7029 ^{F7}	#Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030 ^{F3}	#Full face mask used with positive airway pressure device, each
A7031 ^{F3}	#Face mask interface, replacement for full face mask, each
A7032 ^{F7}	#Cushion for use on nasal mask interface, replacement only, each
A7033 ^{F7}	#Pillow for use on nasal cannula type interface, replacement only, pair
A7034 ^{F3}	#Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035 ^{F7}	#Headgear used with positive airway pressure device
A7036 ^{F7}	#Chinstrap used with positive airway pressure device
A7037 ^{F7}	#Tubing used with positive airway pressure device
A7044 ^{F3}	#Oral interface used with positive airway pressure device, each
A7045 ^{F7}	#Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
E0445 ^{F9}	#Oximeter device for measuring blood oxygen levels non-invasively (The monthly rate for pulse oximeters includes all supplies. Covered only in combination with oxygen therapy. Not to be billed with apnea monitors or ventilators unless treatment plan calls for weaning from these devices.)
E0450 ^{F9}	#Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0461 ^{F9}	#Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
E0463 ^{F9}	#Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
E0464 ^{F9}	#Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
E0470 ^{F3} '-RR'	#Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (BiPAP)('RR'= 190/month)

<u>CODE</u>	<u>DESCRIPTION</u>
E0471 ^{F9}	#Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (BiPAP ST)
E0472 ^{F9}	#Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (BiPAP ST)
E0480 ^{F3} '-RR'	#Percussor, electric or pneumatic, home model
E0481 ^{F9}	#Intrapulmonary percussive ventilation system and related accessories Purchase price reached at 24 months.
E0482 ^{F9}	#Cough stimulating device, alternating positive and negative airway pressure (manual or automatic) Purchase price reached at 24 months.
E0483 ^{F9}	#High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each A three month trial is required for chest compression systems and continued only with documented treatment success. Purchase price reached at 60 months.
E0550 ^{F3} '-RR'	#Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery
E0561 ^{F3} '-RR'	#Humidifier, nonheated, used with positive airway pressure device (for recipient-owned equipment only)
<u>E0562</u> ^{F3} '-RR'	Humidifier, heated, used with positive airway pressure device (for recipient-owned equipment only, covered only with documented treatment failure with nonheated humidification)
E0565 ^{F3} '-RR'	#Compressor, air power source for equipment which is not self-contained or cylinder driven A compressor is covered only as an air power source for medically necessary durable medical equipment that is not self-contained.
E0570 ^{F6}	#Nebulizer, with compressor
E0575 ^{F3}	#Nebulizer, ultrasonic, large volume Ultrasonic nebulizers are covered where the presence of chronic obstructive pulmonary disease necessitates the greatest possible degree of nebulization in order to effect a therapeutic response.

<u>CODE</u>	<u>DESCRIPTION</u>
E0580 ^{F9}	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0600 ^{F3}	Respiratory suction pump, home model, portable or stationary, electric
E0601 ^{F3} '-RR'	#Continuous airway pressure (CPAP) device For purchase, filter, tubing and headgear are included with all new CPAP units and should NOT be billed with the initial setup. Supplies are also included if CPAP is initially rented.
K0730 ^{F9}	#Controlled dose inhalation drug delivery system The monthly rate includes all supplies. Covered with a diagnosis of pulmonary arterial hypertension with Class III or IV symptoms, for administration of Iloprost inhalation.
S8185 ^{F6}	#Flutter device (positive expiratory pressure device)
S8999 ^{F3}	Resuscitation bag (manual resuscitator for use by patient on artificial respiration during power failure or other catastrophic event)

TRACTION EQUIPMENT, VARIOUS

E0849 ^{F2} '-RR'	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0855 ^{F2} '-RR'	Cervical traction equipment not requiring additional stand or frame
E0860 ^{F3}	Traction equipment, overdoor, cervical
E0890 ^{F3}	Traction frame, attached to footboard, pelvic traction
E0900 ^{F3}	Traction stand, free standing, pelvic traction (e.g., Buck's)
E0910 ^{F3} '-RR'	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar
E0911 ^{F3} '-RR'	#Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912 ^{F3} '-RR'	#Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0940 ^{F3} '-RR'	Trapeze bar, free standing, complete with grab bar
E0946 ^{F3} '-RR'	Fracture, frame, dual with cross bars, attached to bed (e.g. Balken, Four Poster)

WALKERS (ANY WIDTH)

E0130 ^{F2}	Walker, rigid (pick-up), adjustable or fixed height
E0135 ^{F2}	Walker, folding (pick-up), adjustable or fixed height
E0140 ^{F3} '-RR'	Walker, with trunk support, adjustable or fixed height, any type

Home walkers with trunk support provide **complete** adjustment of center of gravity and trunk angle and support, and stimulates walking movements for an adult who requires gait training or retraining due to **severe** motor and balance dysfunction.

<u>CODE</u>	<u>DESCRIPTION</u>
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Walkers with trunk support should be rented initially to determine the specific prompts required for mobility and training and to measure treatment success. Clinical documentation from the rental trial period must be submitted with the prior approval request. ('-RR' = \$100/month)

- | | |
|---------------------|--|
| E0141 ^{F2} | #Walker, rigid, wheeled, adjustable or fixed height |
| E0143 ^{F2} | #Walker, folding, wheeled, adjustable or fixed height |
| E0144 ^{F3} | #Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat |
| E0147 ^{F3} | #Walker, heavy duty, multiple braking system, variable wheel resistance |
| E0148 ^{F3} | #Walker, heavy duty, without wheels, rigid or folding, any type, each |
| E0149 ^{F3} | #Walker, heavy duty, wheeled, rigid or folding, any type |
| E0153 ^{F7} | Platform attachment, forearm crutch, each (supports arm) |
| E0154 ^{F7} | Platform attachment, walker, each (supports arm) |
| E0155 ^{F7} | Wheel attachment, rigid pick-up walker, per pair |
| E0156 ^{F3} | #Seat attachment, walker |
| E0157 ^{F7} | Crutch attachment, walker, each |
| E0159 ^{F7} | Brake attachment for wheeled walker, replacement, each |

Home pediatric gait trainers provide support and encourage upright positioning for walking for children requiring gait training/retraining due to **mild to moderate** motor and balance dysfunction. With additional prompts, they provide complete adjustment of center of gravity and trunk angle and support, and stimulate walking movements for a child who requires gait training or retraining due to **severe** motor and balance dysfunction. Pediatric gait trainers should be rented initially to determine the specific prompts required for mobility and training and to measure treatment success. Clinical documentation from the rental trial period must be submitted with the prior approval request.

- | | |
|----------------------------|---|
| <u>E8000</u> ^{F3} | Gait trainer, pediatric size, posterior support, includes all accessories and components ('-RR' = \$100/month) |
| <u>E8001</u> ^{F3} | Gait trainer, pediatric size, upright support, includes all accessories and components ('-RR' = \$100/month) |
| <u>E8002</u> ^{F3} | Gait trainer, pediatric size, anterior support, includes all accessories and components ('-RR' = \$100/month) |

WHEELED MOBILITY EQUIPMENT

GENERAL GUIDELINES

The term wheeled mobility equipment (WME) describes manual wheelchairs (MWC), power mobility devices (PMD) including power wheelchairs (PWC), power operated vehicles (POV) and push rim activated power assist devices (PAD). Wheeled mobility equipment is covered if the patient's medical conditions and mobility limitations are such that without the use of the WME, the patient's ability to perform mobility related activities of daily living (MRADL) in the home and community is significantly impaired and the patient is not ambulatory or functionally ambulatory.

CODE

DESCRIPTION

MRADLs include dining, personal hygiene tasks and activities specified in a medical treatment plan completed in customary locations in the home and community.

See the Wheeled Mobility Guidelines at:

<http://www.emedny.org/ProviderManuals/DME/communications.html> for clinical and coverage criteria, documentation and payment requirements, and WME terminology definitions.

MANUAL WHEELCHAIRS

Reimbursement price for all manual wheelchairs includes:

- any type arm style or armrest, arm pad
- seat or cushion (a medically indicated non-standard seat, back cushion or seating system that is not included by the manufacturer may be billed separately)
- standard leg rest
- standard footrest
- safety belt/pelvic strap (2-point)
- solid tires and casters, metal hand rims
- brakes

These parts may not be billed separately with a new wheelchair.

E1161^{F3} **#Manual adult size wheelchair, includes tilt-in-space**

E1229^{F3} **Wheelchair, pediatric size, not otherwise specified**

E1233^{F3} **#Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (E2231 solid seat included)**

E1234^{F3} **#Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system**

Pediatric tilt-in-space wheelchairs satisfy feature growth capability, attendant or user controlled tilt, multi position tilt, transit system, attendant handles, 10-18" width, 13-18" depth and standard back heights. Adult tilt-in-space wheelchairs feature attendant or user controlled tilt, multi position tilt, transit system, attendant handles, 10-19" width and standard depth and back height.

K0001^{F5} **#Standard wheelchair**

'-RR'

This wheelchair features heavy steel cross adult frame and fixed rear axle position, 16/18" width, 16" depth, and 16/18/20" back.

K0002^{F5} **#Standard hemi (low-seat) wheelchair**

'-RR'

This wheelchair features heavy steel cross frame and fixed rear axle position, 16/18" width, 16" depth, and 16-18" back.

K0003^{F3} **#Lightweight wheelchair**

'-RR'

This wheelchair features an adult, hemi or pediatric folding frame, aluminum or steel cross frame, fixed rear axle position, 14/16/18" width, 16/18" depth, and 16-18" back.

CODE

DESCRIPTION

**K0004^{F3} #High strength, lightweight wheelchair
'-RR'**

This wheelchair features an adult, hemi, or pediatric folding frame, limited rear axle adjustment, lightweight tires and casters, 12/13/14/16/18/20" width, 16-18" depth and 16-19" back.

K0005^{F3} #Ultra lightweight wheelchair

A high-strength multi-adjustable wheelchair, featuring low rolling resistance, fully adjusting rear axle, any type push handles, transport option, and folding or rigid pediatric or adult frame. Additionally, the weight distribution may be changed, adjusting the ease or difficulty of self-propulsion. This wheelchair features 11/12/13/14/16/17/18" width, 12-18" depth, and 17-20" back.

**K0006^{F3} #Heavy-duty wheelchair
'-RR'**

This wheelchair features a reinforced folding cross frame, 300 lb weight capacity, reinforced seat and back, fixed rear axle position, calf pads, 20-22" width, 16/17/18" depth, and 18-20" back.

K0007^{F3} #Extra heavy-duty wheelchair

In addition to the features provided in a heavy-duty wheelchair, a double cross brace and dual or triple axle positioning, 19/20/22/24" width, 16-20" depth and low/medium/tall backs are featured.

K0009^{F5} Other manual wheelchair/base

This code is to be used for recipients with medical needs for features in addition to those indicated for the wheelchair and/or accessory codes listed. Custom-made wheelchairs feature a wheelchair frame that is uniquely constructed or substantially modified for a specific recipient and is covered if the feature needed is not available in an already manufactured wheelchair or accessory. The assembly of a wheelchair from modular components and the use of customized options do not meet the requirements for a custom-made wheelchair

POWERED MOBILITY DEVICES

ACCESSORIES

Reimbursement price for all POV includes:

- Battery or batteries required for operation
- Battery charger single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation

These parts may not be billed separately with a new POV.

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CODE

DESCRIPTION

Reimbursement price for all power wheelchairs (PWCs) includes the following accessories:

- Lap belt or safety belt
- Battery or batteries required for operation
- Battery charger single mode
- Complete set of tires and casters, any type
- Fixed, swingaway, or detachable non-elevating legrests with or without calf pad.
Elevating legrests may be billed separately.
- Fixed, swingaway or detachable footrests or a foot platform without angle adjustment.
There is no separate billing for angle adjustable footplates with Group 1 or 2
Angle adjustable footplates may be billed separately with Group 3, 4 and 5
- Fixed, swingaway, or detachable non-adjustable height armrests with arm pad.
Adjustable height armrests may be billed separately.
- Joystick standard proportional (integrated or remote)
A non proportional or mini, compact or short throw proportional joystick or other alternative control device may be billed separately with a Group 2 or Group 3 wheelchair.
- Joystick hardware, fixed, swingaway and/or retractable.
- Controller and Input Device- Non-expandable controller and a standard proportional joystick (integrated or remote).
- An expandable controller only with a multipower options chair
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: for Group 3 and 4 PWCs with a sling/solid seat/back the following may be billed separately:
For Standard Duty, seat width and/or depth greater than 20 inches;
For Heavy Duty, seat width and/or depth greater than 22 inches;
For Very Heavy Duty, seat width and/or greater than 24 inches;
For Extra Heavy Duty, no separate billing
- Any back width. Exception: for Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
For Standard Duty, back width greater than 20 inches;
For Heavy Duty, back width greater than 22 inches;
For Very Heavy Duty, back width greater than 24 inches;
For Extra Heavy Duty, no separate billing

PWC SEATING

- A sling/solid seat is a rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWC's with an automatic back and a solid seat pan are considered as a solid seat/back system, not Captains Chair.

Continued on next page

CODE

DESCRIPTION

- A Captain's Chair is a one or two-piece automotive-style seat with a rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the captains chair codes. If medically necessary, refer to positioning/ skin protection seat/back codes and bill the PWC using a sling/solid seat code.

PWC POWER OPTIONS

- Power Options are defined as tilt, recline, elevating legrests, that may be added to a PWC to accommodate a patient's specific medical need for seating and positioning assistance
- No power options- A category of PWCs that is incapable of accommodating any power options
- Single power option- A category of PWCs with the capability to accept and operate only one power option at a time on the base. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.
- Multiple Power Option- A category of PWC with the capability to accept and operate more than one power option at a time on the base. A PWC does not have to accommodate all features from the defined list of power options to qualify for this code, but must be capable of having more than one power feature present and operational on the PWC at the same time.
- Proportional control input device is a device that transforms a user's drive command (a physical action initiated by the user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a non-discrete directional command and a non-discrete speed command for a single drive command movement.

Group 1 POV features

Width less than or equal to 28 inches, length less than or equal to 48 inches, minimum top end speed-flat 3mph, minimum range 5 miles, minimum obstacle climb 20 mm, radius pivot turn less than or equal to 54 inches, dynamic stability incline 6 degrees, fatigue cycle test 200,000 cycles, and drop test 6,666 cycles.

K0800^{F3} Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds

K0801^{F3} Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 Pounds

<u>CODE</u>	<u>DESCRIPTION</u>
<u>K0802</u> ^{F3}	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds

Group 2 POV features

Width less than or equal to 28 inches, length less than or equal to 48 inches, minimum top end speed-flat 4 mph, minimum range 10 miles, minimum obstacle climb 50 mm, radius pivot turn less than or equal to 54 inches, dynamic stability incline 7.5 degrees, fatigue cycle test 200,000 cycles, and drop test 6,666 cycles.

<u>K0806</u> ^{F3}	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
<u>K0807</u> ^{F3}	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 Pounds
<u>K0808</u> ^{F3}	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
<u>K0812</u> ^{F3}	Power operated vehicle, not otherwise classified

Group 1 PMD features

Standard duty, 300 pounds or less, length less than or equal to 40 inches, width less than or equal to 24 inches, minimum top end speed-flat 3 mph, minimum range 5 miles, minimum obstacle climb 20 mm, and fatigue cycle test 6 degrees, fatigue cycle test 200,000 cycles, drop test 6,666 cycles, standard integrated or remote proportional control input device, non-expandable controller, largest single component not to exceed 55 pounds (portable only), incapable of upgrade to expandable controllers, incapable of upgrade to alternative control devices, may have crossbrace construction, accommodates non-powered options and seating systems (e.g., recline only backs, manually elevating legrests).

<u>K0813</u> ^{F3}	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
<u>K0814</u> ^{F3}	Power wheelchair, group 1 standard, portable, captains chair, patient weight Capacity up to and including 300 pounds
<u>K0815</u> ^{F3}	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight Capacity up to and including 300 pounds
<u>K0816</u> ^{F3}	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds

Group 2 PMD Standard features

Length less than or equal to 48 inches, width less than or equal to 34 inches, minimum top end speed-flat 3 mph, minimum range 7 miles, minimum obstacle climb 40 mm, dynamic stability incline 6 degrees, fatigue cycle test 200,000 cycles, drop test 6,666 cycles, standard integrated or remote proportional control input device, may have crossbrace construction, accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs).

CODE

DESCRIPTION

Group 2 PMD No Power Option features

In addition to standard Group 2 features, has non-expandable controller, incapable of upgrade to expandable controllers, incapable of upgrade to alternative control devices, largest single component not to exceed 55 pounds (portable only), accommodates non-powered options and seating systems (e.g., recline only backs, manually elevating legrests).

- K0820^{F3} Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0821^{F3} Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds**
- K0822^{F3} Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0823^{F3} Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds**
- K0824^{F3} Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds**
- K0825^{F3} Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds**
- K0826^{F3} Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds**
- K0827^{F3} Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds**
- K0828^{F3} Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more**
- K0829^{F3} Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more**

Group 2 PMD Single Power Options features

In addition to Group 2 standard features, non-expandable controller, capable of upgrade to expandable controllers, capable of upgrade to alternative control devices, accommodates only one powered seating system at a time on the base.

- K0835^{F3} Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0836^{F3} Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds**
- K0837^{F3} Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds**
- K0838^{F3} Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds**
- K0839^{F3} Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds**
- K0840^{F3} Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more**

CODE

DESCRIPTION

Group 2 PMD with Multi Power Options features

In addition to Group 2 standard features, expandable controller at initial use, capable of upgrade to alternative control devices, accommodates more than one powered seating system at a time on the base, and accommodates ventilators.

- K0841^{F3} Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0842^{F3} Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds**
- K0843^{F3} Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds**

Group 3 PMD Standard features

Length less than or equal to 48 inches, width less than or equal to 34 inches, minimum top end speed-flat 4.5 mph, minimum range 12 miles, minimum obstacle climb 60 mm, dynamic stability incline 7.5 degrees, fatigue cycle test 200,000, drop test 6,666 cycles, standard integrated or remote proportional control, drive wheel suspension to reduce vibration, may not have cross brace construction, accommodates seating and positioning items (e.g. seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs).

Group 3 PMD No Power option features

In addition to Group 3 standard features, non-expandable controller, capable of upgrade to expandable controllers, capable of upgrade to alternative control devices, accommodates non-powered options and seating systems (e.g., recline only backs, manually elevating legrests).

- K0848^{F3} Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0849^{F3} Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds**
- K0850^{F3} Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds**
- K0851^{F3} Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds**
- K0852^{F3} Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds**
- K0853^{F3} Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds**
- K0854^{F3} Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more**
- K0855^{F3} Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more**

CODE

DESCRIPTION

Group 3 PMD Single Power option features

In addition to Group 3 standard features, non-expandable controller, capable of upgrade to expandable controllers, capable of upgrade to alternative control devices, accommodates only one powered seating system at a time on the base.

- K0856^{F3} Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0857^{F3} Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds**
- K0858^{F3} Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds**
- K0859^{F3} Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds**
- K0860^{F3} Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds**

Group 3 PMD Multiple Power option features

In addition to Group 3 standard features, expandable controller at initial use, capable of upgrade to alternative control devices, accommodates more than one powered seating system at a time on the base, and accommodates ventilators.

- K0861^{F3} Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds**
- K0862^{F3} Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds**
- K0863^{F3} Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds**
- K0864^{F3} Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more**

Group 4 PMD Standard features

Length less than or equal to 48 inches, width less than or equal to 34 inches, minimum top end speed-flat 6 mph, minimum range 16 miles, minimum obstacle climb 75 mm, dynamic stability incline 9 degrees, fatigue cycle test 200,000 cycles, drop test 6,666 cycles, standard integrated or remote proportional control, may not have crossbrace construction, and accommodates seating and positioning items (e.g. seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs).

Group 4 PMD No Power Option features

In addition to Group 4 standard features, non-expandable controller, capable of upgrade to expandable controllers, capable of upgrade to alternative control devices, accommodates non-powered options and seating systems (e.g. recline only backs, manually elevating legrests).

<u>CODE</u>	<u>DESCRIPTION</u>
<u>K0868</u> ^{F3}	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<u>K0869</u> ^{F3}	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
<u>K0870</u> ^{F3}	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<u>K0871</u> ^{F3}	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds

Group 4 PMD Single Power Option features

In addition to Group 4 standard features, non-expandable controller, drive wheel suspension to reduce vibration, capable of upgrade to expandable controllers, capable of upgrade to alternative control devices, accommodates non-powered options and seating systems (e.g. recline-only, backs, manually elevating legrests), and accommodates only one powered seating system at a time on the base.

<u>K0877</u> ^{F3}	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<u>K0878</u> ^{F3}	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
<u>K0879</u> ^{F3}	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<u>K0880</u> ^{F3}	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds

Group 4 PMD Multiple Power Option features

In addition to Group 4 standard features, expandable controller at initial issue, capable of upgrade to alternative control devices, accommodates more than one powered seating system at a time on the base, and accommodates ventilators.

<u>K0884</u> ^{F3}	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<u>K0885</u> ^{F3}	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
<u>K0886</u> ^{F3}	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

CODE

DESCRIPTION

Group 5 PMD Standard Features

Patient weight capacity pediatric (125 pounds or less), length less than or equal to 48 inches, width less than or equal to 28 inches, minimum top end speed-flat 4 mph, minimum range 4 mph, minimum range 12 miles, minimum obstacle climb 60 mm, dynamic stability incline 9 degrees, crash testing passed, fatigue cycle test 200,000 cycles, drop test 6,666 cycles, standard integrated or remote proportional control, seat width minimum of 5 one-inch options, seat depth minimum 3 one-inch options, seat height adjustment requirements greater than or equal to 3 inches, back height adjustment requirements minimum of 3 options, seat to back angle range of adjustment - minimum of 12 degrees, drive wheel suspension to reduce vibration, expandable controller at initial issue, capable of upgrade to alternative control devices, accommodates powered seating options, accommodates seating and positioning items (e.g. seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports), adjustability for growth (minimum of 3 inches for width, depth, and back height adjustment).

Group 5 PMD Single Power Option

In addition to Group 5 standard features, may accommodate non-powered options and seating systems, allows only one power option on the base at a time.

K0890^{F3} Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

Group 5 PMD Multiple Power Option features

In addition to Group 5 standard features, allows more than one power option on the base at a time, and accommodates ventilators.

K0891^{F3} Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

Group 6 PMD Miscellaneous Code

K0898^{F3} Power wheelchair, not otherwise classified

WHEELED MOBILITY ACCESSORIES

- **Wheeled mobility accessories that are included in new equipment (as indicated in the Manual and Powered Mobility sections) are reimbursable ONLY as replacement parts outside of warranty and are not to be billed with a new wheelchair. For new wheeled mobility devices, use accessory codes ONLY when included accessories do not meet a specific medical need.**

Continued on next page

<u>CODE</u>	<u>DESCRIPTION</u>
	<ul style="list-style-type: none"> For positioning features, documentation of medical necessity must include, but is not limited to, information that the recipient is dependent for transfers and has a plan of care which addresses the need for frequent positioning changes that do not always include a tilt or recline position. Coverage of flat free, zero pressure and foam filled tires is limited to recipients who are independent in mobility or whose medical conditions indicate such tires. See the Wheeled Mobility Seating and Positioning Guidelines at: http://www.emedny.org/ProviderManuals/DME/communications.html for clinical and coverage criteria, documentation and payment requirements, and terminology definitions.
E0944 ^{F7}	#Pelvic belt/harness/boot (limited to wheelchair 4-point padded belt)
E0951 ^{F6}	#Heel loop/holder, any type, with or without ankle strap, each
E0952 ^{F6}	#Toe loop/holder, any type, each
E0955 ^{F3}	#Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956 ^{F3}	#Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (up to 4 supports/prompts)
E0957 ^{F3}	#Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958 ^{F5}	Manual wheelchair accessory, one-arm drive attachment, each
E0959 ^{F5}	#Manual wheelchair accessory, adapter for amputee, each
E0960 ^{F7}	#Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware (includes padding and strap guides)
E0961 ^{F5}	#Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966 ^{F5}	#Manual wheelchair accessory, headrest extension, each
E0967 ^{F3}	#Manual wheelchair accessory, hand rim with projections, any type, each
E0971 ^{F6}	#Manual wheelchair accessory, anti-tipping device, each
E0973 ^{F3}	#Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974 ^{F5}	#Manual wheelchair accessory, anti-rollback device, each
E0978 ^{F7}	#Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (includes padding)
E0986 ^{F3}	Manual wheelchair accessory, push activated power assist, each
E0990 ^{F3}	#Wheelchair accessory, elevating leg rest, complete assembly, each
	'-RR'
E0992 ^{F6}	#Manual wheelchair accessory, solid seat insert
E0995 ^{F6}	#Wheelchair accessory, calf rest/pad, each
E1002 ^{F3}	Wheelchair accessory, power seating system, tilt only
E1003 ^{F3}	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004 ^{F3}	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction

<u>CODE</u>	<u>DESCRIPTION</u>
E1005 ^{F3}	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006 ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007 ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008 ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009 ^{F3}	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest, each
E1011 ^{F3}	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014 ^{F3}	#Reclining back, addition to pediatric size wheelchair
'-RR'	
E1020 ^{F3}	#Residual limb support system for wheelchair (with adjustable drop hooks)
E1028 ^{F3}	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1225 ^{F3}	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226 ^{F3}	#Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
'-RR'	A manual fully reclining back option is covered if the patient has one or more of the following conditions: A. The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or B. The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.
E1228 ^{F6}	Special back height for wheelchair
E1298 ^{F3}	Special wheelchair seat depth and/or width, by construction
E2201 ^{F3}	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202 ^{F3}	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203 ^{F3}	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204 ^{F3}	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2205 ^{F3}	# Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206 ^{F7}	#Manual wheelchair accessory, wheel lock assembly, complete, each (brakes)
E2207 ^{F6}	#Wheelchair accessory, crutch and cane holder, each

<u>CODE</u>	<u>DESCRIPTION</u>
E2209 ^{F6}	#Arm trough, with or without hand support, each
E2210 ^{F6}	Wheelchair accessory, bearings, any type, replacement only, each
E2211 ^{F7}	#Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212 ^{F7}	#Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213 ^{F6}	#Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214 ^{F7}	#Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215 ^{F7}	#Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2218 ^{F6}	#Manual wheelchair accessory, foam propulsion tire, any size, each
E2219 ^{F6}	#Manual wheelchair accessory, semipneumatic foam caster tire, any size, each
E2220 ^{F7}	#Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
E2221 ^{F7}	#Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222 ^{F6}	#Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
E2223 ^{F6}	#Manual wheelchair accessory, valve, any type, replacement only, each
E2224 ^{F6}	#Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225 ^{F6}	#Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226 ^{F6}	#Manual wheelchair accessory, caster fork, any size, replacement only, each
E2231^{F3}	# Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291 ^{F3}	#Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292 ^{F3}	#Seat, planar, for pediatric size wheelchair including fixed attaching hardware
<u>E2310^{F3}</u>	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
<u>E2311^{F3}</u>	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
<u>E2312^{F6}</u>	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware

<u>CODE</u>	<u>DESCRIPTION</u>
<u>E2313</u> ^{F6}	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
<u>E2323</u> ^{F5}	# Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
<u>E2324</u> ^{F6}	#Power wheelchair accessory, chin cup for chin control interface
<u>E2325</u> ^{F3}	Power wheelchair accessory, sip and puff interface, non proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware
<u>E2326</u> ^{F3}	Power wheelchair accessory, breath tube kit for sip and puff interface
<u>E2327</u> ^{F3}	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
<u>E2328</u> ^{F3}	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
<u>E2329</u> ^{F3}	Power wheelchair accessory, head control interface, contact switch mechanism, non proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
<u>E2330</u> ^{F3}	Power wheelchair accessory, head control interface, proximity switch mechanism, non proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
<u>E2340</u> ^{F3}	#Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (for 21"-23"only, 20" included in base)
<u>E2341</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
<u>E2342</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches
<u>E2343</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
<u>E2360</u> ^{F6}	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each replacement only
<u>E2361</u> ^{F6}	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass mat) replacement only
<u>E2362</u> ^{F6}	Power wheelchair accessory, group 24 non-sealed lead acid battery, each replacement only
<u>E2363</u> ^{F6}	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) replacement only
<u>E2364</u> ^{F6}	Power wheelchair accessory, U-1 non-sealed lead acid battery, each replacement only
<u>E2365</u> ^{F6}	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) replacement only

<u>CODE</u>	<u>DESCRIPTION</u>
E2366 ^{F3}	#Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each replacement only
E2367 ^{F3}	#Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each replacement only
E2368 ^{F3}	#Power wheelchair component, motor, replacement only
E2369 ^{F3}	#Power wheelchair component, gear box, replacement only
E2370 ^{F3}	#Power wheelchair component, motor and gear box combination, replacement only
E2371 ^{F7}	#Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each replacement only
<u>E2373</u> ^{F6}	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
<u>E2374</u> ^{F6}	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
<u>E2375</u> ^{F6}	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
<u>E2376</u> ^{F6}	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only includes harness
<u>E2377</u> ^{F2}	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue includes harness
E2381 ^{F6}	#Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382 ^{F6}	#Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383 ^{F6}	#Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384 ^{F6}	#Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385 ^{F6}	#Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386 ^{F6}	#Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387 ^{F6}	#Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388 ^{F6}	#Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389 ^{F6}	#Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390 ^{F6}	#Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each

<u>CODE</u>	<u>DESCRIPTION</u>
E2391 ^{F6}	#Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392 ^{F6}	#Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394 ^{F6}	#Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395 ^{F6}	#Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396 ^{F6}	#Power wheelchair accessory, caster fork, any size, replacement only, each
<u>E2399</u> ^{F3}	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware
E2601 ^{F5}	#General use wheelchair seat cushion, width less than 22 inches, any depth
E2602 ^{F5}	#General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603 ^{F5}	#Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604 ^{F5}	#Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605 ^{F5}	#Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606 ^{F5}	#Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607 ^{F5}	#Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608 ^{F5}	#Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
<u>E2609</u> ^{F3}	Custom fabricated wheelchair seat cushion, any size (pediatric or adult)
E2611 ^{F5}	#General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612 ^{F5}	#General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
K0734 ^{F5}	#Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
K0735 ^{F5}	#Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
K0736 ^{F5}	#Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
K0737 ^{F5}	#Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2613 ^{F5}	#Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614 ^{F5}	#Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware

<u>CODE</u>	<u>DESCRIPTION</u>
E2615 ^{F5}	#Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616 ^{F5}	#Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
<u>E2617</u> ^{F5}	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (pediatric or adult)
E2619 ^{F5}	#Replacement cover for wheelchair seat cushion or back cushion, each
E2620 ^{F5}	#Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
<u>E2621</u> ^{F5}	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
K0015 ^{F3}	#Detachable, nonadjustable height armrest, each
K0017 ^{F3}	#Detachable, adjustable height armrest, base, each
K0018 ^{F3}	#Detachable, adjustable height armrest, upper portion, each
K0019 ^{F6}	#Arm pad, each
K0037 ^{F3}	#High mount flip-up footrest, each
K0038 ^{F6}	#Leg strap, each
K0039 ^{F6}	#Leg strap, H style, each
K0040 ^{F3}	#Adjustable angle footplate, each
K0041 ^{F3}	#Large size footplate, each
K0042 ^{F3}	#Standard size footplate, each
K0043 ^{F3}	#Footrest, lower extension tube, each
K0044 ^{F3}	#Footrest, upper hanger bracket, each
K0045 ^{F3}	#Footrest, complete assembly
K0046 ^{F3}	#Elevating legrest, lower extension tube, each
K0047 ^{F3}	#Elevating legrest, upper hanger bracket, each
K0052 ^{F3}	#Swingaway, detachable footrests, each
K0053 ^{F3}	#Elevating footrests, articulating (telescoping), each
<u>K0056</u> ^{F3}	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair
K0065 ^{F5}	#Spoke protectors, each
K0071 ^{F6}	#Front caster assembly, complete, with pneumatic tire, each
K0072 ^{F6}	#Front caster assembly, complete, with semipneumatic tire, each
K0073 ^{F6}	#Caster pin lock, each
K0077 ^{F6}	#Front caster assembly, complete, with solid tire, each
K0098 ^{F6}	#Drive belt for power wheelchair
K0105 ^{F4}	#IV hanger, each (for wheelchair)
<u>K0108</u> ^{F6}	Other accessories (limited to wheeled mobility parts not listed)

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

A4265^{F9} Paraffin, per pound (for medically necessary paraffin bath unit)

<u>CODE</u>	<u>DESCRIPTION</u>
A4556 ^{F9}	Electrodes (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)
A4557 ^{F6}	Lead wires (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)
A4630 ^{F7}	#Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
<u>A4632</u> ^{F7}	Replacement battery for external infusion pump, any type, each (also see K0601-K0605)
A7520 ^{F9}	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
A7521 ^{F9}	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7522 ^{F7}	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each
A7524 ^{F7}	Tracheostoma stent/stud/button, each
<u>E0235</u> ^{F2}	Paraffin bath unit, portable (Covered only with documented treatment failure with medication and when ordered by a rheumatologist)
B9002 ^{F3}	Enteral nutrition infusion pump – with alarm
‘-RR’	
B9004 ^{F3}	Parenteral nutrition infusion pump, portable
‘-RR’	
B9006 ^{F3}	Parenteral nutrition infusion pump, stationary
‘-RR’	

The maximum monthly rental amount for infusion pumps (codes B9002, B9004, B9006, E0781, E0791) is \$60.00. The maximum daily rental amount for a parenteral infusion pump for short-term use is \$5.00 per day up to a total of \$60.00 per month. The maximum monthly rental amount is applicable if a pump is left in the home for a monthly medication dose. Medicaid rents with option to purchase. All rental fees must be deducted from purchase price.

Use codes E0163-E0168 for adaptive toileting systems, either free-standing or over toilet.

E0163 ^{F3}	Commode chair, mobile or stationary, with fixed arms
E0165 ^{F3}	Commode chair, mobile or stationary, with detachable arms (removable, dropdown or swing away)
E0168 ^{F5}	#Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0175 ^{F3}	#Foot rest, for use with commode chair, each (one or two piece)
E0202 ^{F2}	#Phototherapy (bilirubin) light with photometer (rental only, blanket or overhead light) (treatment plan greater than 10 days requires prior approval)
E0240 ^{F3}	Bath/shower chair, with or without wheels, any size
E0241 ^{F2}	Bathtub wall rail, each

<u>CODE</u>	<u>DESCRIPTION</u>
E0243 ^{F2}	Toilet rail, each
E0244 ^{F3}	Raised toilet seat (with or without arms)
E0245 ^{F3}	Tub stool or bench
E0246 ^{F2}	Transfer tub rail attachment
E0247 ^{F3}	Transfer bench for tub or toilet with or without commode opening
E0248 ^{F3}	#Transfer bench, heavy duty, for tub or toilet with or without commode opening
E0604 ^{F7}	#Breast pump, hospital grade, electric (AC and/or DC), any type (rental only)

Hospital or professional grade breast pump coverage is limited to cases of prematurity (including multiple gestation), neurologic disorders, genetic abnormalities (e.g., Down's Syndrome), anatomic and mechanical malformations (e.g., cleft lip and palate), congenital malformations requiring surgery (e.g., respiratory, cardiac, gastrointestinal, CNS), prolonged infant hospitalization, or other conditions that prevent normal breastfeeding (e.g. respiratory compromise). DVS authorization is available for up to 2 months. Prior approval s required for cases requiring more than 2 months rental (e.g. extreme prematurity, less than 28 weeks gestation).

E0619^{F9} #Apnea monitor, with recording feature

Apnea monitors will only be rented. As with all rentals, the monthly fee includes all necessary features and equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories or parts, loading or downloading software, and backup equipment as needed. For children under 1 year of age, an electronic DVS prior authorization number must be obtained prior to providing an apnea monitor. Board certified pulmonologists or neonatologists are qualified to order apnea monitors. Prior Approval is still required for beneficiaries over 1 (one) year of age.

- E0621^{F6} **Sling or seat, patient lift, canvas or nylon**
- E0628^{F2} **#Separate seat lift mechanism for use with patient owned furniture-electric**
- E0629^{F2} **#Separate seat lift mechanism for use with patient owned furniture-non-electric**
- E0630^{F2} **#Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)**

Patient lifts are covered if the severity of the medical condition is such that periodic movement is necessary to effect improvement or to retard deterioration of that condition, and the alternative to use of this device is wheelchair or bed confinement. A **separate seat lift mechanism** is covered if all of the following criteria are met:

Continued on next page

CODE

DESCRIPTION

1. The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
2. The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition. (The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g. medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.)
3. The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty, or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
4. Once standing, the patient must have the ability to ambulate.

Coverage is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance.

Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position. Patient and seat lift equipment (E0628, E0629 & E0630) are not to be billed in combination.

The fees listed for home standing systems include all necessary prompts and supports. Prior approval is required for ages 21 and over and uses other than bone density or trunk strength development. Home standing systems should be rented initially.

E0637^{F2} '-RR' **Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels**

The purpose of home standing systems, with a sit to stand function, is to provide the medical benefit of standing. This is for beneficiaries who are unable to stand or ambulate for a sufficient duration/distance to achieve the medical benefit of standing independently, with a caregiver and/or assistive device. These devices provide this medical need when alternative devices have been sufficiently trialed or used and have failed to meet the medical need. Please review the detailed clinical coverage guidelines and documentation requirements published at:

<http://www.emedny.org/providermanuals/DME/communications.html>

Reimbursement for home standing systems includes all necessary prompts, supports, and components.

<u>CODE</u>	<u>DESCRIPTION</u>
E0638 ^{F2} ‘-RR’	#Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels
E0641 ^{F2} ‘-RR’	#Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
<u>E0642</u> ^{F2}	Standing frame system, mobile (dynamic stander), any size including pediatric (self-propelled, multi-positioning, no lift feature, for use when gait trainer does not meet medical need)

Pneumatic compression devices are covered for the treatment of generalized or Refractory lymphedema or refractory edema from venous insufficiency only when all less invasive treatments have been attempted and are unsuccessful. The following documentation is required as an attachment to all claims for pneumatic compression devices: patient history, diagnosis, underlying causes and prognosis, symptoms and objective findings, (including measurements, the pressures to be used and expected duration of use of device), full description of attempts to use less invasive treatments and outcomes of such treatments, responsible party for monitoring patient compliance and response to treatment, description of instructions for post-compression pump treatment, rental or purchase, and a copy of the fiscal order.

E0650 ^{F2}	Pneumatic compressor, non-segmental home model, (Lymphedema pump)
E0655 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm
E0660 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg
E0665 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0666 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg
E0700 ^{F5}	#Safety equipment (e.g., belt, harness, or vest) (limited to gait belt)
E0705 ^{F6}	Transfer device, any type, each
E0730 ^{F5}	#Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation (dual channel)
E0747 ^{F23}	#Osteogenesis stimulator electrical, noninvasive, other than spinal applications

Non-spinal applications are covered if there is long-standing (three months or more) non-union of long bone or tarsal/metatarsal fracture, failed fusion or congenital pseudarthrosis, and the alternative to using the device would be surgery (bone graft or amputation).

E0748 ^{F23}	#Osteogenic stimulator electrical, noninvasive, spinal applications
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Spinal applications are covered in at least one of the following circumstances: failed spinal fusion where a minimum of nine months has elapsed since the last surgery, following multilevel spinal fusion surgery, or following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

<u>CODE</u>	<u>DESCRIPTION</u>
E0760 ²³	#Osteogenesis stimulator, low intensity ultrasound, non-invasive
	Ultrasound bone growth stimulators are covered when medically necessary and ordered by a board certified or board eligible orthopedic surgeon for non-union fractures of the tibial shaft as evidenced by: an assessment of why the fracture is non-union, no evidence of healing based on a minimum of three sequential monthly examinations, at least 50% of the fractures are in apposition, no more than ten degrees of anterior or posterior angulation, no more than fifteen degrees of lateral angulation in either varus or valgus, and other contributing factors that would affect bone growth such as age, smoking, etc. Under no circumstances will ultrasound bone growth stimulation be approved for true synovial synarthrosis.
E0776 ^{F2}	I.V. pole
	'-RR'
E0781 ^{F3}	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
	'-RR'
E0784 ^{F2}	#External ambulatory infusion pump, insulin

An external insulin infusion pump will be covered for Diabetes Mellitus as medically necessary when ordered by an endocrinologist if the following criteria are demonstrated and documented in the clinical and DME provider's records:

- Failure to achieve acceptable control of blood sugars on 3-4 injections unexplained by poor motivation or compliance, and
- Documented frequency of glucose testing at least 4 times/day during 2 months prior to initiation of pump therapy, and
- Must have one or more of the following criteria while receiving multiple daily injections:
 - (1) HbA1c >7%
 - (2) History of recurring hypoglycemic (<60mg/dl)
 - (3) Wide fluctuations in blood glucose before mealtime (>140mg/dl)
 - (4) Dawn phenomenon fasting (>200mg/dl)
 - (5) History of severe glycemic excursions, and
- Patient has completed a comprehensive diabetes education program, has been on multiple injections with frequent self adjustments for at least 6 months, or
- Diagnosis of gestational diabetes.

E0791^{F3} **Parenteral infusion pump, stationary, single or multichannel**
'-RR'

Covered if both the therapy and the prescribed pump are appropriate for home use and adequate supervision by the physician is specified on the prescription. Also see Section 2.2.15.

<u>CODE</u>	<u>DESCRIPTION</u>
E1399 ^{F9} A4575 ^{F2}	<p>Durable medical equipment, miscellaneous #Topical hyperbaric oxygen chamber, disposable Payment for A4575 includes the dressing set and canister set used in conjunction with E1390 and contains all necessary components, including but not limited to an occlusive dressing which creates a seal around the wound site for maintaining the desired concentration of oxygen at the wound. An initial electronic prior authorization (DVS) will be granted for A4575 for a maximum of 16 days in a 28 day period, as treatment is 4 days on, 3 days off. The provider should request authorization once for the number of days (units) based on the written order. Prior approval is required for treatment exceeding 4 weeks. Please review the detailed clinical coverage guidelines and documentation requirements published at: http://www.emedny.org/providermanuals/DME/communications.html</p>
E2402 ^{F2}	<p>#Negative pressure wound therapy electrical pump, stationary or portable (daily rate includes all necessary supplies, up to 30 days allowed without Prior Approval)</p>

Dedicated speech generating devices are covered only when medically necessary. All documentation of medical necessity must be kept in the ordering practitioner's clinical file and the DME provider's file. Documentation must include the physician prescription (includes specifications for the device and the necessary therapy and training to allow the individual to meet his/her communication potential) and the evaluation worksheet and report completed by a NYS licensed Speech Language Pathologist (SLP). Dedicated speech generating devices should be rented initially (see Rules 3 and 12).

Providers of dedicated speech generating devices are expected 1) to be knowledgeable about the items they dispense and provide information to the individual about the use and care of the item; 2) assist physician and SLP in coordinating training on the device; 3) provide information regarding warranty services and uphold the terms of the warranty; 4) are responsible for any needed replacements or repairs that are due to defects in quality or workmanship.

Dedicated speech generating devices are speech aids that provide an individual who has a severe speech impairment with the ability to meet functional speaking needs and are characterized by:

- Being a dedicated speech generating device, are used solely by the individual who has a severe speech impairment
- May have digitized speech output using pre-recorded messages with defined recording times;
- May have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection technique, or multiple methods of device access.

Continued on next page

<u>CODE</u>	<u>DESCRIPTION</u>
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Devices which are not dedicated, and thus non-covered, are characterized by:

- Capability (locked or unlocked) of running software for purposes other than for speech generation, e.g., devices that can also run a word processing package, an accounting program, or perform other non-medical functions.
- Laptop computers, desktop computers, tablet computers or personal digital assistants, which may be programmed to perform the same function as a speech generating device, are non-covered since they are not primarily medical in nature and do not meet the definition of durable medical equipment.
- A device that is useful to someone without severe speech impairment is not considered a dedicated speech generating device.
- Devices which can be unlocked or used for non-speech generating functions are only covered when the ordering practitioner documents that no available forever dedicated device meets the medical need. Documentation must include treatment failure on dedicated devices.

Note: all batteries, software, and any type carrying case are included in reimbursement for new devices

E2500 ^{F2} '-RR'	#Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502 ^{F2} '-RR'	#Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504 ^{F2} '-RR'	#Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506 ^{F2} '-RR'	#Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508 ^{F2} '-RR'	#Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510 ^{F2} '-RR'	#Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2512 ^{F3}	Accessory for speech generating device, mounting system
E2599 ^{F3}	Accessory for speech generating device, not otherwise classified
K0601 ^{F8}	#Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602 ^{F8}	#Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603 ^{F8}	#Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604 ^{F8}	#Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each

<u>CODE</u>	<u>DESCRIPTION</u>
K0605 ^{F8}	#Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
<u>K0606</u> ^{F9}	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type (monthly payment includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories or parts) (10 months maximum allowed) . Please review the detailed clinical coverage guidelines and documentation requirements published at: http://www.emedny.org/providermanuals/DME/communications.html
<u>L7900</u> ^{F2}	Vacuum erection system Limited to diagnosis of impotence, with an order from an urologist or neurologist.
L8500 ^{F2}	#Artificial larynx, any type
L8501 ^{F7}	#Tracheostomy speaking valve
L8505 ^{F7}	#Artificial larynx replacement battery/accessory, any type
L8507 ^{F10}	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8510 ^{F3}	#Voice amplifier
L8511 ^{F7}	#Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8514 ^{F7}	#Tracheoesophageal puncture dilator, replacement only, each
L8515 ^{F5}	#Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
S8270 ^{F1}	#Enuresis alarm, using auditory buzzer and/or vibration device (Prior approval required over age 20)
T5001 ^{F2}	#Positioning seat for persons with special orthopedic needs, for use in vehicles (prior approval required for age less than 2 or over 10) (up to 60 inches)
<u>SERVICING, PARTS, REPAIRS</u>	
<u>A9900</u> ^{F7}	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E1340 ^{F9}	#Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes (more than 2 hours requires prior approval)

CODE

DESCRIPTION

4.5 ORTHOTICS

1. This schedule is applicable to both children and adults.
2. The providers shall be responsible for any needed repairs or replacements due to defects in quality or workmanship that appear within three months of delivery. This does not include adjustments or replacements necessitated by anatomical changes.
3. Replacements and repairs: used to indicate replacement and repair of orthotic and prosthetic devices which have been in use for some time. Prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device. When specific replacement and repair codes are available, they should be used instead of the code for the device with '-RP'. For charges \$35.00 and under, use L4210.
4. The fees contained in this schedule will be paid under State-administered programs, and are to be considered full payment for the services rendered. The provider shall make no additional charge to the recipient.
5. Unless otherwise specified all fees are for the unilateral, single unit or "each."
6. All normal necessary pads and straps are included in the prices quoted.
7. For home visit, see L9900

ORTHOTIC DEVICES – SPINAL

CERVICAL

- A8000^{F6} **Helmet, protective, soft, prefabricated, includes all components and accessories**
- A8001^{F6} **Helmet, protective, hard, prefabricated, includes all components and accessories**
- A8002^{F6} **Helmet, protective, soft, custom fabricated, includes all components and accessories**
- A8003^{F6} **Helmet, protective, hard, custom fabricated, includes all components and accessories**
- A8004^{F6} **Soft interface for helmet, replacement only**
- L0112^{F3} **Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated**
- L0113**^{F3} **Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment**
- L0130^{F3} **Cervical, flexible, thermoplastic collar, molded to patient**
- L0140^{F3} **Cervical, semi-rigid, adjustable (plastic collar)**
- L0150^{F3} **Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)**
- L0160^{F3} **Cervical, semi-rigid, wire frame occipital/mandibular support**

<u>CODE</u>	<u>DESCRIPTION</u>
L0170 ^{F3}	Cervical, collar, molded to patient model
L0172 ^{F3}	Cervical, collar, semi-rigid thermoplastic foam, two piece
L0174 ^{F3}	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension
<u>S1040</u> ^{F2}	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

MULTIPLE POST COLLAR

L0180 ^{F3}	Cervical, multiple post collar, occipital/mandibular supports, adjustable
L0190 ^{F3}	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)
L0200 ^{F3}	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension

THORACIC

L0210 ^{F6}	Thoracic, rib belt
L0220 ^{F6}	Thoracic, rib belt, custom fabricated
L0430 ^{F2}	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)
L0450 ^{F4}	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
L0452 ^{F4}	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated
L0454 ^{F4}	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment
L0456 ^{F4}	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
L0458 ^{F4}	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0460 ^{F4}	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0462 ^{F4}	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0464 ^{F4}	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and trans-verse planes, lateral strength is provided by overlapping plastic and stabilizing closures, prefabricated, includes fitting and adjustment
L0466 ^{F4}	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0468 ^{F4}	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
L0470 ^{F4}	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes filling and shaping the frame, prefabricated, includes fitting and adjustment
L0472 ^{F4}	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment
L0480 ^{F6}	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0482 ^{F6}	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0484 ^{F6}	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated
L0486 ^{F6}	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated

<u>CODE</u>	<u>DESCRIPTION</u>
L0488 ^{F6}	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment
L0490 ^{F6}	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment
L0491 ^{F4}	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
L0492 ^{F4}	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment

CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO)

L0621 ^{F7}	#SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0622 ^{F7}	#SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
L0623 ^{F4}	SO, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment
L0624 ^{F4}	SO, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated

<u>CODE</u>	<u>DESCRIPTION</u>
L0625 ^{F3}	LO, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment
L0626 ^{F3}	LO, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0627 ^{F3}	LO, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0628 ^{F7}	#LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0629 ^{F4}	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated
L0630 ^{F4}	LSO, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0631 ^{F4}	LSO sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0632 ^{F4}	LSO, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated

<u>CODE</u>	<u>DESCRIPTION</u>
L0633 ^{F4}	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0634 ^{F4}	LSO, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated
L0635 ^{F4}	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0636 ^{F4}	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated
L0637 ^{F4}	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment
L0638 ^{F4}	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated
L0639 ^{F4}	LSO, sagittal-coronal control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
L0640 ^{F4}	LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated

ANTERIOR-POSTERIOR-LATERAL CONTROL

L0700 ^{F2}	CTLSO, anterior-posterior-lateral control, molded to patient model, (Minerva type)
L0710 ^{F2}	CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)

HALO PROCEDURE

L0810 ^{F2}	Halo procedure cervical halo incorporated into jacket vest
L0820 ^{F2}	Halo procedure, cervical halo incorporated into plaster body jacket
L0830 ^{F2}	Halo procedure, cervical halo incorporated into Milwaukee type orthosis
L0861 ^{F14}	Addition to halo procedure, replacement liner/interface material

ADDITIONS TO SPINAL ORTHOSES

L0970 ^{F6}	TLSO, corset front
L0972 ^{F6}	LSO, corset front
L0974 ^{F6}	TLSO, full corset
L0976 ^{F6}	LSO, full corset
L0978 ^{F6}	Axillary crutch extension
L0980 ^{F6}	Peritoneal straps, pair
L0982 ^{F6}	Stocking supporter grips, set of four (4)
L0984 ^{F16}	Protective body sock, each
<u>L0999</u> ^{F6}	Addition to spinal orthosis, not otherwise specified

ORTHOTIC DEVICES – SCOLIOSIS PROCEDURES

NOTE: The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the recipient's changing condition. This coding structure uses the proper names, or eponyms, of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of recipient when indicated.

CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)

L1000 ^{F2}	CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model
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<u>CODE</u>	<u>DESCRIPTION</u>
L1001 ^{F2}	CTLISO, immobilizer, infant size, prefabricated, includes fitting and adjustment
L1005 ^{F7}	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
L1010 ^{F6}	Addition to CTLISO or scoliosis orthosis, axilla sling
L1020 ^{F7}	Addition to CTLISO or scoliosis orthosis, kyphosis pad, each
L1025 ^{F7}	Addition to CTLISO or scoliosis orthosis, kyphosis pad, floating
L1030 ^{F7}	Addition to CTLISO or scoliosis orthosis, lumbar bolster pad
L1040 ^{F7}	Addition to CTLISO or scoliosis orthosis, lumbar or lumbar rib pad
L1050 ^{F7}	Addition to CTLISO or scoliosis orthosis, sternal pad
L1060 ^{F7}	Addition to CTLISO or scoliosis orthosis, thoracic pad
L1070 ^{F7}	Addition to CTLISO or scoliosis orthosis, trapeze sling
L1080 ^{F2}	Addition to CTLISO or scoliosis orthosis, outrigger
L1085 ^{F2}	Addition to CTLISO or scoliosis orthosis, outrigger, bilateral with vertical extensions
L1090 ^{F7}	Addition to CTLISO or scoliosis orthosis, lumbar sling
L1100 ^{F6}	Addition to CTLISO or scoliosis orthosis, ring flange, plastic or leather
L1110 ^{F6}	Addition to CTLISO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
L1120 ^{F7}	Addition to CTLISO, scoliosis orthosis, cover for upright, each

THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO) (LOW-PROFILE)

L1200 ^{F4}	TLSO, inclusive of furnishing initial orthosis only
L1210 ^{F4}	Addition to TLSO, (low profile), thoracic extension
L1220 ^{F4}	Addition to TLSO, (low profile), anterior thoracic extension
L1230 ^{F4}	Addition to TLSO, (low profile), Milwaukee type superstructure
L1240 ^{F16}	Addition to TLSO (low profile), lumbar detoriation pad
L1250 ^{F16}	Addition to TLSO (low profile), anterior ASIS pad
L1260 ^{F16}	Addition to TLSO (low profile), anterior thoracic derotation pad
L1270 ^{F16}	Addition to TLSO, (low profile), abdominal pad
L1280 ^{F16}	Addition to TLSO, (low profile), rib gusset (elastic), each
L1290 ^{F16}	Addition to TLSO (low profile), lateral trochanteric pad

OTHER SCOLIOSIS PROCEDURES

L1300 ^{F6}	Other scoliosis procedure, body jacket molded to patient model
L1310 ^{F3}	Other scoliosis procedure, postoperative body jacket
L1499 ^{F10}	Spinal orthosis, not otherwise specified

THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO)

L1500 ^{F4}	THKAO, mobility frame (Newington, Parapodium types)
L1510 ^{F4}	THKAO, standing frame, with or without tray and accessories (upright) (see E0638, E0641 and E0642 for positioning)
L1520 ^{F2}	THKAO, swivel walker

CODE

DESCRIPTION

ORTHOTIC DEVICES – LOWER LIMB

NOTE: Lower Limb: The procedures in L1600-L2999 are considered as “Base” or “Basic Procedures” and may be modified by listing procedure from the “Additions Sections” and adding them to the base procedure.

HIP ORTHOSIS (HO) – FLEXIBLE

- L1600^{F15} **HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment**
- L1610^{F17} **HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment**
- L1620^{F2} **HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment**
- L1630^{F18} **HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated**
- L1640^{F18} **HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs custom fabricated**
- L1650^{F2} **HO, abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, includes fitting and adjustment**
- L1652^{F2} **Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type**
- L1660^{F2} **HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment**
- L1680^{F2} **HO, abduction control of hip joints, dynamic pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type) custom fabricated**
- L1685^{F2} **HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated**
- L1686^{F2} **HO, abduction control of hip joint, post-operative hip abduction type, prefabricated, includes fitting and adjustments**
- L1690^{F2} **Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment**

LEGG PERTHES

- L1700^{F2} **Legg perthes orthosis, (Toronto type), custom fabricated**
- L1710^{F2} **Legg perthes orthosis, (Newington type), custom fabricated**
- L1720^{F2} **Legg perthes orthosis, trilateral, (Tachdijan type), custom fabricated**
- L1730^{F2} **Legg perthes orthosis, (Scottish Rite type), custom fabricated**
- L1755^{F2} **Legg perthes orthosis, (Paten Bottom type), custom fabricated**

KNEE ORTHOSIS (KO)

- L1800^{F16} **KO, elastic with stays, prefabricated, includes fitting and adjustment**
- L1810^{F16} **KO, elastic with joints, prefabricated, includes fitting and adjustment**

<u>CODE</u>	<u>DESCRIPTION</u>
L1815 ^{F16}	KO, elastic or other elastic type material with condylar pads, prefabricated, includes fitting and adjustment
L1820 ^{F16}	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L1830 ^{F2}	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment
L1831 ^{F2}	KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment
L1832 ^{F2}	KO, knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment
L1834 ^{F2}	KO, without knee joint, rigid, custom fabricated
L1836 ^{F2}	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment
L1840 ^{F3}	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated
L1843 ^{F3}	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1844 ^{F3}	KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1845 ^{F3}	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment
L1846 ^{F3}	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated
L1847 ^{F4}	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment
L1850 ^{F4}	KO, Swedish type, prefabricated, includes fitting and adjustment
L1860 ^{F3}	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)

ANKLE-FOOT ORTHOSIS (AFO)

L1900 ^{F6}	AFO, spring wire, dorsiflexion assist calf band, custom fabricated
L1902 ^{F2}	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1904 ^{F2}	AFO, molded ankle gauntlet, custom fabricated
L1906 ^{F2}	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment
L1907 ^{F6}	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated

<u>CODE</u>	<u>DESCRIPTION</u>
L1910 ^{F6}	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920 ^{F6}	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
L1930 ^{F6}	AFO, plastic or other material, prefabricated, includes fitting and adjustment
L1932 ^{F6}	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
L1940 ^{F6}	AFO, plastic or other material, custom fabricated
L1945 ^{F6}	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950 ^{F4}	AFO, spiral (IRM type), plastic, custom fabricated
L1951 ^{F4}	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment
L1960 ^{F7}	AFO, posterior solid ankle, plastic, custom fabricated
L1970 ^{F7}	AFO, plastic, with ankle joint, custom fabricated
L1971 ^{F6}	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
L1980 ^{F6}	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated
L1990 ^{F6}	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated

KNEE-ANKLE-FOOT-ORTHOSIS (KAFO) (OR ANY COMBINATION)

L2000 ^{F4}	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated
L2005 ^{F4}	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated
L2010 ^{F4}	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated
L2020 ^{F4}	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated
L2030 ^{F4}	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated
<u>L2034</u> ^{F4}	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
L2035 ^{F4}	KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036 ^{F4}	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated

<u>CODE</u>	<u>DESCRIPTION</u>
L2037 ^{F4}	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038 ^{F3}	KAFO, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
<u>TORSION CONTROL – HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)</u>	
L2040 ^{F4}	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
L2050 ^{F4}	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060 ^{F4}	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated
L2070 ^{F4}	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
L2080 ^{F4}	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090 ^{F4}	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated
<u>FRACTURE ORTHOSES</u>	
L2106 ^{F2}	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2108 ^{F2}	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated
L2112 ^{F2}	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
L2114 ^{F2}	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2116 ^{F2}	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
L2126 ^{F2}	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
L2128 ^{F2}	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated
L2132 ^{F2}	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
L2134 ^{F2}	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
L2136 ^{F2}	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
<u>ADDITIONS TO FRACTURE ORTHOSIS</u>	
L2180 ^{F2}	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints
L2182 ^{F2}	Addition to lower extremity fracture orthosis, drop lock knee joint

<u>CODE</u>	<u>DESCRIPTION</u>
L2184 ^{F2}	Addition to lower extremity fracture orthosis, limited motion knee joint
L2186 ^{F2}	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type
L2188 ^{F2}	Addition to lower extremity fracture orthosis quadrilateral brim
L2190 ^{F2}	Addition to lower extremity fracture orthosis, waist belt
L2192 ^{F2}	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt

ADDITIONS TO LOWER EXTREMITY ORTHOSES: SHOE-ANKLE-SHIN-KNEE

L2220 ^{F6}	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230 ^{F6}	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232 ^{F6}	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
L2250 ^{F6}	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260 ^{F6}	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
L2265 ^{F6}	Addition to lower extremity, long tongue stirrup
L2270 ^{F6}	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad
L2275 ^{F6}	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280 ^{F2}	Addition to lower extremity, molded inner boot
L2300 ^{F2}	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
L2310 ^{F2}	Addition to lower extremity, abduction bar-straight
L2320 ^{F6}	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330 ^{F6}	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2335 ^{F4}	Addition to lower extremity, anterior swing band
L2340 ^{F3}	Addition to lower extremity, pre-tibial shell, molded to patient model
L2350 ^{F3}	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthosis)
L2360 ^{F5}	Addition to lower extremity, extended steel shank
L2370 ^{F3}	Addition to lower extremity, Patten bottom
L2375 ^{F6}	Addition to lower extremity, torsion control ankle joint and half solid stirrup
L2380 ^{F7}	Addition to lower extremity, torsion control straight knee joint, each joint
L2385 ^{F7}	Addition to lower extremity, straight knee joint, heavy duty, each joint
<u>L2387</u> ^{F4}	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
L2390 ^{F7}	Addition to lower extremity, offset knee joint, each joint
L2395 ^{F7}	Addition to lower extremity, offset knee joint, heavy duty, each joint

<u>CODE</u>	<u>DESCRIPTION</u>
L2397 ^{F7}	Addition to lower extremity orthosis, suspension sleeve
<u>ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS</u>	
L2405 ^{F19}	Addition to knee joint, drop lock, each
L2415 ^{F7}	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425 ^{F4}	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430 ^{F4}	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492 ^{F6}	Addition to knee joint, lift loop for drop lock ring
<u>ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT BEARING</u>	
L2500 ^{F4}	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L2510 ^{F4}	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model
L2520 ^{F4}	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted
L2525 ^{F4}	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model
L2526 ^{F4}	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted
L2530 ^{F4}	Addition to lower extremity, thigh/weight bearing, lacer, non-molded
L2540 ^{F4}	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550 ^{F4}	Addition to lower extremity, thigh/weight bearing, high roll cuff
<u>ADDITIONS – PELVIC AND THORACIC CONTROL</u>	
L2570 ^{F4}	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each
L2580 ^{F4}	Addition to lower extremity, pelvic control, pelvic sling
L2600 ^{F4}	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each
L2610 ^{F4}	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each
L2620 ^{F4}	Addition to lower extremity, pelvic control, hip joint, heavy duty, each
L2622 ^{F4}	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624 ^{F4}	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627 ^{F4}	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables

<u>CODE</u>	<u>DESCRIPTION</u>
L2628 ^{F4}	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
L2630 ^{F4}	Addition to lower extremity, pelvic control, band and belt, unilateral
L2640 ^{F4}	Addition to lower extremity, pelvic control, band and belt, bilateral
L2650 ^{F4}	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660 ^{F4}	Addition to lower extremity, thoracic control, thoracic band
L2670 ^{F4}	Addition to lower extremity, thoracic control, paraspinal uprights
L2680 ^{F4}	Addition to lower extremity, thoracic control, lateral support uprights

ADDITIONS – GENERAL

L2750 ^{F6}	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755 ^{F6}	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
L2760 ^{F20}	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768 ^{F7}	Orthotic side bar disconnect device, per bar
L2770 ^{F7}	Addition to lower extremity orthosis, any material, per bar or joint
L2780 ^{F6}	Addition to lower extremity orthosis, non-corrosive finish, per bar
L2785 ^{F19}	Addition to lower extremity orthosis, drop lock retainer, each
L2795 ^{F6}	Addition to lower extremity orthosis, knee control, full kneecap
L2800 ^{F6}	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L2810 ^{F6}	Addition to lower extremity orthosis, knee control, condylar pad
L2820 ^{F6}	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section (covered for documented history of skin breakdown)
L2830 ^{F6}	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section (covered for documented history of skin breakdown)
L2840 ^{F7}	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
L2850 ^{F7}	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
<u>L2999</u> ^{F10}	Lower extremity orthoses, not otherwise specified

ORTHOTIC DEVICES – UPPER LIMB

NOTE: Upper Limb: the procedures in this section are considered as “Base” or “Basic Procedures” and may be modified by listing procedures from the “Additions Section” and adding them to the base procedure.

<u>CODE</u>	<u>DESCRIPTION</u>
<u>SHOULDER ORTHOSIS (SO)</u>	
L3650 ^{F3}	SO, figure of “8” design abduction restrainer, prefabricated, includes fitting and adjustment
L3651 ^{F6}	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)
L3652 ^{F6}	SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)
L3660 ^{F3}	SO, figure of “8” design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment
L3670 ^{F3}	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment
<u>L3671</u> ^{F4}	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3672</u> ^{F4}	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3673</u> ^{F4}	SO, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3675 ^{F4}	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment
<u>L3677</u> ^{F6}	SO, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment
<u>ELBOW ORTHOSIS (EO)</u>	
L3700 ^{F16}	EO, elastic with stays, prefabricated, includes fitting and adjustment
<u>L3702</u> ^{F4}	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3710 ^{F16}	EO, elastic with metal joints, prefabricated, includes fitting and adjustment
L3720 ^{F3}	EO, double upright with forearm/arm cuffs, free motion, custom fabricated
L3730 ^{F3}	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
L3740 ^{F3}	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated
L3760 ^{F2}	EO, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
L3762 ^{F16}	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment
<u>L3763</u> ^{F4}	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
<u>L3764</u> ^{F4}	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3765</u> ^{F4}	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3766</u> ^{F4}	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

WRIST–HAND–FINGER ORTHOSIS (WHFO)

<u>L3806</u> ^{F3}	WHFO, includes one or more nontorsion joint(s), Turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment
<u>L3807</u> ^{F16}	WHFO, without joint(s), prefabricated, includes fitting and adjustment, any type
<u>L3808</u> ^{F3}	WHFO, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment

ADDITIONS

DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION

<u>L3900</u> ^{F6}	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated
<u>L3901</u> ^{F6}	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated

EXTERNAL POWER

<u>L3904</u> ^{F3}	WHFO, external powered, electric, custom fabricated
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OTHER WHFO'S – CUSTOM-FITTED

<u>L3905</u> ^{F4}	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3906</u> ^{F6}	WHO, wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3908</u> ^{F16}	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment
<u>L3912</u> ^{F2}	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment
<u>L3913</u> ^{F4}	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
<u>L3915</u> ^{F3}	WHO, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment
<u>L3917</u> ^{F2}	HO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment
<u>L3919</u> ^{F4}	HO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3921</u> ^{F4}	HFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3923</u> ^{F16}	HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment
<u>L3925</u> ^{F6}	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment
<u>L3927</u> ^{F6}	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment
<u>L3929</u> ^{F6}	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
<u>L3931</u> ^{F6}	Wrist hand finger orthosis, includes one or more nontorsion joint(s),turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
<u>L3933</u> ^{F4}	FO, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
<u>L3935</u> ^{F6}	FO, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment

SHOULDER-ELBOW-WRIST-HAND ORTHOSIS(SEWHO) ABDUCTION POSITION-CUSTOM FITTED

ABDUCTION POSITION-CUSTOM FITTED

<u>L3960</u> ^{F2}	SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
<u>L3961</u> ^{F2}	SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3962</u> ^{F2}	SEWHO, abduction positioning, ERBS Palsey design, prefabricated, includes fitting and adjustment
<u>L3964</u> ^{F3}	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
<u>L3965</u> ^{F3}	SEO, mobile arm support, attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
L3966 ^{F3}	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
<u>L3967</u> ^{F4}	SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3968</u> ^{F3}	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) , prefabricated, includes fitting and adjustment
L3969 ^{F3}	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment

ADDITIONS TO MOBILE ARM SUPPORTS

L3970 ^{F3}	SEO, addition to mobile arm support, elevating proximal arm
<u>L3971</u> ^{F3}	SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3972 ^{F3}	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
<u>L3973</u> ^{F3}	SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3974 ^{F3}	SEO, addition to mobile arm support, supinator
<u>L3975</u> ^{F3}	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3976</u> ^{F3}	SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3977</u> ^{F3}	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
<u>L3978</u> ^{F3}	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

FRACTURE ORTHOSES

L3980 ^{F2}	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
L3982 ^{F2}	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment

<u>CODE</u>	<u>DESCRIPTION</u>
L3984 ^{F2}	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
L3995 ^{F7}	Addition to upper extremity orthosis, sock, fracture or equal, each
<u>L3999</u> ^{F10}	Upper limb orthosis, not otherwise specified

REPAIRS, REPLACEMENTS AND MAINTENANCE TO EXISTING ORTHOSES

The following codes are to be used only in billing for repair, maintenance and/or replacements to existing orthoses. These codes are not to be billed in conjunction with codes for newly fitted orthoses.

SPECIFIC REPAIR

L4000 ^{F7}	Replace girdle for spinal orthosis (CTLSO or SO) (e.g. Milwaukee)
L4002 ^{F22}	Replacement strap, any orthosis, includes all components, any length, any type
L4010 ^{F6}	Replace trilateral socket brim
L4020 ^{F6}	Replace quadrilateral socket brim, molded to patient model
L4030 ^{F6}	Replace quadrilateral socket brim, custom fitted
L4040 ^{F6}	Replace molded thigh lacer, for custom fabricated orthosis only
L4045 ^{F6}	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4050 ^{F6}	Replace molded calf lacer, for custom fabricated orthosis only
L4055 ^{F6}	Replace non-molded calf lacer, for custom fabricated orthosis only
L4060 ^{F6}	Replace high roll cuff
L4070 ^{F6}	Replace proximal and distal upright for KAFO
L4080 ^{F6}	Replace metal bands KAFO, proximal thigh
L4090 ^{F6}	Replace metal bands KAFO-AFO, calf or distal thigh
L4100 ^{F6}	Replace leather cuff KAFO, proximal thigh
L4110 ^{F6}	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130 ^{F6}	Replace pretibial shell

REPAIRS

L4205 ^{F9}	Repair of orthotic device, labor component, per 15 minutes (more than 2 hours requires prior approval)
L4210 ^{F7}	Repair of orthotic device, repair or replace minor parts (not to be billed in conjunction with L4205)

CODE**DESCRIPTION****4.6 PRESCRIPTION FOOTWEAR**

Orthopedic footwear are shoes, shoe modifications or shoe additions which are used to correct, accommodate or prevent a physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot or to form an integral part of a brace.

Minimum orthopedic shoe specifications consist of Blucher or Bal construction, leather construction or synthetic material of equal quality, welt construction with a cement attached outsole or sewn on outsole, upper portion properly fitted as to length and width, no unit sole, bottom sized to the last, closure appropriate to foot condition (Velcro strap or lace closure preferred), full range of width; not just narrow, medium, wide; extended medial counter and firm heel counter. Please note that sneakers and athletic shoes are not considered orthopedic shoes by the Medicaid Program and therefore are not Medicaid reimbursable.

INSERT, REMOVABLE, MOLDED TO PATIENT MODEL

- L3000^{F7} **#Foot, insert, removable, molded to patient model, “UCB” type, Berkeley shell, each**
- L3001^{F7} **#Foot, insert, removable, molded to patient model, Spenco, each**
- L3002^{F6} **#Foot, insert, removable, molded to patient model, plastazote or equal, each**
- L3003^{F7} **#Foot, insert, removable, molded to patient model, silicone gel, each**
- L3010^{F6} **#Foot, insert, removable, molded to patient model, longitudinal arch support, each**
- L3020^{F6} **#Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each**
- L3030^{F7} **#Foot, insert, removable, formed to patient foot, each**

ARCH SUPPORT, REMOVABLE, PREMOLDED, EACH

- L3040^{F6} **#Foot, arch support, removable, premolded, longitudinal, each**
- L3050^{F7} **#Foot, arch support, removable, premolded, metatarsal, each**
- L3060^{F6} **#Foot, arch support, removable, premolded, longitudinal/metatarsal, each**

ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE

- L3070^{F7} **#Foot, arch support, non-removable attached to shoe, longitudinal, each**
- L3080^{F7} **#Foot, arch support, non-removable attached to shoe, metatarsal, each**
- L3090^{F7} **#Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each**
- L3100^{F7} **#Hallus-valgus night dynamic splint**

ABDUCTION AND ROTATION BARS

- L3140^{F7} **#Foot, abduction rotation bars, including shoes (Dennis Browne type)**
- L3150^{F7} **Foot, abduction rotation bars, without shoe(s) (Dennis Browne type)**

<u>CODE</u>	<u>DESCRIPTION</u>
L3160 ^{F7}	Foot, adjustable shoe-styled positioning device
L3170 ^{F7}	#Foot, plastic, silicone or equal, heel stabilizer, each
<u>ORTHOPEDIC FOOTWEAR</u>	
L3201 ^{F7}	#Orthopedic shoe, oxford with supinator or pronator, infant (each)
L3202 ^{F7}	#Orthopedic shoe, oxford with supinator or pronator, child (each)
L3203 ^{F7}	#Orthopedic shoe, oxford with supinator or pronator, junior (each)
L3204 ^{F7}	#Orthopedic shoe, hightop with supinator or pronator, infant (each)
L3206 ^{F7}	#Orthopedic shoe, hightop with supinator or pronator, child (each)
L3207 ^{F7}	#Orthopedic shoe, hightop with supinator or pronator, junior (each)
L3208 ^{F7}	#Surgical boot, each, infant
L3209 ^{F7}	#Surgical boot, each, child
L3211 ^{F7}	#Surgical boot, each, junior
L3212 ^{F7}	#Benesch boot, pair, infant
L3213 ^{F7}	#Benesch boot, pair, child
L3214 ^{F7}	#Benesch boot, pair, junior
L3215 ^{F7}	#Orthopedic footwear, ladies shoe, oxford, each
L3216 ^{F7}	#Orthopedic footwear, ladies shoe, depth inlay, each
L3217 ^{F7}	#Orthopedic footwear, ladies shoe, hightop, depth inlay, each
L3219 ^{F7}	#Orthopedic footwear, mens shoe, oxford, each
L3221 ^{F7}	#Orthopedic footwear, mens shoe, depth inlay, each
L3222 ^{F7}	#Orthopedic footwear, mens shoe, hightop, depth inlay, each
L3224 ^{F7}	#Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each)
L3225 ^{F7}	#Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each)
L3230 ^{F7}	#Orthopedic footwear, custom (molded to patient) shoe, depth inlay, each
L3250 ^{F7}	#Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each
L3252 ^{F7}	#Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each
L3253 ^{F7}	#Foot, molded shoe plastazote (or similar) custom fitted, each
L3254 ^{F7}	#Non-standard size or width
L3255 ^{F7}	#Non-standard size or length
L3257 ^{F7}	#Orthopedic footwear, additional charge for split size
L3260 ^{F7}	#Surgical boot/shoe, each
L3265 ^{F7}	#Plastazote sandal, each
<u>SHOE MODIFICATION – LIFTS</u>	
L3300 ^{F7}	#Lift, elevation, heel, tapered to metatarsals, per inch
L3310 ^{F7}	#Lift, elevation, heel and sole, neoprene, per inch
L3320 ^{F7}	#Lift, elevation, heel and sole, cork, per inch
L3330 ^{F7}	#Lift, elevation, metal extension (skate)
L3332 ^{F7}	#Lift, elevation, inside shoe, tapered, up to one-half inch
L3334 ^{F7}	#Lift, elevation, heel, per inch

CODE

DESCRIPTION

SHOE MODIFICATION – WEDGES

- L3340^{F7} **#Heel wedge, SACH**
- L3350^{F7} **#Heel wedge**
- L3360^{F7} **#Sole wedge, outside sole**
- L3370^{F7} **#Sole wedge, between sole**
- L3380^{F7} **#Clubfoot wedge**
- L3390^{F7} **#Outflare wedge**
- L3400^{F7} **#Metatarsal bar wedge, rocker**
- L3410^{F7} **#Metatarsal bar wedge, between sole**
- L3420^{F7} **#Full sole and heel wedge, between sole**

SHOE MODIFICATION – HEELS

- L3430^{F7} **#Heel counter, plastic reinforced**
- L3440^{F7} **#Heel, counter, leather reinforced**
- L3450^{F7} **#Heel, sach cushion type**
- L3455^{F7} **#Heel, new leather, standard**
- L3460^{F7} **#Heel, new rubber, standard**
- L3465^{F7} **#Heel, Thomas with wedge**
- L3470^{F7} **#Heel, Thomas extended to ball**
- L3480^{F7} **#Heel, pad and depression for spur**
- L3485^{F7} **#Heel, pad, removable for spur**

MISCELLANEOUS SHOE ADDITIONS

- L3540^{F7} **#Orthopedic shoe addition, sole, full (each)**
- L3570^{F7} **Orthopedic shoe addition, special extension to instep (leather with eyelets)**
- L3580^{F7} **Orthopedic shoe addition, convert instep to velcro closure**

TRANSFERS OR REPLACEMENT

- L3600^{F7} **Transfer of an orthosis from one shoe to another, calliper plate, existing**
- L3610^{F7} **Transfer of an orthosis from one shoe to another, caliper plate, new**

SHOE CORRECTIONS AND MODIFICATIONS

- L3620^{F7} **Transfer of an orthosis from one shoe to another, solid stirrup, existing**
- L3630^{F7} **Transfer of an orthosis from one shoe to another, solid stirrup, new**
- L3640^{F7} **Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes**
- L3649^{F7} **#Orthopedic shoe, modification, addition or transfer, not otherwise specified (more than two procedures requires prior approval)**

CODE

DESCRIPTION

4.7 PROSTHETICS

1. This schedule is applicable to both children and adults.
2. The providers shall be responsible for any needed repairs or replacements due to defects in quality or workmanship that appear within three months of delivery. This does not include adjustments or replacements necessitated by anatomical changes.
3. Replacements and repairs: used to indicate replacement and repair of orthotic and prosthetic devices which have been in use for some time. Prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device. When specific replacement and repair codes are available, they should be used instead of the code for the device with '-RP'. For charges \$35.00 and under, use L7510.
4. The fees contained in this schedule will be paid under State-administered programs, and are to be considered full payment for the services rendered. The provider shall make no additional charge to the recipient.
5. Unless otherwise indicated all fees are for the unilateral, single unit or "each".
6. All normal necessary pads and straps are included in the prices quoted.
7. Polypropylene (ultra-light) should be used only when judged a medical necessity because of bilateral or multiple disabilities, frailty, cardiac disability, etc.
8. For home visit, see code L9900

LOWER LIMB

The procedures in this section are considered as "Base" or "Basic Procedures", and may be modified by listing items/procedures or special materials from the "Additions Section", adding them to the "Base Procedure".

PARTIAL FOOT

- L5000^{F6} **Partial foot, shoe insert with longitudinal arch, toe filler**
L5010^{F6} **Partial foot, molded socket, ankle height, with toe filler**
L5020^{F6} **Partial foot, molded socket, tibial tubercle height, with toe filler**

ANKLE

- L5050^{F4} **Ankle, Symes, molded socket, SACH foot**

BELOW KNEE

- L5100^{F4} **Below knee, molded socket, shin, SACH foot**
L5105^{F4} **Below knee, plastic socket, joints and thigh lacer, SACH foot**

<u>CODE</u>	<u>DESCRIPTION</u>
<u>KNEE DISARTICLUATION</u>	
L5150 ^{F4}	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot
L5160 ^{F4}	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot
<u>ABOVE KNEE</u>	
L5200 ^{F4}	Above knee, molded socket, single axis constant friction knee, shin, SACH foot
L5210 ^{F19}	Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each
L5220 ^{F19}	Above knee, short prosthesis, no knee joint (“stubbies”), with articulated ankle/foot, dynamically aligned, each
L5230 ^{F4}	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot
<u>HIP DISARTICLUATION</u>	
L5250 ^{F4}	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
L5270 ^{F4}	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot
<u>HEMIPELVECTOMY</u>	
L5280 ^{F4}	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot
<u>ENDOSKELETAL – BELOW KNEE</u>	
For prosthetic covers, see codes L5704-L5707	
L5301 ^{F4}	Below knee, molded socket, shin, SACH foot, endoskeletal system
<u>ENDOSKELETAL – KNEE DISARTICULATION</u>	
L5311 ^{F4}	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot endoskeletal system
<u>ENDOSKELETAL – ABOVE KNEE</u>	
L5321 ^{F4}	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
<u>ENDOSKELETAL – HIP DISARTICULATION</u>	
L5331 ^{F4}	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot

CODE

DESCRIPTION

ENDOSKELETAL – HEMIPELVECTOMY

L5341^{F4} **Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot**

IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES

The immediate post surgical procedure components will at all times remain the property of the prosthetic facility and will be used only on a loan basis. It is estimated that the period of use by the amputee in each case will not exceed one month.

L5400^{F2} **Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee**

L5410^{F2} **Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment**

L5420^{F2} **Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change “AK” or knee disarticulation**

L5430^{F2} **Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, “AK” or knee disarticulation, each additional cast change and realignment**

L5450^{F18} **Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee**

L5460^{F18} **Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee**

INITIAL PROSTHESIS

L5500^{F2} **Initial, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed**

L5505^{F2} **Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed**

PREPARATORY AND DIAGNOSTIC PROSTHESES

The preparatory prosthesis components will at all times remain the property of the prosthetic facility and will be used only on a loan basis.

Diagnosis AK and BK prostheses are prostheses that allow various suspension, socket, knee, ankle systems to be utilized by the recipient to determine optimal prescription; same qualifications exist as with preparatory prostheses.

PREPARATORY PROSTHESIS

L5510^{F2} **Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model**

<u>CODE</u>	<u>DESCRIPTION</u>
L5520 ^{F2}	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5530 ^{F2}	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5535 ^{F2}	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket
L5540 ^{F2}	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5560 ^{F2}	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model
L5570 ^{F2}	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed
L5580 ^{F2}	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model
L5585 ^{F2}	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket
L5590 ^{F2}	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model
L5595 ^{F2}	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model

ADDITIONS TO LOWER EXTREMITY

L5600 ^{F2}	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
L5610 ^{F4}	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
L5611 ^{F4}	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with friction swing phase control
L5613 ^{F4}	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with hydraulic swing phase control
L5614 ^{F4}	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with pneumatic swing phase control

ADDITIONS - TEST SOCKETS

L5618 ^{F22}	Addition to lower extremity, test socket, Symes
L5620 ^{F22}	Addition to lower extremity, test socket, below knee
L5622 ^{F22}	Addition to lower extremity, test socket, knee disarticulation
L5624 ^{F22}	Addition to lower extremity, test socket, above knee
L5626 ^{F22}	Addition to lower extremity, test socket, hip disarticulation

<u>CODE</u>	<u>DESCRIPTION</u>
L5628 ^{F22}	Addition to lower extremity, test socket, hemipelvectomy
L5629 ^{F22}	Addition to lower extremity, below knee, acrylic socket
<u>ADDITIONS - SOCKET VARIATIONS</u>	
L5630 ^{F4}	Addition to lower extremity, Symes type, expandable wall socket
L5631 ^{F4}	Addition to lower extremity, above knee or knee disarticulation, acrylic socket
L5632 ^{F4}	Addition to lower extremity, Symes type, "PTB" Brim design socket
L5634 ^{F4}	Addition to lower extremity, Symes type, posterior opening (Canadian) socket
L5636 ^{F4}	Addition to lower extremity, Symes type, medial opening socket
L5637 ^{F4}	Addition to lower extremity, below knee, total contact
L5638 ^{F4}	Addition to lower extremity, below knee, leather socket
L5639 ^{F4}	Addition to lower extremity, below knee, wood socket
L5640 ^{F4}	Addition to lower extremity, knee disarticulation, leather socket
L5642 ^{F4}	Addition to lower extremity, above knee, leather socket
L5643 ^{F4}	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5644 ^{F4}	Addition to lower extremity, above knee, wood socket
L5645 ^{F4}	Addition to lower extremity, below knee, flexible inner socket, external frame
L5646 ^{F4}	Addition to lower extremity, below knee, air, fluid, gel, or equal, cushion socket
L5647 ^{F4}	Addition to lower extremity, below knee suction socket
L5648 ^{F4}	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket
L5649 ^{F4}	Addition to lower extremity, ischial containment/narrow M-L socket
L5650 ^{F4}	Addition to lower extremity, total contact, above knee or knee disarticulation socket
L5651 ^{F4}	Addition to lower extremity, above knee, flexible inner socket, external frame
L5652 ^{F4}	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket
L5653 ^{F4}	Addition to lower extremity, knee disarticulation, expandable wall socket

ADDITIONS - SOCKET INSERT AND SUSPENSION

L5654 ^{F7}	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5655 ^{F7}	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5656 ^{F7}	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)

<u>CODE</u>	<u>DESCRIPTION</u>
L5658 ^{F7}	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)
L5661 ^{F7}	Addition to lower extremity, socket insert, multi-durometer Symes
L5665 ^{F7}	Addition to lower extremity, socket insert, multi-durometer, below knee
L5666 ^{F6}	Addition to lower extremity, below knee, cuff suspension
L5668 ^{F7}	Addition to lower extremity, below knee, molded distal cushion
L5670 ^{F6}	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)
L5671 ^{F4}	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
L5672 ^{F6}	Addition to lower extremity, below knee, removable medial Brim suspension
L5673 ^{F7}	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket inset, silicone gel, elastomeric or equal, for use with locking mechanism
L5676 ^{F4}	Additions to lower extremity, below knee, knee joints, single axis, pair
L5677 ^{F4}	Additions to lower extremity, below knee, knee joints, polycentric, pair
L5678 ^{F6}	Additions to lower extremity, below knee, joint covers, pair
L5679 ^{F7}	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
L5680 ^{F4}	Addition to lower extremity, below knee, thigh lacer, non-molded
L5681 ^{F7}	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism; initial only (for use other than initial, use code L5673 or L5679)
L5682 ^{F4}	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
L5683 ^{F7}	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
L5684 ^{F6}	Addition to lower extremity, below knee, fork strap
L5685 ^{F7}	Addition to lower extremity prosthesis, below knee, suspension/ sealing sleeve, with or without valve, any material, each
L5686 ^{F6}	Addition to lower extremity, below knee, back check (extension control)
L5688 ^{F7}	Addition to lower extremity, below knee, waist belt, webbing
L5690 ^{F7}	Addition to lower extremity, below knee, waist belt, padded and lined
L5692 ^{F7}	Addition to lower extremity, above knee, pelvic control belt, light
L5694 ^{F7}	Addition to lower extremity, above knee, pelvic control belt, padded and lined
L5695 ^{F7}	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each

<u>CODE</u>	<u>DESCRIPTION</u>
L5696 ^{F4}	Addition to lower extremity, above knee or knee disarticulation, pelvic joint
L5697 ^{F7}	Addition to lower extremity, above knee or knee disarticulation, pelvic band
L5698 ^{F7}	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage
L5699 ^{F7}	All lower extremity prostheses, shoulder harness

ADDITIONS - FEET ANKLE UNITS

L5700 ^{F19}	Replacement, socket, below knee, molded to patient model
L5701 ^{F19}	Replacement, socket, above knee-knee disarticulation, including attachment plate, molded to patient model
L5702 ^{F19}	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
<u>L5703</u> ^{F4}	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only
L5704 ^{F6}	Custom shaped protective cover, below knee
L5705 ^{F6}	Custom shaped protective cover, above knee
L5706 ^{F6}	Custom shaped protective cover, knee disarticulation
L5707 ^{F6}	Custom shaped protective cover, hip disarticulation
L5710 ^{F6}	Addition, exoskeletal knee-shin system, single axis, manual lock
L5711 ^{F6}	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5712 ^{F6}	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5714 ^{F6}	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control

ADDITIONS – KNEE – SHIN SYSTEM

L5716 ^{F6}	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5722 ^{F4}	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5724 ^{F4}	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
L5726 ^{F4}	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control
L5728 ^{F4}	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5780 ^{F4}	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control

COMPONENT MODIFICATION

L5785 ^{F4}	Addition, exoskeletal system, below knee, ultra light material (titanium, carbon fiber or equal)
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<u>CODE</u>	<u>DESCRIPTION</u>
L5790 ^{F4}	Addition, exoskeletal system, above knee, ultra light material (titanium, carbon fiber or equal)
L5795 ^{F4}	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
<u>ENDOSKELETAL</u>	
L5810 ^{F6}	Addition, endoskeletal knee-shin system, single axis, manual lock
L5811 ^{F6}	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material
L5812 ^{F6}	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)
L5814 ^{F4}	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
L5816 ^{F4}	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock
L5818 ^{F4}	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control
L5822 ^{F4}	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
L5824 ^{F4}	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
L5826 ^{F4}	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
L5828 ^{F4}	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
L5830 ^{F4}	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control
L5840 ^{F4}	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, pneumatic swing phase control
L5845 ^{F4}	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
L5850 ^{F4}	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist
L5855 ^{F4}	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist
<u>L5856</u> ^{F6}	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
<u>L5857</u> ^{F6}	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
<u>L5858</u> ^{F4}	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type

<u>CODE</u>	<u>DESCRIPTION</u>
L5910 ^{F7}	Addition, endoskeletal system, below knee, alignable system
L5920 ^{F7}	Addition, endoskeletal system, above knee or hip disarticulation, alignable system
L5925 ^{F4}	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock
L5930 ^{F4}	Addition, endoskeletal system, high activity knee control frame
L5940 ^{F4}	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)
L5950 ^{F4}	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)
L5960 ^{F4}	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
L5962 ^{F4}	Addition, endoskeletal system, below knee, flexible protective outer surface covering system
L5964 ^{F4}	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
L5966 ^{F4}	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
L5968 ^{F3}	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
L5970 ^{F3}	All lower extremity prostheses, foot, external keel, sach foot
<u>L5971</u> ^{F4}	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only
L5972 ^{F4}	All lower extremity prosthesis, flexible keel foot (SAFE, STEN, Bock Dynamic or equal)
L5974 ^{F4}	All lower extremity prostheses, foot, single axis ankle/foot
L5975 ^{F4}	All lower extremity prosthesis, combination single axis ankle and flexible keel foot
L5976 ^{F3}	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)
L5978 ^{F4}	All lower extremity prostheses, foot, multi-axial ankle/foot (Gressinger or equal)
L5979 ^{F4}	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system
L5980 ^{F3}	All lower extremity prostheses, flex foot system
L5981 ^{F3}	All lower extremity prostheses, flex-walk system or equal
L5982 ^{F4}	All exoskeletal lower extremity prostheses, axial rotation unit
L5984 ^{F4}	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability
L5985 ^{F3}	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon
L5986 ^{F4}	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)
L5987 ^{F3}	All lower extremity prosthesis, shank foot system with vertical loading pylon
L5988 ^{F4}	Addition to lower limb prosthesis, vertical shock reducing pylon feature

<u>CODE</u>	<u>DESCRIPTION</u>
L5990 ^{F3}	Addition to lower extremity prosthesis, user adjustable heel height
<u>L5999</u> ^{F10}	Lower extremity prosthesis, not otherwise specified

UPPER LIMB

The procedures in this section are considered as base or basic procedures and may be modified by listing procedures from the “Additions” sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified.

PARTIAL HAND

L6000 ^{F3}	Partial hand, Robin-Aids, thumb remaining (or equal)
L6010 ^{F3}	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)
L6020 ^{F3}	Partial hand, Robin-Aids, no finger remaining (or equal)
<u>L6025</u> ^{F6}	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device

WRIST DISARTICULATION

L6050 ^{F3}	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
L6055 ^{F3}	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

BELOW ELBOW

L6100 ^{F3}	Below elbow, molded socket, flexible elbow hinge, triceps pad
L6110 ^{F3}	Below elbow, molded socket, (Muenster or Northwestern suspension types)
L6120 ^{F3}	Below elbow, molded double wall split socket, step-up hinges, half cuff
L6130 ^{F3}	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff

ELBOW DISARTICULATION

L6200 ^{F3}	Elbow disarticulation, molded socket, outside locking hinge, forearm
L6205 ^{F3}	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

ABOVE ELBOW

L6250 ^{F3}	Above elbow, molded double wall socket, internal locking elbow, forearm
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SHOULDER DISARTICULATION

L6300 ^{F3}	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
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<u>CODE</u>	<u>DESCRIPTION</u>
L6310 ^{F3}	Shoulder disarticulation, passive restoration (complete prosthesis)
L6320 ^{F3}	Shoulder disarticulation, passive restoration (shoulder cap only)
<u>INTERSCAPULAR THORACIC</u>	
L6350 ^{F3}	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
L6360 ^{F3}	Interscapular thoracic, passive restoration (complete prosthesis)
L6370 ^{F3}	Interscapular thoracic, passive restoration (shoulder cap only)
<u>IMMEDIATE AND EARLY POST SURGICAL PROCEDURES</u>	
L6380 ^{F2}	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow
L6382 ^{F2}	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow
L6384 ^{F2}	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic
L6386 ^{F2}	Immediate post surgical or early fitting, each additional cast change and realignment
L6388 ^{F2}	Immediate post surgical or early fitting, application of rigid dressing only
<u>ENDOSKELETAL – BELOW ELBOW</u>	
L6400 ^{F2}	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
<u>ENDOSKELETAL – ELBOW DISARTICULATION</u>	
L6450 ^{F2}	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
<u>ENDOSKELETAL – ABOVE ELBOW</u>	
L6500 ^{F2}	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping
<u>ENDOSKELETAL – SHOULDER DISARTICULATION</u>	
L6550 ^{F2}	Shoulder disarticulation, molded socket endoskeletal system, including soft prosthetic tissue shaping

<u>CODE</u>	<u>DESCRIPTION</u>
<u>ENDOSKELETAL – INTERSCAPULAR THORACIC</u>	
L6570 ^{F2}	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
L6580 ^{F2}	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model
L6582 ^{F2}	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed
L6584 ^{F2}	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molder to patient model
L6586 ^{F2}	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed
L6588 ^{F2}	Preparatory, shoulder disarticulation or interscapular thoracic, single wall, plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model
L6590 ^{F2}	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed

ADDITIONS – UPPER LIMB

NOTE: The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure. In addition to base procedure, at the time of the original order.

L6600 ^{F6}	Upper extremity additions, polycentric hinge, pair
L6605 ^{F6}	Upper extremity additions, single pivot hinge, pair
L6610 ^{F6}	Upper extremity additions, flexible metal hinge, pair
<u>L6611</u> ^{F3}	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6615 ^{F4}	Upper extremity addition, disconnect locking wrist unit
L6616 ^{F6}	Upper extremity addition, additional disconnect insert for locking wrist unit, each
L6620 ^{F4}	Upper extremity addition, flexion-friction wrist unit, with or without friction
<u>L6621</u> ^{F4}	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device

<u>CODE</u>	<u>DESCRIPTION</u>
L6623 ^{F4}	Upper extremity addition, spring assisted rotational wrist unit with latch release
<u>L6624</u> ^{F4}	Upper extremity addition, flexion/extension and rotation wrist unit
L6625 ^{F4}	Upper extremity addition, rotation wrist unit with cable lock
L6628 ^{F4}	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal
L6629 ^{F4}	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
L6630 ^{F4}	Upper extremity addition, stainless steel, any wrist
L6632 ^{F6}	Upper extremity addition, latex suspension sleeve, each
L6635 ^{F4}	Upper extremity addition, lift assist for elbow
L6637 ^{F4}	Upper extremity addition, nudge control elbow lock
<u>L6638</u> ^{F5}	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
<u>L6639</u> ^{F4}	Upper extremity addition, heavy duty feature, any elbow
L6640 ^{F4}	Upper extremity additions, shoulder abduction joint, pair
L6641 ^{F4}	Upper extremity addition, excursion amplifier, pulley type
L6642 ^{F4}	Upper extremity addition, excursion amplifier, lever type
L6645 ^{F4}	Upper extremity addition, shoulder flexion-abduction joint, each
<u>L6646</u> ^{F5}	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system
L6650 ^{F4}	Upper extremity addition, shoulder universal joint, each
L6655 ^{F4}	Upper extremity addition, standard control cable, extra
L6660 ^{F4}	Upper extremity addition, heavy duty control cable
L6665 ^{F6}	Upper extremity addition, Teflon, or equal, cable lining
L6670 ^{F4}	Upper extremity addition, hook to hand, cable adapter
L6672 ^{F4}	Upper extremity addition, harness, chest or shoulder, saddle type
L6675 ^{F4}	Upper extremity addition, harness, (e.g. figure of eight type) single cable design
L6676 ^{F4}	Upper extremity addition, harness, (e.g. figure of eight type) dual cable design
<u>L6677</u> ^{F4}	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6680 ^{F7}	Upper extremity addition, test socket, wrist disarticulation or below elbow
L6682 ^{F7}	Upper extremity addition, test socket, elbow disarticulation or above elbow
L6684 ^{F7}	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic
L6686 ^{F4}	Upper extremity addition, suction socket
L6687 ^{F4}	Upper extremity addition, suction socket, below elbow or wrist disarticulation
L6688 ^{F4}	Upper extremity addition, frame type socket, above elbow or elbow disarticulation

<u>CODE</u>	<u>DESCRIPTION</u>
L6689 ^{F4}	Upper extremity addition, frame type socket, shoulder disarticulation
L6690 ^{F4}	Upper extremity addition, frame type socket, interscapular-thoracic
L6691 ^{F7}	Upper extremity addition, removable insert, each
L6692 ^{F7}	Upper extremity addition, silicone gel insert or equal, each
L6693 ^{F4}	Upper extremity addition, locking elbow, forearm counterbalance
L6694 ^{F19}	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
L6695 ^{F19}	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
<u>L6696</u> ^{F6}	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
<u>L6697</u> ^{F6}	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)
L6698 ^{F6}	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert

TERMINAL DEVICES

HOOKS

<u>L6703</u> ^{F3}	Terminal device, passive hand/mitt, any material, any size
L6706 ^{F3}	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined
L6707 ^{F3}	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined
L6708 ^{F3}	Terminal device, hand, mechanical, voluntary opening, any material, any size
L6709 ^{F3}	Terminal device, hand, mechanical, voluntary closing, any material, any size
<u>L6711</u> ^{F6}	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
<u>L6712</u> ^{F6}	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
<u>L6713</u> ^{F6}	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
<u>L6714</u> ^{F6}	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric

<u>CODE</u>	<u>DESCRIPTION</u>
<u>L6721</u> ^{F6}	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined
<u>L6722</u> ^{F6}	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined
L6805 ^{F3}	Addition to terminal device, modifier wrist unit
L6810 ^{F3}	Addition to terminal device, precision pinch device
<u>HANDS</u>	
<u>L6881</u> ^{F6}	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
<u>L6882</u> ^{F6}	Microprocessor control feature, addition to upper limb prosthetic terminal device
<u>L6883</u> ^{F4}	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power
<u>L6884</u> ^{F4}	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
<u>L6885</u> ^{F4}	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power
<u>GLOVES FOR ABOVE HANDS</u>	
L6890 ^{F6}	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6895 ^{F6}	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
<u>HAND RESTORATION</u>	
L6900 ^{F4}	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining
L6905 ^{F4}	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining
L6910 ^{F4}	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining
L6915 ^{F6}	Hand restoration (shading and measurements included), replacement glove for above
<u>EXTERNAL POWER</u>	
<u>BASE DEVICES</u>	
<u>L6920</u> ^{F10}	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, myoelectric control of terminal device
<u>L6925</u> ^{F10}	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device

<u>CODE</u>	<u>DESCRIPTION</u>
<u>L6930</u> ^{F10}	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
<u>L6935</u> ^{F10}	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
<u>L6940</u> ^{F10}	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
<u>L6945</u> ^{F10}	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
<u>L6950</u> ^{F10}	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
<u>L6955</u> ^{F10}	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
<u>L6960</u> ^{F10}	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
<u>L6965</u> ^{F10}	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device
<u>L6970</u> ^{F10}	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device
<u>L6975</u> ^{F10}	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device
<u>L7007</u> ^{F10}	Electric hand, switch or myoelectric controlled, adult
<u>L7008</u> ^{F10}	Electric hand, switch or myoelectric, controlled, pediatric
<u>L7009</u> ^{F10}	Electric hook, switch or myoelectric controlled, adult
<u>L7040</u> ^{F10}	Prehensile actuator, switch controlled
<u>L7045</u> ^{F10}	Electric hook, switch or myoelectric controlled, pediatric

CODE

DESCRIPTION

MYOELECTRIC

To be used only when medically necessary as determined by an approved amputee clinic.

ELBOW

- L7170^{F10} Electronic elbow, Hosmer or equal, switch controlled**
- L7180^{F10} Electronic elbow, microprocessor sequential control of elbow and terminal device**
- L7181^{F6} Electronic elbow, microprocessor simultaneous control of elbow and terminal device**
- L7185^{F10} Electronic elbow, adolescent, Variety Village or equal, switch controlled**
- L7186^{F10} Electronic elbow, child, Variety Village or equal switch controlled**
- L7190^{F10} Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled**
- L7191^{F10} Electronic elbow, child, Variety Village or equal, myoelectronically controlled**
- L7260^{F10} Electronic wrist rotator, Otto Bock or equal**
- L7261^{F10} Electronic wrist rotator, for Utah arm**
- L7266^{F10} Servo control, Steeper or equal**
- L7272^{F10} Analogue control, UNB or equal**
- L7274^{F10} Proportional control, 6-12 volt, Liberty, Utah or equal**

BATTERY COMPONENTS

- L7360^{F10} Six volt battery, each**
- L7362^{F10} Battery charger, six volt, each**
- L7364^{F10} Twelve volt battery, each**
- L7366^{F10} Battery charger, twelve volt, each**
- L7367^{F10} Lithium ion battery, replacement**
- L7368^{F6} Lithium ion battery charger**
- L7499^{F10} Upper extremity prosthesis, not otherwise specified**
- L7510^{F7} Repair of prosthetic device, repair or replace minor parts
(not to be billed in conjunction with L7520)**
- L7520^{F9} Repair prosthetic device, labor component, per 15 minutes
(includes evaluation) (more than 2 hours requires prior approval)**

GENERAL

BREAST AND HAIR PROSTHESIS (Also see Section 4.1)

- L8010^{F21} Breast prosthesis, mastectomy sleeve**
- L8035^{F22} Custom breast prosthesis, post mastectomy, molded to patient model**
- A9282^{F2} Wig, any type, each
(coverage limited to medically-induced or congenital hair loss)**

CODE

DESCRIPTION

UPPER EXTREMITY ELASTIC SUPPORTS

- S8421^{F21} **Gradient pressure aid (sleeve and glove combination), ready made**
- S8424^{F21} **Gradient pressure aid (sleeve), ready made**
- S8427^{F21} **Gradient pressure aid (glove), ready made**
- S8428^{F21} **Gradient pressure aid (gauntlet), ready made**

LOWER EXTREMITY ELASTIC SUPPORTS

(surgical weight stockings, medium or heavy)

- A6530^{F7} **#Gradient compression stocking, below knee, 18-30 mm Hg each**
- A6531^{F7} **#Gradient compression stocking, below knee, 30-40 mm Hg, each**
- A6532^{F7} **#Gradient compression stocking, below knee, 40-50 mm Hg, each**
- A6533^{F7} **#Gradient compression stocking, thigh length, 18-30 mm Hg, each**
- A6534^{F7} **#Gradient compression stocking, thigh length, 30-40 mm Hg, each**
- A6535^{F7} **#Gradient compression stocking, thigh length, 40-50 mm Hg, each**
- A6536^{F7} **#Gradient compression stocking, full length/chap style, 18-30 mm Hg**
- A6537^{F7} **#Gradient compression stocking, elastic, full length/chap style 30-40 mm Hg, each**
- A6538^{F7} **#Gradient compression stocking, full length/chap style, 40-50 mm Hg, each**
- A6539^{F7} **#Gradient compression stocking, waist length, 18-30 mm Hg, each (panty hose style)**
- A6540^{F7} **#Gradient compression stocking, waist length, 30-40 mm Hg, each (panty hose style)**
- A6541^{F7} **#Gradient compression stocking, waist length, 40-50 mm Hg, each (panty hose style)**
- A6542^{F7} **Gradient compression stocking, custom made**
- A6543^{F7} **#Gradient compression stocking, lymphedema**
- A6544^{F7} **#Gradient compression stocking, garter belt**
- A6549^{F7} **#Gradient compression stocking, not otherwise specified (each)**

Limited to medically necessary zippered gradient compression stockings, e.g. presence of open wound **or** inability to put on standard stockings with no access to caregivers.

TRUSSES

- L8300^{F6} **Truss, single with standard pad**
- L8310^{F6} **Truss, double with standard pads**
- L8320^{F6} **Truss, addition to standard pad, water pad**
- L8330^{F6} **Truss, addition to standard pad, scrotal pad**

PROSTHETIC SOCKS

- L8400^{F21} **Prosthetic sheath, below knee, each**
- L8410^{F21} **Prosthetic sheath, above knee, each**
- L8415^{F21} **Prosthetic sheath, upper limb, each**

<u>CODE</u>	<u>DESCRIPTION</u>
L8417 ^{F21}	Prosthetic sheath/sock, including a gel cushion layer, below knee or above
L8420 ^{F21}	Prosthetic sock, multiple ply, below knee, each
L8430 ^{F21}	Prosthetic sock, multiple ply, above knee, each
L8435 ^{F21}	Prosthetic sock, multiple ply, upper limb, each
L8440 ^{F25}	Prosthetic shrinker, below knee, each
L8460 ^{F25}	Prosthetic shrinker, above knee, each
L8465 ^{F25}	Prosthetic shrinker, upper limb, each
L8470 ^{F21}	Prosthetic sock, single ply, fitting, below knee, each
L8480 ^{F21}	Prosthetic sock, single ply, fitting, above knee, each
L8485 ^{F21}	Prosthetic sock, single ply, upper limb, each
<u>L8499</u> ^{F10}	Unlisted procedure for miscellaneous prosthetic services
L9900 ^{F12}	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (limited to home visit)

BURN GARMETS

<u>A6501</u> ^{F7}	Compression burn garment, bodysuit (head to foot), custom fabricated
<u>A6502</u> ^{F7}	Compression burn garment, chin strap, custom fabricated
<u>A6503</u> ^{F7}	Compression burn garment, facial hood, custom fabricated
<u>A6504</u> ^{F7}	Compression burn garment, glove to wrist, custom fabricated
<u>A6505</u> ^{F7}	Compression burn garment, glove to elbow, custom fabricated
<u>A6506</u> ^{F7}	Compression burn garment, glove to axilla, custom fabricated
<u>A6507</u> ^{F7}	Compression burn garment, foot to knee length, custom fabricated
<u>A6508</u> ^{F7}	Compression burn garment, foot to thigh length, custom fabricated
<u>A6509</u> ^{F7}	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
<u>A6510</u> ^{F7}	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
<u>A6511</u> ^{F7}	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
<u>A6512</u> ^{F7}	Compression burn garment, not otherwise classified