

An "X" in the NHP (Network Health Plan), SOW (State of Wisconsin) and/or KC (Kimberly Clark) authorization column, denotes that a prior authorization is required for that line item. Supplies are covered if provided/billed by the provider in conjunction with that approved care; additional/separate authorizations are not required. If a DME item/service is approved, then related supplies are also considered approved (e.g. if wound care is approved, then wound care supplies are eligible as well). Shaded rows indicates potential experimental review required. Authorization requirements are based upon CMS fee schedule purchase price, if not on fee schedule then retail purchase.

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH						
A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH						
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH						
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH						
A4210	NEEDLE-FREE INJECTION DEVICE EACH						
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS						
A4212	NON CORING NEEDLE OR STYLET W/WO CATHETER						
A4213	SYRINGE STERILE 20 CC OR GREATER EACH						
A4215	NEEDLES ONLY STERILE ANY SIZE EACH						
A4216	Sterile water/saline, 10 ml						
A4217	Sterile water/saline, 500 ml						
A4218	Sterile saline or water, metered dose dispenser, 10 ml						
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP						
A4221	Maint drug infus cath per wk						
A4222	Supplies for external drug infusion pump, per cassette or bag						
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG						
A4230	INFUS SET EXT INSULIN PUMP NONNDLE CANNULA TYPE						
A4231	INFUSION SET EXTERNAL INSULIN PUMP NEEDLE TYPE						
A4232	SYRINGE W/NDLE EXTERNAL INSULIN PUMP STERILE 3CC						
A4233	replacement battery, alkaline, not J cell, glucose monitor, each						
A4234	replacement battery, alkaline, J cell, glucose monitor, each						
A4235	replacement battery, lithium, glucose monitor, each						
A4236	replacement battery, silver oxide, glucose monitor, each						
A4244	ALCOHOL OR PEROXIDE PER PINT						
A4245	ALCOHOL WIPES PER BOX						
A4246	BETADINE OR PHISOREX SOLUTION PER PINT						
A4247	BETADINE OR IODINE SWABS/WIPES PER BOX						
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML						

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A4250	URINE TEST OR REAGENT STRIPS OR TABLETS						
A4252	Blood ketone test or reagent strip, each						
A4253	Blood glucose/reagent strips						
A4255	Glucose monitor platforms						
A4256	Calibrator solution/chips						
A4257	Replace Lensshield Cartridge						
A4258	Spring powered device for lancets						
A4259	Lancets per box						
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE		LIMITED BENEFITS				Refer to family planning rider
A4262	TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EA						
A4263	PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA						
A4264	PERM IMPL CONTRCPTV TUBAL OCCL DEV		LIMITED BENEFITS				Refer to family planning rider
A4265	Paraffin						
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE		LIMITED BENEFITS				Refer to family planning rider
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EACH	EX					
A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH	EX					
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EACH	EX					
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH						
A4280	Brst prsths adhsv attchmnt						
A4281	TUBING FOR BREAST PUMP REPLACEMENT			X	X	X	
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT			X	X	X	
A4283	CAP FOR BREAST PUMP BOTTLE REPLACEMENT			X	X	X	
A4284	Breast Shield & Splash Protectr w/breast pump repl			X	X	X	
A4285	POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL			X	X	X	
A4286	LOCKING RING FOR BREAST PUMP REPLACEMENT			X	X	X	
A4290	SACRAL NERVE STIMULATION TEST LEAD EACH						
A4300	IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS						
A4301	IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR						
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR						
A4306	DISPBL RX DELIV SYSTEM FLOW RATE 5 ML/LESS-HOUR						
A4310	Insert tray w/o bag/cath						
A4311	Catheter w/o bag 2-way latex						

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A4312	Cath w/o bag 2-way silicone						
A4313	Catheter w/bag 3-way						
A4314	Cath w/drainage 2-way latex						
A4315	Cath w/drainage 2-way silicone						
A4316	Cath w/drainage 3-way						
A4320	Irrigation tray						
A4321	Cath therapeutic irrig agent						
A4322	Irrigation syringe						
A4326	Male external catheter						
A4327	Fem urinary collect dev cup						
A4328	Fem urinary collect pouch						
A4330	Stool collection pouch						
A4331	Extension drainage tubing						
A4332	Lube sterile packet						
A4333	Urinary cath anchor device						
A4334	Urinary cath leg strap						
A4335	Incontinence supply, misc			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Review for possible OTC
A4336	INCONT SUPPLY URETHRAL INSERT EA			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Review for possible OTC
A4338	Indwelling catheter latex						
A4340	Indwelling catheter special						
A4344	Cath indw foley 2 way silicon						
A4346	Cath indw foley 3 way						
A4349	Disposable male external cath						
A4351	Straight tip urine catheter						
A4352	Coude tip urinary catheter						
A4353	Intermittent urinary cath						
A4354	Cath insertion tray w/bag						
A4355	Bladder irrigation tubing						
A4356	Ext ureth clamp or compr dev						
A4357	Bedside drainage bag						
A4358	Urinary leg or abdomen bag						
A4360	DISP EXT URETHRAL CLAMP/COMP DEV EA						
A4361	Ostomy face plate						
A4362	Solid skin barrier						
A4363	ostomy clamp, any type, replacement, each						
A4364	Adhesive, liquid or equal						
A4366	Ostomy vent						
A4367	Ostomy belt						
A4368	Ostomy filter						
A4369	Skin barrier liquid per oz						
A4371	Skin barrier powder per oz						
A4372	Skin barrier solid 4x4 equiv						

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A4373	Skin barrier with flange						
A4375	Drainable plastic pch w fcpl						
A4376	Drainable rubber pch w fcpl						
A4377	Drainable plstic pch w/o fp						
A4378	Drainable rubber pch w/o fp						
A4379	Urinary plastic pouch w fcpl						
A4380	Urinary rubber pouch w fcpl						
A4381	Urinary plastic pouch w/o fp						
A4382	Urinary hvy plstc pch w/o fp						
A4383	Urinary rubber pouch w/o fp						
A4384	Ostomy faceplt/silicone ring						
A4385	Ost skn barrier sld ext wear						
A4387	Ost clsd pouch w att st barr						
A4388	Drainable pch w ex wear barr						
A4389	Drainable pch w st wear barr						
A4390	Drainable pch ex wear convex						
A4391	Urinary pouch w ex wear barr						
A4392	Urinary pouch w st wear barr						
A4393	Urine pch w ex wear bar conv						
A4394	Ostomy pouch liq deodorant						
A4395	Ostomy pouch solid deodorant						
A4396	Peristomal hernia supprt blt						
A4397	Irrigation supply sleeve						
A4398	Ostomy irrigation bag						
A4399	Ostomy irrig cone/cath w brs						
A4400	Ostomy irrigation set						
A4402	Lubricant per ounce						
A4404	Ostomy ring each						
A4405	Nonpectin based ostomy paste						
A4406	Pectin based ostomy paste						
A4407	Ext wear ost skn barr <=4sqö						
A4408	Ext wear ost skn barr >4sqö						
A4409	Ost skn barr w flng <=4 sqö						
A4410	Ost skn barr w flng >4sqö						
A4411	ostomy skin barrier, extended wear, built in convexity, each						
A4412	ostomy pouch, drainable, w/o filter, each						
A4413	2 pc drainable ost pouch						
A4414	Ostomy sknbarr w flng <=4sqö						
A4415	Ostomy skn barr w flng >4sqö						
A4416	Ost pch clsd w barrier/filtr						
A4417	Ost pch w bar/bltinconv/fltr						
A4418	Ost pch clsd w/o bar w filtr						
A4419	Ost pch for bar w flange/flt						

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A4420	Ost pch clsd for bar w lk fl						
A4421	OSTOMY SUPPLY; MISCELLANEOUS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
A4422	Ost pouch absorbent material						
A4423	Ost pch for bar w lk fl/fltr						
A4424	Ost pch drain w bar & filter						
A4425	Ost pch drain for barrier fl						
A4426	Ost pch drain 2 piece system						
A4427	Ost pch drain/barr lk flng/f						
A4428	Urine ost pouch w faucet/tap						
A4429	Urine ost pouch w bltinconv						
A4430	Ost urine pch w b/bltin conv						
A4431	Ost pch urine w barrier/tapv						
A4432	Os pch urine w bar/fange/tap						
A4433	Urine ost pch bar w lock fln						
A4434	Ost pch urine w lock flng/ft						
A4450	Tape, nonwaterproof, per 18 sq. in.						
A4452	Tape, waterproof, per 18 sq. in.						
A4455	Adhesive remover per ounce						
A4456	ADHESIVE REMOVER WIPES ANY TYPE EA						
A4458	ENEMA BAG WITH TUBING REUSABLE						
A4461	Surgicl dress hold non-reuse						
A4463	SURG DRESSING HOLDER REUSABLE EA						
A4465	NONELASTIC BINDER FOR EXTREMITY						
A4466	GARMENT BELT SLEEVE OTH ELASTIC EA						
A4470	GRAVLEE JET WASHER						
A4480	VABRA ASPIRATOR						
A4481	Tracheostoma filter						
A4483	Moisture exchanger						
A4490	Surgical stocking, above the knee, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A4495	SURGICAL STOCKING THIGH LENGTH EACH		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A4500	SURGICAL STOCKING BELOW KNEE LENGTH EACH		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A4510	SURGICAL STOCKING FULL-LENGTH EACH		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A4520	INCONTINENCE GARMENT ANY TYPE EACH	EX					
A4550	SURGICAL TRAYS						
A4554	DISPOSABLE UNDERPADS ALL SIZES	EX					
A4556	Electrodes, pair						
A4557	Lead wires, pair						
A4558	Conductive paste or gel						
A4559	COUPLING GEL/PASTE W/US DEVC PER OZ						
A4561	Pessary rubber, any type						
A4562	Pessary, non rubber,any type						

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A4565	SLINGS						
A4570	SPLINTS						
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
A4580	CAST SUPPLIES						
A4590	SPECIAL CASTING MATERIAL						
A4595	TENS suppl 2 lead per month						
A4600	SLEEVE INTERMITT LIMB COMP REPLMNT EA						
A4601	LITHIUM ION BATT NONPROSTH USE REPLMNT		LIMITED BENEFITS				NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
A4604	tubing with heating element for positive airway pressure device						
A4605	Trach suction cath close sys						
A4606	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT						
A4608	Transtracheal oxygen cath						
A4611	Heavy duty battery, replacement		LIMITED BENEFITS				NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
A4612	Battery cables, replacement		LIMITED BENEFITS				NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
A4613	Battery charger, replacement		LIMITED BENEFITS				NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
A4614	Hand held peak expiratory flow rate meter						
A4615	CANNULA NASAL						
A4616	Tubing (oxygen), per foot						
A4617	MOUTHPIECE						
A4618	Breathing circuits						
A4619	Face tent						
A4620	VARIABLE CONCENTRATION MASK						
A4623	Tracheostomy inner cannula						
A4624	Tracheal suction tube						
A4625	Trach care kit for new trach						
A4626	Tracheostomy cleaning brush						
A4627	SPACR BAG/RESRVOR W/WO MASK W/METRD DOSE INHAL						
A4628	Oropharyngeal suction cath						
A4629	Tracheostomy care kit						
A4630	Replacement battery for t.e.n.s. own by pt		LIMITED BENEFITS				SOW allows batteries. NHP & KC exclusion.
A4633	Uvi replacement bulb						
A4634	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL						
A4635	Underarm crutch pad, replacement, each						
A4636	Replacement 'Handgrip for cane, walker or crutch each						
A4637	Repl tip cane/crutch/walker						
A4638	Repl batt pulse gen sys						

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A4639	Infrared ht sys replcmnt pad		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
A4640	Replacement pad for alternating pressure pad						
A4641	SUPPLY RADIOPHARMACEUTICAL DX IMAGING AGENT NOC						
A4642	SPL SATUMOMAB PENDETIDE RADOPHRM IMAG AGT-DOSE						
A4648	Tissue marker, implantable, any type, each						
A4649	SURGICAL SUPPLY; MISCELLANEOUS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
A4650	Implantable radiation dosimeter, each						
A4651	CALIBRATED MICROCAPILLARY TUBE EACH						
A4652	MICROCAPILLARY TUBE SEALANT						
A4653	PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA						
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH						
A4660	SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE	EX					OTC
A4663	BLOOD PRESSURE CUFF ONLY	EX					OTC
A4670	AUTOMATIC BLOOD PRESSURE MONITOR			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Review for possible OTC
A4671	DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA						
A4672	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH						
A4673	EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS						
A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ						
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH						
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH						
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GAL						
A4707	BICARBONATE CONCENTRATE POWDER HEMODIAL-PAC						
A4708	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GAL						
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON						
A4714	TREATED WATER FOR PERITONEAL DIALYSIS PER GAL						
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS						
A4720	DIALYSATE DXTROS FL >249<=/=999 CC PERITON DIALYS						
A4721	DIALYSATE DXTROS FL >999<=/=1999CC PERITON DIALYS						
A4722	DIALYSATE DXTROS FL>1999<=/=2999CC PERITON DIALYS						
A4723	DIALYSATE DXTROS FL>2999<=/=3999CC PERITON DIALYS						

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A4724	DIALYSATE DXTROS FL>3999</=4999CC PERITON DIALYS						
A4725	DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS						
A4726	DIALYSATE DEXTROSE FLUID >5999 CC						
A4728	DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML						
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS EACH						
A4736	TOPICAL ANESTHETIC FOR DIALYSIS PER GRAM						
A4737	INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML						
A4740	SHUNT ACCESSORY FOR HEMODIALYSIS ANY TYPE EACH						
A4750	BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH						
A4755	BLOOD TUBING ART&VENOUS COMB HEMODIALYSIS EA						
A4760	DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA						
A4765	DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET						
A4766	DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML						
A4770	BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50						
A4771	SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50						
A4772	BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50						
A4773	OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50						
A4774	AMMONIA TEST STRIPS FOR DIALYSIS PER 50						
A4802	PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG						
A4860	DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10						
A4870	PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT						
A4890	CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT						
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH						
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS						
A4918	VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH						
A4927	GLOVES NON-STERILE PER 100	EX					OTC
A4928	SURGICAL MASK PER 20						
A4929	TOURNIQUET FOR DIALYSIS EACH						
A4930	GLOVES STERILE PER PAIR						

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A4931	ORAL THERMOMETER REUSABLE ANY TYPE EACH	EX					OTC
A4932	RECTAL THERMOMETER REUSABLE ANY TYPE EACH	EX					OTC
A5051	Pouch clsd w barr attached						
A5052	Clsd ostomy pouch w/o barr						
A5053	Clsd ostomy pouch faceplate						
A5054	Clsd ostomy pouch w/flange						
A5055	Stoma cap						
A5061	Pouch drainable w barrier at						
A5062	Drnble ostomy pouch w/o barr						
A5063	Drain ostomy pouch w/flange						
A5071	Urinary pouch w/barrier						
A5072	Urinary pouch w/o barrier						
A5073	Urinary pouch on barr w/flng						
A5081	Continent stoma plug						
A5082	Continent stoma catheter						
A5083	Continent device, stoma absorptive cover for continent stoma						
A5093	Ostomy accessory convex inse						
A5102	Bedside drain btl w/wo tube						
A5105	Urinary suspensory with leg bag,with or without tube,each						
A5112	Urinary leg bag						
A5113	Latex leg strap						
A5114	Foam/fabric leg strap						
A5120	skin barrier, wipes or swabs, each						
A5121	Solid skin barrier 6x6						
A5122	Solid skin barrier 8x8						
A5126	Disk/foam pad +- adhesive						
A5131	Appliance cleaner						
A5200	Percutaneous catheter anchor						
A5500	Diab shoe for density insert, custom preparation						
A5501	Diabetic custom molded shoe						
A5503	Diabetic shoe w/roller/rockr						
A5504	Diabetic shoe with wedge						
A5505	Diab shoe w/metatarsal bar						
A5506	Diabetic shoe w/off set heel						
A5507	Modification diabetic shoe						
A5508	DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE						
A5510	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT						
A5512	diabetic multiple density shoe insert, direct formed, molded to foot						
A5513	diabetic multiple density shoe insert, custom molded						

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A6000	NON-CNTC WND WARMING WND COVR W/DEVC&CARD		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
A6010	Collagen based wound filler						
A6011	Collagen gel/paste wound fil						
A6021	Collagen dressing <=16 sq in						
A6022	Collagen drsg>6<=48 sq in						
A6023	Collagen dressing >48 sq in						
A6024	Collagen dsg wound filler						
A6025	GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EA						
A6154	Wound pouch each						
A6196	Alginate dressing <=16 sq in						
A6197	Alginate drsg >16 <=48 sq in						
A6198	ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA						
A6199	Alginate drsg wound filler						
A6203	Composite drsg <= 16 sq in						
A6204	Composite drsg >16<=48 sq in						
A6205	COMPOS DRESS PAD SZ > 48 SQ W/ADHES BORDR EA						
A6206	CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING						
A6207	Contact layer >16<= 48 sq in						
A6208	CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING						
A6209	Foam drsg <=16 sq in w/o bdr						
A6210	Foam drg >16<=48 sq in w/o b						
A6211	Foam drg > 48 sq in w/o brdr						
A6212	Foam drg <=16 sq in w/border						
A6213	FOAM DRESS >16 SQ BUT <= 48 SQ W/ADHES BORDR EA						
A6214	Foam drg > 48 sq in w/border						
A6215	FOAM DRESSING WOUND FILLER PER GRAM						
A6216	Non-sterile gauze<=16 sq in						
A6217	Non-sterile gauze>16<=48 sq						
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA						
A6219	Gauze <= 16 sq in w/border						
A6220	Gauze >16 <=48 sq in w/bordr						
A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES BORDR EA						
A6222	Gauze <=16 in no w/sal w/o b						
A6223	Gauze >16<=48 no w/sal w/o b						
A6224	Gauze > 48 in no w/sal w/o b						
A6228	GAUZE IMPREG WATER/NL SALINE > 16 SQ W/O ADHES						
A6229	Gauze >16<=48 sq in watr/sal						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A6230	GAUZE IMPREG WATR/NL SALINE > 48 SQ W/O ADHES						
A6231	Hydrogel dsg<=16 sq in						
A6232	Hydrogel dsg>16<=48 sq in						
A6233	Hydrogel dressing >48 sq in						
A6234	Hydrocolld drg <=16 w/o bdr						
A6235	Hydrocolld drg >16<=48 w/o b						
A6236	Hydrocolld drg > 48 in w/o b						
A6237	Hydrocolld drg <=16 in w/bdr						
A6238	Hydrocolld drg >16<=48 w/bdr						
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES BORDR EA						
A6240	Hydrocolld drg filler paste						
A6241	Hydrocolloid drg filler dry						
A6242	Hydrogel drg <=16 in w/o bdr						
A6243	Hydrogel drg >16<=48 w/o bdr						
A6244	Hydrogel drg >48 in w/o bdr						
A6245	Hydrogel drg <= 16 in w/bdr						
A6246	Hydrogel drg >16<=48 in w/b						
A6247	Hydrogel drg > 48 sq in w/b						
A6248	Hydrogel drsg gel filler						
A6250	Hydrogel drsg gel filler						
A6251	Absorpt drg <=16 sq in w/o b						
A6252	Absorpt drg >16 <=48 w/o bdr						
A6253	Absorpt drg > 48 sq in w/o b						
A6254	Absorpt drg <=16 sq in w/bdr						
A6255	Absorpt drg >16<=48 in w/bdr						
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES BORDR EA						
A6257	Transparent film <= 16 sq in						
A6258	Transparent film >16<=48 in						
A6259	Transparent film > 48 sq in						
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE						
A6261	WOUND FILLER GEL/PASTE PER FLUID OUNCE NEC						
A6262	WOUND FILLER DRY FORM PER GRAM NEC						
A6266	Impreg gauze no h20/sal/yard						
A6402	Sterile gauze <= 16 sq in						
A6403	Sterile gauze>16 <= 48 sq in						
A6404	GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR						
A6407	Packing strips, non-impreg						
A6410	Sterile eye pad						
A6411	Non-sterile eye pad						
A6412	EYE PATCH OCCLUSIVE EACH						
A6413	Adhesive bandage, first-aid type, any size, each						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A6441	Pad band w>=3ö <5ö/yd						
A6442	Conform band n/s w<3ö/yd						
A6443	Conform band n/s w>=3ö<5ö/yd						
A6444	Conform band n/s w>=5ö/yd						
A6445	Conform band s w <3ö/yd						
A6446	Conform band s w>=3ö <5ö/yd						
A6447	Conform band s w >=5ö/yd						
A6448	Lt compres band <3ö/yd						
A6449	Lt compres band >=3ö <5ö/yd						
A6450	Lt compres band >=5ö/yd						
A6451	Mod compres band w>=3ö<5ö/yd						
A6452	High compres band w>=3ö<5ö/yd						
A6453	Self-adher band w <3ö/yd						
A6454	Self-adher band w>=3ö <5ö/yd						
A6455	Self-adher band >=5ö/yd						
A6456	Zinc paste band w >=3ö<5ö/yd						
A6457	tubular dressing w or w/o elastic, any width						
A6501	Compres burngarment bodysuit						
A6502	Compres burngarment chinstrp						
A6503	Compres burngarment facehood						
A6504	Cmprsburngarment glove-wrist						
A6505	Cmprsburngarment glove-elbow						
A6506	Cmprsburngrmnt glove-axilla						
A6507	Cmprs burngarment foot-knee						
A6508	Cmprs burngarment foot-thigh						
A6509	Compres burn garment jacket						
A6510	Compres burn garment leotard						
A6511	Compres burn garment panty						
A6512	COMPRESSION BURN GARMENT, NOC						
A6513	compression burn mask, face &/or neck, plastic or equal, custom						
A6530	gradient compression stocking , below knee, 18-30mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6531	gradient compression stocking, below knee, 30-40 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6532	gradient compression stocking, below knee, 40-50mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6533	gradient compression stocking, thigh high, 18-30 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6534	gradient compression stocking, thigh length, 30-40 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6535	gradient compression stocking, thigh length, 40-50 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6536	gradient compression stocking, full length/chap style 18-30mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6537	gradient compression stocking, full length/chap style 30-40mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A6538	gradient compression stocking, full length/chap style 40-50mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6539	gradient compression stocking, waist length, 18-30 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6540	gradient compression stocking, waist length, 30-40 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6541	gradient compression stocking, waist length, 40-50 mm Hg, each		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6544	gradient compression stocking, garter belt		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6545	gradient compression wrap, nonelastic, below knee, 30-55 mm Hg, each						
A6549	GRADIENT COMP STOCKING/SLEEVE NOS		LIMITED BENEFITS				Two initial pair and then two pair every 12 months thereafter
A6550	Neg pres wound ther drsg set						
A7000	Disposable canister for pump						
A7001	Nondisposable pump canister						
A7002	Tubing used w suction pump						
A7003	Nebulizer administration set						
A7004	Disposable nebulizer sml vol						
A7005	Nondisposable nebulizer set						
A7006	Filtered nebulizer admin set						
A7007	Lg vol nebulizer disposable						
A7008	Disposable nebulizer prefill						
A7009	Nebulizer reservoir bottle						
A7010	Disposable corrugated tubing						
A7011	CORRG TUBING NON-DISP/NEB USE 10 FT						
A7012	Nebulizer water collec devic						
A7013	Disposable compressor filter						
A7014	Compressor nondispos filter						
A7015	Aerosol mask used w nebulize						
A7016	Nebulizer dome & mouthpiece						
A7017	Nebulizer not used w oxygen						
A7018	Water distilled w/nebulizer						
A7025	Replace chest compress vest					X	
A7026	Replace chst cmprss sys hose						
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each						
A7028	Oral cushion combination oral/nasal mask, replcmnt only, each						
A7029	Nasal pillows combination oral/nasal mask, replcmnt only, pair						
A7030	CPAP full face mask						
A7031	Replacement facemask interfa						
A7032	Replacement nasal cushion						
A7033	Replacement nasal pillows						
A7034	Nasal application device						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A7035	Pos airway press headgear						
A7036	Pos airway press chinstrap						
A7037	Pos airway pressure tubing						
A7038	Pos airway pressure filter						
A7039	Filter, non disposable w pap						
A7040	One way chest drain valve						
A7041	Water seal drain container						
A7042	Implanted pleural catheter						
A7043	Vacuum drainagebottle/tubing						
A7044	PAP oral interface						
A7045	Repl exhalation port for PAP						
A7046	Repl water chamber, PAP dev						
A7501	Tracheostoma valve w diaphra						
A7502	Replacement diaphragm/fplate						
A7503	HMES filter holder or cap						
A7504	Tracheostoma HMES filter						
A7505	HMES or trach valve housing						
A7506	HMES/trachvalve adhesivedisk						
A7507	Integrated filter & holder						
A7508	Housing & Integrated Adhesiv						
A7509	Heat & moisture exchange sys						
A7520	Trach/laryn tube non-cuffed						
A7521	Trach/laryn tube cuffed						
A7522	Trach/laryn tube stainless						
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH						
A7524	Tracheostoma stent/stud/bttn						
A7525	Tracheostomy mask						
A7526	Tracheostomy tube collar						
A7527	Trach/laryn tube plug/stop						
A8000	Soft protect helmet prefab						
A8001	Hard protect helmet prefab						
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB						
A8003	HELMET PROTECTIVE HARD CUSTOM FAB						
A8004	SOFT INTERFACE FOR HELMET REPL ONLY						
A9150	NONPRESCRIPTION DRUG	EX					
A9152	SINGLE VIT/MINERAL/TRACE ELEMENT ORAL DOSE NOS	EX					
A9153	MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS	EX					
A9155	Artificial saliva, 30 ml	EX					OTC
A9180	PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER	EX					
A9270	NONCOVERED ITEM OR SERVICE	EX					

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies & accessories			X	X	X	
A9275	home glucose disposable monitor, includes test strips	EX					Convenience item
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply			X	X	X	
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system			X	X	X	
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system			X	X	X	
A9279	MON FEATURE/DEVC ALONE/INTEGRAT NOC	EX					
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED	EX					Convenience item
A9281	teaching/grabbing device, any type, any length, each	EX					
A9282	wig, any type, each	EX					
A9283	Foot pressure off loading/supportive device, any type, each	EX					OTC
A9284	Spirometer, nonelectronic, includes all accessories						
A9300	EXERCISE EQUIPMENT	EX					
A9500	TC-99M SESTAMIBI DX PER STUDY DOSE						
A9501	Technetium tc-99m teboroxime, diagnostic, per study dose						
A9502	SPL RADOPHRM TECHNETIUM TC 99M TETROFOSMIN-U DOS						
A9503	SPL RADOPHRM DX TC 99M MEDRONATE TO 30 MCI						
A9504	SPL RADOPHRM DX TECHNETIUM TC 99M APCITIDE VIAL						
A9505	SPL RADOPHRM DX THALLOUS CHLORID TL-201 MCI						
A9507	SPL RADOPHRM INDIUM 111 CAPROMAB PENDETIDE-DOSE						
A9508	SPL RADOPHRM DX IOBENGUANE SULFATE I-131 0.5 MCI						
A9509	iodine I-123 sodium iodide, diagnostic, per millicurie						
A9510	SPL RADOPHRM TECHNETIUM TC 99M DISOFENIN-VIAL						
A9512	SPL RADOPHRM DX TECHTUM TC-99M PERTECHNETATE-MCI						
A9516	SPL RADOPHRM DX I-123 SODIM IODIDE CAP-100 UCI						
A9517	SPL RADOPHRM TX I-131 SODIM IODIDE CAP-MCI						
A9521	SPL RADOPHRM DX TECHTUM TC-99M EXETAZINE-DOSE						
A9524	SPL RADOPHRM DX IODINATD I-131 SERUM ALB 5 UCI						
A9526	SUPPLY RADOPHRM DX IMAG AGT AMMONIA N-13-DOSE						

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
A9527	IODINE I-125 NA IODIDE SOL TX MCI						
A9528	SPL RADOPHRM DX AGT I-131 SODIM IODIDE CAP-MCI						
A9529	SPL RADOPHRM DX AGT I-131 SODIM IODIDE SOL-MCI						
A9530	SPL RADOPHRM TX AGT I-131 SODIM IODIDE SOL-MCI						
A9531	SPL RADOPHRM DX AGT I-131 SODIM IODIDE-MICROCURI						
A9532	SPL RADOPHRM TX AGT IODINATED I-125 SERUM ALBUMI						
A9568	TC-99M ARCITUMOMAB DX TO 45 MCI						
A9569	Technetium tc-99m Exametazime label autologous wbc,diagnostic,per study dose						
A9570	Indium in-111 labeled autologous white blood cells, diagnostic						
A9571	Indium IN-111 labeled autologous platelets, diagnostic, per study dose						
A9572	Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries						
A9576	Inj, gadoteridol, (Prohance Multipack), per ml						
A9577	Inj, gadobenate dimeglumine (Multihance), per ml						
A9578	Inj, gadobenate dimeglumine (Multihance multipack), per ml						
A9579	Inj,gadolinium-based magnetic resonance contrast agent, (NOS), per ml						
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries						
A9581	INJ GADOXETATE DISODIUM 1 ML						
A9582	I-123 IOBENGUANE DX DOSE TO 15 MCI						
A9583	INJ GADOFOSVESET TRISODIUM 1 ML						
A9600	SPL RAOPHRM DX IMAG AGT STRONTIUM-89 MCI						
A9604	SM-153 LEXIDRONAM TX TO 150 MCI						
A9698	Nonradioactive contrast imaging material, noc, per study						
A9699	SUPPLY RADOPHRM THERAPEUTIC IMAGING AGT NOC						
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY						
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
A9901	DME DEL SET UP&DISPNS SRVC CMPNT ANOTH HCPCS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
E0100	Cane adjust/fixed with tip						
E0105	Cane adjust/fixed quad/3 pro						
E0110	Crutch forearm pair						
E0111	Crutch forearm each						
E0112	Crutch underarm pair wood						
E0113	Crutch underarm each wood						

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0114	Crutch underarm pair no wood						
E0116	Crutch underarm each no wood						
E0117	Underarm springassist crutch						
E0118	CRUTCH SUBSTITUTE LW LEG PLATFORM			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Review for medical necessity vs. convenience
E0130	Walker rigid adjust/fixd ht						
E0135	Walker folding adjust/fixd						
E0140	Walker w trunk support					X	
E0141	Rigid wheeled walker adj/fix						
E0143	Walker folding wheeled w/o s						
E0144	Enclosed walker w rear seat						
E0147	Walker variable wheel resist					X	
E0148	Heavyduty walker no wheels						
E0149	Heavy duty wheeled walker						
E0153	Forearm crutch platform atta						
E0154	Walker platform attachment						
E0155	Walker wheel attachment, pair						
E0156	Walker seat attachment						
E0157	Walker crutch attachment						
E0158	Walker leg extenders set of 4						
E0159	Brake for wheeled walker						
E0160	Sitz type bath or equipment		LIMITED BENEFITS				NHP covers if provided during hospitalization. Home unit not covered.
E0161	Sitz bath/equipment w/faucet		LIMITED BENEFITS				NHP covers if provided during hospitalization. Home unit not covered.
E0162	Sitz bath chair		LIMITED BENEFITS				NHP covers if provided during hospitalization. Home unit not covered.
E0163	Commode chair with fixed arm						
E0165	Commode chair stationry det						
E0167	Commode chair pail or pan						
E0168	Heavyduty/wide commode chair						
E0170	commode chair with integrated seat lift mechanism, electric	EX					
E0171	Commode chair with integrated seat lift mechanism, non-electric	EX					
E0172	seat lift mechanism placed over or on top of toilet, any type	EX					Home adaptation
E0175	Commode chair foot rest						
E0181	Press pad alternating w/ pum						
E0182	Pressure pad alternating pum						
E0184	Dry pressure mattress						
E0185	Gel pressure mattress pad					X	
E0186	Air pressure mattress						
E0187	Water pressure mattress						
E0188	Synthetic sheepskin pad						
E0189	Lambswool sheepskin pad						

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0190	PSTN CUSHN/PILLOW/WEDGE SHAPE/SZ						
E0191	Protector heel or elbow						
E0193	Powered air flotation bed			X	X	X	
E0194	Air fluidized bed			X	X	X	
E0196	Gel pressure mattress						
E0197	Air pressure pad for mattress						
E0198	Water pressure pad for mattress						
E0199	Dry pressure pad for mattress						
E0200	Heat lamp without stand	EX					
E0202	Phototherapy light w/ photom (bilirubin light)		LIMITED BENEFITS	X	X	X	Limited to rental only.
E0203	TX LightBOX MINI 10000 LUX TABLE TOP						
E0205	Heat lamp with stand	EX					
E0210	Electric heat pad standard	EX					
E0215	Electric heat pad moist	EX					
E0217	Water circ heat pad w pump					X	
E0218	WATER CIRCULATING COLD PAD W/PUMP						
E0220	Hot water bottle	EX					
E0221	INFRARED HEATING PAD SYSTEM		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0225	Hydrocollator unit					X	
E0230	Ice cap or collar		LIMITED BENEFITS				Covered only if provided/billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0231	NON-CNTC WND WARM DEVC W/CARD&COVR		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0232	WOUND WARMING WOUND COVER		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0235	Paraffin bath unit portable						
E0236	Pump for water circulating pad		LIMITED BENEFITS				Covered only if provided/billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0238	Heat pad non-electric moist		LIMITED BENEFITS				Covered only if provided/billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0239	Hydrocollator unit portable					X	
E0240	BATH/SHOWER CHAIR W/WO WHLS ANY SZ	EX					
E0241	BATHTUB WALL RAIL EACH	EX					
E0242	BATHTUB RAIL FLOOR BASE	EX					
E0243	TOILET RAIL EACH	EX					
E0244	RAISED TOILET SEAT		SEE COMMENTS				Covered if post knee or hip fracture or joint replacement
E0245	TUB STOOL OR BENCH	EX					
E0246	TRANSFER TUB RAIL ATTACHMENT	EX					
E0247	TRNSF BENCH TUB/TOILET W/WO COMMODE			X	X	X	
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET			X	X	X	
E0249	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	EX					
E0250	Hosp bed fixed ht w/ mattres			X	X	X	
E0251	Hosp bed fixd ht w/o mattres			X	X	X	
E0255	Hospital bed var ht w/ matt			X	X	X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0256	Hospital bed var ht w/o matt			X	X	X	
E0260	Hosp bed semi-electr w/ matt			X	X	X	
E0261	Hosp bed semi-electr w/o mat			X	X	X	
E0265	Hosp bed total electr w/ mat			X	X	X	
E0266	Hosp bed total elec w/o matt			X	X	X	
E0270	HOSP BED INST TYPE: W/MATTRSS			X	X	X	
E0271	Mattress innerspring						
E0272	Mattress foam rubber						
E0273	BED BOARD						
E0274	OVER-BED TABLE						
E0275	Bed pan standard		LIMITED BENEFITS				If member confined to bedrest & billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0276	Bed pan fracture		LIMITED BENEFITS				If member confined to bedrest & billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0277	Powered pres-redu air matts					X	
E0280	Bed cradle						
E0290	Hosp bed fx ht w/o rails w/m			X	X	X	
E0291	Hosp bed fx ht w/o rail w/o			X	X	X	
E0292	Hosp bed var ht w/o rail w/o			X	X	X	
E0293	Hosp bed var ht w/o rail w/			X	X	X	
E0294	Hosp bed semi-elect w/ matt			X	X	X	
E0295	Hosp bed semi-elect w/o matt			X	X	X	
E0296	Hosp bed total elect w/ matt			X	X	X	
E0297	Hosp bed total elect w/o mat			X	X	X	
E0300	Enclosed ped crib hosp grade			X	X	X	
E0301	HD hosp bed, 350-600 lbs			X	X	X	
E0302	Ex hd hosp bed > 600 lbs			X	X	X	
E0303	Hosp bed hvy dty xtra wide			X	X	X	
E0304	Hosp bed xtra hvy dty x wide			X	X	X	
E0305	Rails bed side half length						
E0310	Rails bed side full length						
E0315	BED ACCESS: BOARD/TABL/SUPPRT DEVC	EX					
E0316	Bed safety enclosure			X	X	X	
E0325	Urinal male jug-type		LIMITED BENEFITS				If member confined to bedrest & billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0326	Urinal female jug-type		LIMITED BENEFITS				If member confined to bedrest & billed by hospital, nursing home, clinic or HHC in conjunction with approved care.
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress			X	X	X	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress			X	X	X	
E0350	CNTRL U ELEC BOWEL IRRIG/EVAC SYS						
E0352	DISPBL PACK W/ELEC BOWEL IRRIG/EVAC						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0370	AIR PRESSURE ELEVATOR FOR HEEL						
E0371	Nonpower mattress overlay			X	X	X	
E0372	Powered air mattress overlay			X	X	X	
E0373	Nonpowered pressure mattress			X	X	X	
E0424	Stationary compressed gas O2						
E0425	STATION COMPRES GAS SYS PURCHASE;			X	X	X	
E0430	PRTBLE GASEOUS O2 SYS PURCHASE;			X	X	X	
E0431	Portable gaseous O2						
E0433	PORTBL LIQ O2 SYS RENT; HOME LIQUIF						
E0434	Portable liquid O2						
E0435	PRTBLE LIQUID O2 SYS PURCHASE;						
E0439	Stationary liquid O2						
E0440	STATION LIQUID O2 SYS PURCHASE;						
E0441	STATIONARY O2 CONT GAS 1 MO SPL =1 U						
E0442	STATIONARY O2 CONT LQD 1 MO SPL = 1 U						
E0443	PORTBL O2 CONTENT GAS 1 MO SPL = 1 U						
E0444	PORTBL O2 CONTENT LIQ 1 MO SPL = 1 U						
E0445	OXIMETER MSR BLD O2 LEVL NON-INVASV			X	X	X	
E0450	Vol control vent invasiv int			X	X	X	
E0455	O2 TENT EXCLD CROUP/PEDIATRIC TENTS						
E0457	Chest shell			X	X	X	
E0459	Chest wrap						
E0460	Neg press vent portabl/statn			X	X	X	
E0461	Vol control vent noninv int			X	X	X	
E0462	Rocking bed w/ or w/o side r			X	X	X	
E0463	Press supp vent invasive int			X	X	X	
E0464	Press supp vent noninv int			X	X	X	
E0470	Respiratory assist device, bi-level pressure, without backup rate, noninvasive interface			X	X	X	
E0471	Respiratory assist device, bi-level pressure, with backup rate, noninvasive interface			X	X	X	
E0472	Respiratory assist device, bi-level pressure, with backup rate, invasive interface			X	X	X	
E0480	Percussor elect/pneum home m						
E0481	INTRAPULM PERCUSS VENT SYS&REL ACSS		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0482	Cough stimulating device			X	X	X	
E0483	Chest compression gen system			X	X	X	
E0484	Non-elec oscillatory pep dvc						
E0485	oral device, to reduce upper airway collapsibility, adj or non-adj, pre-fab						
E0486	oral device, to reduce upp airway collap, adj or non-adj, custom, inc fit & adj						
E0487	Spirometer, electronic, includes all accessories						
E0500	Ippb all types		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0550	Humidif extens suppl w ippb						
E0555	HUMIDIFR GLASS/AUTOCEVBLE PLSTC BOTTLE						
E0560	Humidifier supplemental w/ i						
E0561	Humidifier nonheated w PAP						
E0562	Humidifier heated used w PAP						
E0565	Compressor air power source						
E0570	Nebulizer with compression						
E0571	Aerosol compressor battery powered						
E0572	Aerosol compressor adjust pr						
E0574	Ultrasonic generator w svneb						
E0575	Nebulizer ultrasonic						
E0580	Nebulizer for use w/ regulat						
E0585	Nebulizer w/ compressor & he						
E0600	Suction pump portab hom modl						
E0601	Cont airway pressure device (CPAP)						
E0602	Manual breast pump	EX					OTC
E0603	BREAST PUMP ELECTRIC ANY TYPE		LIMITED BENEFITS	X	X	X	Limited to rental only.
E0604	BREAST PUMP, hospital grad, electric (AC and/or DC), any type		LIMITED BENEFITS	X	X	X	Limited to rental only.
E0605	Vaporizer room type	EX					
E0606	Drainage board postural						
E0607	Blood glucose monitor home						
E0610	Pacemaker monitr audible/vis						
E0615	Pacemaker monitr digital/vis					X	
E0616	IMPL CARD EVNT REC MEM ACTVTR&PRGMR			X	X	X	
E0617	Automatic ext defibrillator		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0618	Apnea monitor			X	X	X	
E0619	Apnea monitor w recorder			X	X	X	
E0620	Cap bld skin piercing laser			X	X	X	
E0621	Patient lift sling or seat						
E0625	PATIENT LIFT BATHROOM OR TOILET NOC	EX					
E0627	Seat lift incorp lift-chair			X	X	X	
E0628	Seat lift for pt furn-electr			X	X	X	
E0629	Seat lift for pt furn-non-el			X	X	X	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)			X	X	X	
E0635	Patient lift electric			X	X	X	
E0636	PT support & positioning sys			X	X	X	
E0637	Sit-stand w seatlift			X	X	X	
E0638	STANDING FRME SYS ANY SZ W/WO WHLS			X	X	X	
E0639	PT LIFT MOVEABLE DISASSMBL&REASSMBL			X	X	X	
E0640	PT LIFT FIX SYS ALL CMPNTS/ACCESS			X	X	X	

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0641	pt lift, standing frame, multi-positional, any size, w or w/o wheels			X	X	X	
E0642	pt lift, standing frame, mobile (dynamic stander), any size inc pediatric			X	X	X	
E0650	Pneuma compresor non-segment			X	X	X	
E0651	Pneum compresor segmental			X	X	X	
E0652	Pneum compres w/cal pressure			X	X	X	
E0655	Pneumatic appliance half arm						
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk					X	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest					X	
E0660	Pneumatic appliance full leg						
E0665	Pneumatic appliance full arm						
E0666	Pneumatic appliance half leg						
E0667	Seg pneumatic appl full leg					X	
E0668	Seg pneumatic appl full arm					X	
E0669	Seg pneumatic appli half leg						
E0671	Pressure pneum appl full leg					X	
E0672	Pressure pneum appl full arm					X	
E0673	Pressure pneum appl half leg						
E0675	Pneumatic compression device					X	
E0676	INTERMITT LIMB COMPRESSION DEVC NOS			X	X	X	
E0691	Ultraviolet light sys panel 2 sq ft or less			X	X	X	
E0692	Ultraviolet sys panel 4 ft			X	X	X	
E0693	Ultraviolet sys panel 6 ft			X	X	X	
E0694	Ultraviolet multidirectional cabinet sys 6 ft			X	X	X	
E0700	SAFETY EQP DEVICE/ACCESSRY ANY TYPE						
E0705	Transfer device, any type, each						
E0710	RESTRAINT ANY TYPE						
E0720	Tens two lead					X	
E0730	Tens four lead					X	
E0731	Conductive garment for tens/					X	
E0740	Incontinence treatment systm		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0744	Neuromuscular stim for scoli		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0745	Neuromuscular stim for shock		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE		SEE COMMENTS	X	X	X	SOW has limited coverage of biofeedback. Check COC for specifics. <b>Authorization required to determine if experimental.</b>
E0747	Elec osteogenesis stim not spine, non-invasive		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0748	Elec osteogen stim spinal		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0749	Elec osteogen stim implanted		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0755	ELEC SALIVARY REFLEX STIMULATOR			X	X	X	
E0760	Osteogen ultrasound stimltor			X	X	X	
E0761	Non-thermal hi freq radiowave hi peak electromagnetic tx device		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0762	transcutaneous electrical joint stimulation device, includes all accessories		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0764	neuromuscular stim used for walking by computer control spine inj. entire system		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0765	Nerve stimulator for tx n&v			X	X	X	
E0769	Elec stim or electromagnetic wound tx device NOC		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, nos		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0776	Iv pole						
E0779	Amb infusion pump mechanical						
E0780	Mech amb infusion pump <8hrs						
E0781	External ambulatory infus pump			X	X	X	
E0782	Non-progam implantable infusion pump			X	X	X	
E0783	Progammmable infusion pump implantable			X	X	X	
E0784	Ext amb infusn pump insulin			X	X	X	
E0785	Replacement impl pump cathet			X	X	X	
E0786	Implantable pump replacement			X	X	X	
E0791	Parenteral infusion pump stationary			X	X	X	
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0840	Tract frame attach headboard						
E0849	Cervical pneum trac equip					X	
E0850	Traction stand free standing						
E0855	Cervical traction equipment					X	
E0856	Cervical traction device, cervical collar with inflatable air bladder						
E0860	Tract equip cervical tract						
E0870	Tract frame attach footboard						
E0880	Trac stand free stand extrem						
E0890	Traction frame attach pelvic						
E0900	Trac stand free stand pelvic						
E0910	Trapeze bar attached to bed						
E0911	trapeze bar, pt weighing >250#, attached to bed, with grab bar						
E0912	HD trapeze bar, pt weight >250#, free standing						
E0920	Fracture frame attached to b						
E0930	Fracture frame free standing						
E0935	Exercise device passive motion		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E0936	CONT PASS MOTION EXER DEVC NOT KNEE		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E0940	Trapeze bar free standing						
E0941	Gravity assisted traction de						
E0942	Cervical head harness/halter						
E0944	Pelvic belt/harness/boot						
E0945	Belt/harness extremity						
E0946	Fracture frame dual w cross						
E0947	Fracture frame attachmnts pe					X	
E0948	Fracture frame attachmnts ce					X	
E0950	Wheelchair accessory, tray, each						
E0951	Loop heel						
E0952	Toe loop/holder, each						
E0955	Cushioned headrest						
E0956	W/c lateral trunk/hip suppor						
E0957	W/c medial thigh support						
E0958	Whlchr att- conv 1 arm drive						
E0959	Amputee adapter						
E0960	W/c shoulder harness/straps						
E0961	Wheelchair brake extension						
E0966	Wheelchair head rest extensi						
E0967	Manual wc hand rim w project						
E0968	Wheelchair commode seat						
E0969	Wheelchair narrowing device						
E0970	NO 2 FOOTPLATES EXCEPT ELEV LEGREST						
E0971	Wheelchair anti-tipping devi						
E0973	W/Ch access det adj armrest						
E0974	W/Ch access anti-rollback						
E0978	W/C acc,saf belt pelv strap						
E0980	Wheelchair safety vest						
E0981	Seat upholstery, replacement						
E0982	Back upholstery, replacement						
E0983	Add pwr joystick			X	X	X	
E0984	Add pwr tiller			X	X	X	
E0985	W/c seat lift mechanism						
E0986	Man w/c push-rim pow assist			X	X	X	
E0990	Whellchair elevating leg res						
E0992	Wheelchair solid seat insert						
E0994	Wheelchair arm rest						
E0995	Wheelchair calf rest						
E1002	Pwr seat tilt			X	X	X	
E1003	Pwr seat recline			X	X	X	
E1004	Pwr seat recline mech			X	X	X	
E1005	WC ACSS RECLINE W/PWR SHEAR RDUC			X	X	X	
E1006	Pwr seat combo w/o shear			X	X	X	
E1007	Pwr seat combo w/shear			X	X	X	

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E1008	Pwr seat combo pwr shear			X	X	X	
E1009	Add mech leg elevation						
E1010	Add pwr leg elevation			X	X	X	
E1011	Ped wc modify width adjustm						
E1014	Reclining back add ped w/c					X	
E1015	Shock absorber for man w/c						
E1016	Shock absorber for power w/c						
E1017	Heavy Duty shck absbr for heavy duty man wc						
E1018	HD shck absrber for hd powwc						
E1020	Residual limb support system						
E1028	W/c manual swingaway, mounting for joystick or pos accessory						
E1029	W/c vent tray fixed					X	
E1030	W/c vent tray gimbaled			X	X	X	
E1031	Rollabout chair with casters						
E1035	MX-PSTN PT TRNSF SYS PT <=300 LBS					X	
E1036	MX-PSTN PT TRNSF SYS PT > 300 LBS			X	X	X	
E1037	Transport chair, ped size						
E1038	Transport chair pt wt <250lb						
E1039	Transport chair pt wt >=250lb						
E1050	Fully reclining WC, wheelchr fxd full length arms			X	X	X	
E1060	Fully reclining WC, wheelchair detachable arms			X	X	X	
E1070	Fully reclining w/c, wheelchair detachable footrest			X	X	X	
E1083	Hemi-wheelchair, fixed arms			X	X	X	
E1084	Hemi-wheelchair, detachable arms			X	X	X	
E1085	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST			X	X	X	
E1086	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST			X	X	X	
E1087	Wheelchair, lightwt fixed arm			X	X	X	
E1088	Wheelchair, lightweight det arms			X	X	X	
E1089	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST			X	X	X	
E1090	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST			X	X	X	
E1092	Wheelchair, wide w/ leg rests			X	X	X	
E1093	WIDE HEVY-DUTY WHLCHR; DTACH ARM FOOTRST			X	X	X	
E1100	Whchr, s-recl fxd arm leg res			X	X	X	
E1110	Wheelchair, semi-recl detach			X	X	X	
E1130	STD WHLCHAIR; FIX ARM DTACH FOOTRST			X	X	X	
E1140	WHLCHAIR; DTACHBLE ARMS FOOTRESTS			X	X	X	
E1150	Wheelchair, standard w/ legrests			X	X	X	
E1160	Wheelchair, fixed arms			X	X	X	
E1161	Manual adult wc, w tiltin spac			X	X	X	
E1170	Whlchr, ampu fxd arm legrest			X	X	X	
E1171	Wheelchair, amputee w/o legrest			X	X	X	
E1172	Wheelchair, amputee detach arms			X	X	X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E1180	Wheelchair, amputee w/ footrest			X	X	X	
E1190	Wheelchair, amputee w/ legrest			X	X	X	
E1195	Wheelchair, amputee heavy duty			X	X	X	
E1200	Wheelchair, amputee fixed arm			X	X	X	
E1220	WHLCHAIR; SPCLLY SIZED/CONSTRUCTED			X	X	X	
E1221	Wheelchair, spec size w foot			X	X	X	
E1222	Wheelchair, spec size w/ leg			X	X	X	
E1223	Wheelchair, spec size w foot			X	X	X	
E1224	Wheelchair, spec size w/ leg			X	X	X	
E1225	Manual semi-reclining back			X	X	X	
E1226	Manual fully reclining back			X	X	X	
E1227	Wheelchair spec sz spec ht arms			X	X	X	
E1228	Wheelchair spec sz spec ht back			X	X	X	
E1229	WHEELCHAIR, PEDIATRIC SIZE NOS			X	X	X	
E1230	PWR OP VEH SPEC BRAND & MODEL NUMBER			X	X	X	
E1231	Rigid ped w/c, tilt-in-space			X	X	X	
E1232	Folding ped wc, tilt-in-space			X	X	X	
E1233	Rig ped wc, tltnspc w/o seat			X	X	X	
E1234	Fld ped wc, tltnspc w/o seat			X	X	X	
E1235	Rigid ped wc, adjustable			X	X	X	
E1236	Folding ped wc, adjustable			X	X	X	
E1237	Rgd ped wc, adjstabl w/o seat			X	X	X	
E1238	Fld ped wc, adjstabl w/o seat			X	X	X	
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS			X	X	X	
E1240	Lghtwt whchr, det arm leg rest			X	X	X	
E1250	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST			X	X	X	
E1260	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST			X	X	X	
E1270	Lghtwt wheelchair, fixed arm dtach legrests			X	X	X	
E1280	H-duty whchr, det arm leg res			X	X	X	
E1285	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT			X	X	X	
E1290	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST			X	X	X	
E1295	Wheelchair, heavy duty fixed			X	X	X	
E1296	Wheelchair special seat heig			X	X	X	
E1297	Wheelchair special seat dept			X	X	X	
E1298	Wheelchair spec seat depth/width			X	X	X	
E1300	Whirlpool portable overtub type	EX					
E1310	Whirlpool non-portable	EX					
E1353	REGULATOR						
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
E1355	STAND/RACK for O2						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each		LIMITED BENEFITS				SOW allows batteries. NHP & KC exclusion.
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each		LIMITED BENEFITS				SOW allows batteries. NHP & KC exclusion.
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each						
E1372	Oxy suppl heater for nebuliz						
E1390	Oxygen concentrator						
E1391	Oxygen concentrator, dual						
E1392	portable oxygen concentrator, rental						
E1399	DME MISCELLANEOUS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
E1405	O2/water vapor enrich w/heat						
E1406	O2/water vapor enrich w/o he						
E1500	CENTRIFUGE FOR DIALYSIS						
E1510	KIDNEY DIALYSAT DEL SYS KIDNEY MACH						
E1520	HEPARIN INFUSION PUMP HEMODIALYSIS						
E1530	AIR BUBBLE DETECTR HEMODIAL EA REPL						
E1540	PRESSURE ALARM HEMODIAL EA REPL						
E1550	BATH CONDUCTIVITY METER HEMODIAL EA						
E1560	BLD LEAK DETECTOR HEMODIAL EA REPL						
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS						
E1575	TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10						
E1580	UNIPUNCTURE CONTROL SYSTEM HEMODIAL						
E1590	HEMODIALYSIS MACHINE						
E1592	AUTO INTERMIT PERITON DIALYSIS SYS						
E1594	CYCLR DIALYSIS MACH PERITON DIALYS						
E1600	DEL &OR INSTL CHARGES HEMODIAL EQP						
E1610	RVRS OSMOSIS H2O PURIF SYS HEMODIAL						
E1615	DEIONIZER H2O PURIF SYS HEMODIAL						
E1620	BLOOD PUMP HEMODIALYSIS REPLACEMENT						
E1625	WATER SOFTENING SYSTEM HEMODIALYSIS						
E1630	RECIPROCAT PERITON DIALYSIS SYSTEM						
E1632	WEARABLE ARTIFICIAL KIDNEY EACH						
E1634	PERITONEAL DIALYSIS CLAMPS, EACH						
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM			X	X	X	
E1636	SORBENT CARTRIDGES HEMODIAL PER 10						
E1637	HEMOSTATS EACH						
E1639	SCALE EACH	EX					
E1699	DIALYSIS EQUIPMENT NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
E1700	Jaw motion rehab system					X	
E1701	Repl cushions for jaw motion						

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E1702	Repl measr scales jaw motion						
E1800	Adjust elbow ext/flex device						
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories						
E1802	Adjust forearm pro/sup device					X	
E1805	Adjust wrist ext/flex device						
E1806	Static progressive stretch elbow device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories			X	X	X	
E1810	Adjust knee ext/flex device			X	X	X	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories			X	X	X	
E1812	Dynamic knee, extension/flexion device with active resistance control			X	X	X	
E1815	Adjust ankle ext/flex device			X	X	X	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories			X	X	X	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories			X	X	X	
E1820	Replacement soft interface material						
E1821	Replacement interface SPSPD						
E1825	Adjust finger ext/flex devc			X	X	X	
E1830	Adjust toe ext/flex device			X	X	X	
E1840	Adj shoulder ext/flex device			X	X	X	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories			X	X	X	
E1902	Communication board, nonelectronic augmentative or alternative communication device	EX					
E2000	Gastric suction pump hme mdl						
E2100	Bld glucose monitor w voice					X	
E2101	Bld glucose monitor w lance						
E2120	Pulse gen sys tx endolymp fl		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
E2201	Man w/ch acc seat w>=20ö<24ö					X	
E2202	Seat width 24-27 in					X	
E2203	Frame depth less than 22 in for wc					X	
E2204	Frame depth 22 to 25 in for wc			X	X	X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E2205	Manual wheelchair accessory, handrim without projections(includes ergonomic or contoured), any type, replacement only, each						
E2206	Complete wheel lock assembly						
E2207	Crutch and cane holder wheelchair accessory						
E2208	wheelchair accessory, cylinder tank carrier, each						
E2209	wheelchair accessory, arm trough, each						
E2210	Wheelchair accessory, bearings, any type, replacement only, each						
E2211	manual w/c accessory, pneumatic propulsion tire, any size, each						
E2212	manual w/c accessory, tube pneumatic propulsion tire, any size, ea						
E2213	man w/c accessory, insert pneumatic propulsion tire, removable, each						
E2214	man w/c accessory, pneumatic caster tire, each						
E2215	man w/c accessory, tube for pneumatic caster tire, each						
E2216	man w/c accessory, foam filled propulsion tire, any size, each						
E2217	man w/c accessory, foam filled caster tire, any size, each						
E2218	man w/c accessory, foam propulsion tire, any size each						
E2219	man w/c accessory, foam caster tire, any size, each						
E2220	man w/c accessory, solid rubber/plastic, propulsion tire, any size ea						
E2221	man w/c accessory, solid rubber/plastic, caster tire, removable, any size, each						
E2222	man w/c accessory, solid rubber/plastic caster tire w/integrated wheel, any size, each						
E2224	man w/c accessory, propulsion wheel, excludes tire any size, each						
E2225	man w/c accessory, caster wheel, excludes tire, any size, replacement only, each						
E2226	man w/c accessory, castor fork, any size, replacement only, each						
E2227	Manual wheelchair accessory, gear reduction drive wheel, each			X	X	X	
E2228	Manual wheelchair accessory, wheel braking system & lock, complete, ea			X	X	X	
E2230	Manual wheelchair accessory, manual standing system			X	X	X	
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware						
E2291	BACK PLANR PED WC FIX ATTCH HARDWRE			X	X	X	
E2292	SEAT PLANR PED WC FIX ATTCH HARDWRE			X	X	X	
E2293	BACK CONTRD PED WC ATTCH HARDWARE			X	X	X	
E2294	SEAT CONTRD PED WC ATTCH HARDWARE			X	X	X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features			X	X	X	
E2300	PWR WHLCHAIR ACSS PWR SEAT ELEV SYS			X	X	X	
E2301	PWR WHLCHAIR ACSS PWR STANDING SYS			X	X	X	
E2310	Electro connect btw control			X	X	X	
E2311	Electro connect btw 2 sys			X	X	X	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware			X	X	X	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each					X	
E2321	Hand interface joystick			X	X	X	
E2322	Mult mech switches			X	X	X	
E2323	Special joystick handle						
E2324	Chin cup interface						
E2325	Sip and puff interface			X	X	X	
E2326	Breath tube kit					X	
E2327	Head control interface mech			X	X	X	
E2328	Head/extremity control inter			X	X	X	
E2329	Head control nonproportional			X	X	X	
E2330	Head control proximity switc			X	X	X	
E2331	PWR WC ACSS ATDANT CNTRL PROPRTNAL			X	X	X	
E2340	W/c wdth 20-23 in seat frame					X	
E2341	W/c wdth 24-27 in seat frame					X	
E2342	W/c dpth 20-21 in seat frame					X	
E2343	W/c dpth 22-25 in seat frame			X	X	X	
E2351	Electronic SGD interface			X	X	X	
E2360	22nf nonsealed leadacid, pwr wc acces						
E2361	22nf sealed leadacid battery						
E2362	Gr24 nonsealed leadacid						
E2363	Gr24 sealed leadacid battery						
E2364	U1nonsealed leadacid battery						
E2365	U1 sealed leadacid battery						
E2366	Battery charger, single mode						
E2367	Battery charger, dual mode					X	
E2368	Power wc motor replacement					X	
E2369	Pwr wc gear box replacement					X	
E2370	Pwr wc motor/gear box combo replacement			X	X	X	
E2371	power w/c accessory, group 27 sealed lead acid battery, each						
E2372	power w/c accessory, group 27 nonsealed lead acid battery, each						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E2373	PWR WC COMPACT REMOTE JOYSTICK			X	X	X	
E2374	PWR WC STANDRD REMOTE JOYSTICK REPL					X	
E2375	PWR WC NONEXPANDBLE CONTROLLER REPL			X	X	X	
E2376	PWR WC EXPANDABLE CONTROLLER REPL			X	X	X	
E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE					X	
E2381	Pneum drive wheel tire						
E2382	Tube, pneum wheel drive tire						
E2383	Insert, pneum wheel drive						
E2384	Pneumatic caster tire						
E2385	Tube, pneumatic caster tire						
E2386	PW Accessory, foam filled drive wheel tire, any size, replacement						
E2387	PW Accessory, Foam filled caster tire, any size, replacement only						
E2388	PWR WC FOAM WHEEL TIRE REPL ONLY EA						
E2389	PWR WC FORM CASTER TIRE REPL EACH						
E2390	PWR WC SOLID WHEEL TIRE REPL EACH						
E2391	PWR WC SOLID CASTER TIRE REPL EACH						
E2392	PWR WC S CASTR TIRE INTEGRT REPL EA						
E2394	PWR WC DRIVE WHEEL EXCL TIRE REPL						
E2395	PWR WC CASTER WHEEL EXCL TIRE REPL						
E2396	Caster fork						
E2397	Power wheelchair accessory, lithium-based battery, each					X	
E2402	Neg press wound therapy pump			X	X	X	
E2500	SGD (speech generating device) digitized pre-rec <=8min	EX					
E2502	SGD prerec msg >8min <=20min	EX					
E2504	SGD prerec msg>20min <=40min	EX					
E2506	SGD prerec msg > 40 min	EX					
E2508	SGD spelling phys contact	EX					
E2510	SGD w multi methods msg/accs	EX					
E2511	SGD sftwre prgrm for PC/PDA	EX					
E2512	SGD accessory, mounting sys	EX					
E2599	ACCESS SPEECH GENERATING DEVICE NOC	EX					
E2601	Gen w/c cushion wdth < 22 in						
E2602	Gen w/c cushion wdth >=22 in						
E2603	Skin protect wc cus wd <22in						
E2604	Skin protect wc cus wd>=22in						
E2605	Position wc cush wdth <22 in						
E2606	Position wc cush wdth>=22 in					X	
E2607	Skin pro/pos wc cus wd <22in						
E2608	Skin pro/pos wc cus wd>=22in					X	
E2609	CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
E2610	WHEELCHAIR SEAT CUSHION POWERED						
E2611	Gen use back cush wdth <22in						
E2612	Gen use back cush wdth>=22in					X	
E2613	Position back cush wd <22in					X	
E2614	Position back cush wd>=22in					X	
E2615	Pos back post/lat wdth <22in					X	
E2616	Pos back post/lat wdth>=22in					X	
E2617	CSTM FAB WC BACK CUSHION ANY SIZE						
E2619	Replace cover w/c seat cush						
E2620	WC planar back cush wd <22in					X	
E2621	WC planar back cush wd>=22in					X	
E8000	GAIT TRAINER PED SZ POST SUPP			X	X	X	
E8001	GAIT TRAINER PED SZ UPRIGHT SUPP			X	X	X	
E8002	GAIT TRAINER PED SZ ANT SUPP			X	X	X	
K0001	Standard wheelchair			X	X	X	
K0002	Stnd hemi (low seat) whlchr			X	X	X	
K0003	Lightweight wheelchair			X	X	X	
K0004	High strength ltwt whlchr			X	X	X	
K0005	Ultralightweight wheelchair			X	X	X	
K0006	Heavy duty wheelchair			X	X	X	
K0007	Extra heavy duty wheelchair			X	X	X	
K0009	OTHER MANUAL WHEELCHAIR/BASE			X	X	X	
K0010	Stnd wt frame power whlchr			X	X	X	
K0011	Stnd wt pwr whlchr w control			X	X	X	
K0012	Ltwt portbl power whlchr			X	X	X	
K0014	OTH MOTORIZED/POWER WHEELCHAIR BASE			X	X	X	
K0015	Detach non-adjus hght armrst						
K0017	Detach adjust armrest base						
K0018	Detach adjust armrst upper						
K0019	Arm pad each						
K0020	Fixed adjust armrest pair						
K0037	High mount flip-up footrest						
K0038	Leg strap each						
K0039	Leg strap h style each						
K0040	Adjustable angle footplate						
K0041	Large size footplate each						
K0042	Standard size footplate each						
K0043	Ftrst lower extension tube						
K0044	Ftrst upper hanger bracket						
K0045	Footrest complete assembly						
K0046	Elevat legrst low extension						
K0047	Elevat legrst up hangr brack						
K0050	Ratchet assembly						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
K0051	Cam release assem frst/lgrst						
K0052	Swingaway detach footrest						
K0053	Elevate footrest articulate						
K0056	Seat ht <17 or >=21 lwt wt						
K0065	Spoke protectors						
K0069	Rear whl complete solid tire						
K0070	Rear whl compl pneum tire						
K0071	Front castr compl pneum tire						
K0072	Frnt cstr cml sem-pneum tir						
K0073	Caster pin lock each						
K0077	Front caster assem complete						
K0098	Drive belt power wheelchair						
K0105	lv hanger						
K0108	WC COMPONENT/ACCESSORY NOS						
K0195	Elevating whlchair leg rests						
K0455	Pump uninterrupted infusion						
K0462	temporary replacement for pt owned equipment being repaired						
K0552	SPL EXT INFUSION PUMP STERILE EA						
K0601	Repl batt silver oxide 1.5 v						
K0602	Repl batt silver oxide 3 v						
K0603	Repl batt alkaline 1.5 v						
K0604	Repl batt lithium 3.6 v						
K0605	Repl batt lithium 4.5 v						
K0606	AED garment w elec analysis			X	X	X	
K0607	Repl batt for AED						
K0608	Repl garment for AED						
K0609	Repl electrode for AED			X	X	X	
K0669	WC SEAT/BACK CUSHION no written coding from DME PDAC			X	X	X	
K0672	Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each						
K0730	Ctrl dose inh drug deliv sys			X	X	X	
K0733	12-24hr sealed lead acid						
K0734	Adj skin pro w/c cus wd<22in						
K0735	Adj skin pro wc cus wd>=22in					X	
K0736	Adj skin pro/pos wc cus<22in					X	
K0737	Adj skin pro/pos wc cus>=22ö					X	
K0738	Portable gas oxygen system						
K0739	Repair/Nonroutine Srvc DME Labr-15 Min			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
K0800	POV group 1 std up to 300lbs			X	X	X	
K0801	POV group 1 hd 301-450 lbs			X	X	X	
K0802	POV group 1 vhd 451-600 lbs			X	X	X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
K0806	POV group 2 std up to 300lbs			X	X	X	
K0807	POV group 2 hd 301-450 lbs			X	X	X	
K0808	POV group 2 vhd 451-600 lbs			X	X	X	
K0812	Power operated vehicle, not otherwise classified			X	X	X	
K0813	PWC gp 1 std port seat/back			X	X	X	
K0814	PWC gp 1 std port cap chair			X	X	X	
K0815	PWC gp 1 std seat/back			X	X	X	
K0816	PWC gp 1 std cap chair			X	X	X	
K0820	PWC gp 2 std port seat/back			X	X	X	
K0821	PWC gp 2 std port cap chair			X	X	X	
K0822	PWC gp 2 std seat/back			X	X	X	
K0823	PWC gp 2 std cap chair			X	X	X	
K0824	PWC gp 2 hd seat/back			X	X	X	
K0825	PWC gp 2 hd cap chair			X	X	X	
K0826	PWC gp 2 vhd seat/back			X	X	X	
K0827	PWC gp vhd cap chair			X	X	X	
K0828	PWC gp 2 xtra hd seat/back			X	X	X	
K0829	PWC gp 2 xtra hd cap chair			X	X	X	
K0830	PWC gp2 std seat elevate s/b			X	X	X	
K0831	PWC gp2 std seat elevate cap			X	X	X	
K0835	PWC gp2 std sing pow opt s/b			X	X	X	
K0836	PWC gp2 std sing pow opt cap			X	X	X	
K0837	PWC gp 2 hd sing pow opt s/b			X	X	X	
K0838	PWC gp 2 hd sing pow opt cap			X	X	X	
K0839	PWC gp2 vhd sing pow opt s/b			X	X	X	
K0840	PWC gp2 xhd sing pow opt s/b			X	X	X	
K0841	PWC gp2 std mult pow opt s/b			X	X	X	
K0842	PWC gp2 std mult pow opt cap			X	X	X	
K0843	PWC gp2 hd mult pow opt s/b			X	X	X	
K0848	PWC gp 3 std seat/back			X	X	X	
K0849	PWC gp 3 std cap chair			X	X	X	
K0850	PWC gp 3 hd seat/back			X	X	X	
K0851	PWC gp 3 hd cap chair			X	X	X	
K0852	PWC gp 3 vhd seat/back			X	X	X	
K0853	PWC gp 3 vhd cap chair			X	X	X	
K0854	PWC gp 3 xhd seat/back			X	X	X	
K0855	PWC gp 3 xhd cap chair			X	X	X	
K0856	PWC gp3 std sing pow opt s/b			X	X	X	
K0857	PWC gp3 std sing pow opt cap			X	X	X	
K0858	PWC gp3 hd sing pow opt s/b			X	X	X	
K0859	PWC gp3 hd sing pow opt cap			X	X	X	
K0860	PWC gp3 vhd sing pow opt s/b			X	X	X	
K0861	PWC gp3 std mult pow opt s/b			X	X	X	
K0862	PWC gp3 hd mult pow opt s/b			X	X	X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
K0863	PWC gp3 vhd mult pow opt s/b			X	X	X	
K0864	PWC gp3 xhd mult pow opt s/b			X	X	X	
K0868	PWR WC GRP 4 SLING SEAT PT TO &=300			X	X	X	
K0869	PWR WC GRP 4 CAPT CHAIR PT TO &=300			X	X	X	
K0870	PWR WC GRP 4 SLING SEAT PT 301-450			X	X	X	
K0871	PWR WC GRP 4 SLING SEAT PT 451-600			X	X	X	
K0877	PWR WC 4 1 PWR SLING SEAT PT TO 300			X	X	X	
K0878	PWR WC 4 1 PWR CAPT CHAIR PT TO 300			X	X	X	
K0879	PWR WC 4 1 PWR SLNG SEAT PT 301-450			X	X	X	
K0880	PWR WC 4 1 PWR SLNG SEAT PT 451-600			X	X	X	
K0884	PWR WC 4 MX PWR SLNG SEAT PT TO 300			X	X	X	
K0885	PWR WC 4 MX PWR CAP CHAIR PT TO 300			X	X	X	
K0886	PWR WC 4 MX PWR SLING PT 301-450			X	X	X	
K0890	PWR WC 5 PED 1 PWR SLING PT TO 125			X	X	X	
K0891	PWR WC 5 PED MX PWR SLING PT TO 125			X	X	X	
K0898	POWER WHEELCHAIR NOC			X	X	X	
K0899	PWR MOBILITY DEVC NOT CODED by DME PDAC			X	X	X	
L0112	Cranial cervical orthosis, congenital torticollis, custom fab		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
L0113	Cranial cervical orthosis, torticollis type, prefabricated		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
L0120	Cerv flexible non-adjustable						
L0130	Flex thermoplastic collar mo						
L0140	Cervical semi-rigid adjustab						
L0150	Cerv semi-rig adj molded chn						
L0160	Cerv semi-rig wire occ/mand						
L0170	Cervical collar molded to pt			X	X	X	
L0172	Cerv col thermplas foam 2 pi						
L0174	Cerv col foam 2 piece w thor						
L0180	Cer post col occ/man sup adj					X	
L0190	Cerv collar supp adj cerv ba					X	
L0200	Cerv col supp adj bar & thor					X	
L0220	Thor rib belt custom fabrica						
L0430	Dewall posture protector			X	X	X	
L0450	TLSO flex prefab thoracic						
L0452	tlso flex custom fab thoraci						
L0454	TLSO flex prefab sacrococ-T9					X	
L0456	TLSO flex prefab			X	X	X	
L0458	TLSO 2Mod symphis-xipho pre			X	X	X	
L0460	TLSO2Mod symphysis-stern pre			X	X	X	
L0462	TLSO 3Mod sacro-scap pre			X	X	X	
L0464	TLSO 4Mod sacro-scap pre			X	X	X	
L0466	TLSO rigid frame pre soft ap					X	
L0468	TLSO rigid frame prefab pelv					X	

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L0470	TLSO rigid frame pre subclav					X	
L0472	TLSO rigid frame hyperex pre					X	
L0480	TLSO rigid plastic custom fa			X	X	X	
L0482	TLSO rigid lined custom fab			X	X	X	
L0484	TLSO rigid plastic cust fab			X	X	X	
L0486	TLSO rigidlined cust fab two			X	X	X	
L0488	TLSO rigid lined pre one pie			X	X	X	
L0490	TLSO rigid plastic pre one						
L0491	TLSO , mod segmented spinal sys, 2 rigid plastic shell, prefab , includes fitting & adj					X	
L0492	TLSO, sag cor control, mod seg spinal systm, 3 rigid plastic shells, prefab, includes fit					X	
L0621	sacroiliac orthosis, flexible, includes straps, prefab, includes fitting and adjustments						
L0622	sacroiliac orthosis, flexible, includes straps, custom						
L0623	sacroiliac orthosis, rigid, includes straps, pre-fab						
L0624	sacroiliac orthosis, rigid, includes straps, custom						
L0625	lumbar orthosis, flex, includes straps, prefab, inc fitting and adjustments						
L0626	lumbar orthosis, rigid, includes straps, prefab, inc fitting and adjustments						
L0627	lumbar orthosis, rigid, includes straps/padding, prefab, inc fitting and adjustments					X	
L0628	LSO, flexible, includes straps, prefab, includes fitting & adj						
L0629	LSO, flexible, includes straps, custom						
L0630	LSO, rigid, includes straps, prefab, includes fitting & adjustments						
L0631	LSO, rigid, includes straps, prefab, includes fitting & adjustments			X	X	X	
L0632	LSO, rigid, includes straps, custom			X	X	X	
L0633	LSO, rigid, includes straps, pre-fab, includes fitting & adjustments						
L0634	LSO, rigid, includes straps/pads, custom						
L0635	LSO, lumbar flexion, rigid posterior frame, prefab, includes straps/pads/fitting & adj			X	X	X	
L0636	LSO lumbar flexion, rigid posterior frame, custom			X	X	X	
L0637	LSO, rigid lateral frame, prefab, includes straps/pads/fitting/adjustments			X	X	X	
L0638	LSO, rigid lateral frame, custom, includes straps			X	X	X	
L0639	LSO, rigid shell, prefab, includes straps/closures/interface/fitting/adjustment			X	X	X	
L0640	LSO, rigid shell, custom			X	X	X	
L0700	CtIso a-p-l control molded			X	X	X	
L0710	CtIso a-p-l control w/ inter			X	X	X	
L0810	Halo cervical into jckt vest			X	X	X	
L0820	Halo cervical into body jack			X	X	X	
L0830	Halo cerv into milwaukee typ			X	X	X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L0859	Addition to halo procedure, MRI compatible system/rings/pins. Any material			X	X	X	
L0861	Halo repl liner/interface						
L0970	Tlso corset front						
L0972	Lso corset front						
L0974	Tlso full corset						
L0976	Lso full corset						
L0978	Axillary crutch extension						
L0980	Peroneal straps pair						
L0982	Stocking supp grips set of f						
L0984	Protective body sock each						
L0999	ADDITION TO SPINAL ORTHOSIS NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L1000	Ctlso milwauke initial model			X	X	X	
L1001	CTLS IMMOBILIZER INFANT SZ PREFAB			X	X	X	
L1005	Tension based scoliosis orth			X	X	X	
L1010	Ctlso axilla sling						
L1020	Kyphosis pad						
L1025	Kyphosis pad floating						
L1030	Lumbar bolster pad						
L1040	Lumbar or lumbar rib pad						
L1050	Sternal pad						
L1060	Thoracic pad						
L1070	Trapezius sling						
L1080	Outrigger						
L1085	Outrigger bil w/ vert extens						
L1090	Lumbar sling						
L1100	Ring flange plastic/leather						
L1110	Ring flange plas/leather mol						
L1120	Covers for upright each						
L1200	Furnsh initial orthosis only			X	X	X	
L1210	Lateral thoracic extension						
L1220	Anterior thoracic extension						
L1230	Milwaukee type superstructur					X	
L1240	Lumbar derotation pad						
L1250	Anterior asis pad						
L1260	Anterior thoracic derotation						
L1270	Abdominal pad						
L1280	Rib gusset (elastic) each						
L1290	Lateral trochanteric pad						
L1300	Body jacket mold to patient			X	X	X	
L1310	Post-operative body jacket			X	X	X	
L1499	SPINAL ORTHOSIS NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L1500	Thkao mobility frame			X	X	X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L1510	Thkao standing frame			X	X	X	
L1520	Thkao swivel walker			X	X	X	
L1600	Abduct hip flex frejka w cvr						
L1610	Abduct hip flex frejka covr						
L1620	Abduct hip flex pavlik harne						
L1630	Abduct control hip semi-flex						
L1640	Pelv band/spread bar thigh c					X	
L1650	HO abduction hip adjustable						
L1652	HO bi thighcuffs w sprdr bar					X	
L1660	HO abduction static plastic						
L1680	Pelvic & hip control thigh c			X	X	X	
L1685	Post-op hip abduct custom fa			X	X	X	
L1686	HO post-op hip abduction			X	X	X	
L1690	Combination bilateral HO			X	X	X	
L1700	Leg perthes orth toronto typ			X	X	X	
L1710	Legg perthes orth newington			X	X	X	
L1720	Legg perthes orthosis trilat			X	X	X	
L1730	Legg perthes orth scottish r			X	X	X	
L1755	Legg perthes patten bottom t			X	X	X	
L1810	Ko elastic with joints						
L1820	Ko elas w/ condyle pads & jo						
L1830	Ko immobilizer canvas longit						
L1831	Knee orth pos locking joint						
L1832	KO adj jnt pos rigid support					X	
L1834	Ko w/0 joint rigid molded to					X	
L1836	Rigid KO wo joints						
L1840	Ko derot ant cruciate custom			X	X	X	
L1843	KO single upright custom fit			X	X	X	
L1844	Ko w/adj jt rot cntrl molded			X	X	X	
L1845	Ko w/ adj flex/ext rotat cus			X	X	X	
L1846	Ko w adj flex/ext rotat mold			X	X	X	
L1847	KO adjustable w air chambers					X	
L1850	Ko swedish type						
L1860	Ko supracondylar socket mold			X	X	X	
L1900	Afo sprng wir drsflx calf bd						
L1902	Afo ankle gauntlet						
L1904	Afo molded ankle gauntlet					X	
L1906	Afo multiligamentus ankle su						
L1907	AFO supramalleolar custom					X	
L1910	Afo sing bar clasp attach sh						
L1920	Afo sing upright w/ adjust s					X	
L1930	Afo plastic						
L1932	Afo rig ant tib prefab TCF/=			X	X	X	
L1940	Afo molded to patient plasti					X	

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L1945	Afo molded plas rig ant tib			X	X	X	
L1950	Afo spiral molded to pt plas					X	
L1951	AFO spiral prefabricated			X	X	X	
L1960	Afo pos solid ank plastic mo					X	
L1970	Afo plastic molded w/ankle j					X	
L1971	AFO w/ankle joint, prefab					X	
L1980	Afo sing solid stirrup calf					X	
L1990	Afo doub solid stirrup calf					X	
L2000	Kafo sing fre stirr thi/calf			X	X	X	
L2005	KAFO sng/dbl mechanical act			X	X	X	
L2010	Kafo sng solid stirrup w/o j			X	X	X	
L2020	Kafo dbl solid stirrup band/			X	X	X	
L2030	Kafo dbl solid stirrup w/o j			X	X	X	
L2034	KAFO, full plastic, w or w/o free motion knee,w or w/o free motion ankle, custom			X	X	X	
L2035	KAFO plastic pediatric size						
L2036	Kafo plas doub free knee mol			X	X	X	
L2037	Kafo plas sing free knee mol			X	X	X	
L2038	Kafo w/o joint multi-axis an			X	X	X	
L2040	Hkafo torsion bil rot straps						
L2050	Hkafo torsion cable hip pelv					X	
L2060	Hkafo torsion ball bearing j					X	
L2070	Hkafo torsion unilat rot str						
L2080	Hkafo unilat torsion cable					X	
L2090	Hkafo unilat torsion ball br					X	
L2106	Afo tib fx cast plaster mold					X	
L2108	Afo tib fx cast molded to pt			X	X	X	
L2112	Afo tibial fracture soft					X	
L2114	Afo tib fx semi-rigid					X	
L2116	Afo tibial fracture rigid					X	
L2126	Kafo fem fx cast thermoplas			X	X	X	
L2128	Kafo fem fx cast molded to p			X	X	X	
L2132	Kafo femoral fx cast soft			X	X	X	
L2134	Kafo fem fx cast semi-rigid			X	X	X	
L2136	Kafo femoral fx cast rigid			X	X	X	
L2180	Plas shoe insert w ank joint						
L2182	Drop lock knee						
L2184	Limited motion knee joint						
L2186	Adj motion knee jnt lerman t						
L2188	Quadrilateral brim						
L2190	Waist belt						
L2192	Pelvic band & belt thigh fla					X	
L2200	Limited ankle motion ea jnt						
L2210	Dorsiflexion assist each joi						

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				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L2220	Dorsi & plantar flex ass/res						
L2230	Split flat caliper stirr & p						
L2232	Rocker bottom, contact AFO						
L2240	Round caliper and plate atta						
L2250	Foot plate molded stirrup at					X	
L2260	Reinforced solid stirrup						
L2265	Long tongue stirrup						
L2270	Varus/valgus strap padded/li						
L2275	Plastic mod low ext pad/line						
L2280	Molded inner boot					X	
L2300	Abduction bar jointed adjust						
L2310	Abduction bar-straight						
L2320	Non-molded lacer						
L2330	Lacer molded to patient mode					X	
L2335	Anterior swing band						
L2340	Pre-tibial shell molded to p					X	
L2350	Prosthetic type socket molde			X	X	X	
L2360	Extended steel shank						
L2370	Patten bottom						
L2375	Torsion ank & half solid sti						
L2380	Torsion straight knee joint						
L2385	Straight knee joint heavy du						
L2387	Addition to lower ext, polycentric knee jt, custom knee ankle foot orthosis, each joint						
L2390	Offset knee joint each						
L2395	Offset knee joint heavy duty						
L2397	Suspension sleeve lower ext						
L2405	Knee joint drop lock ea jnt						
L2415	Knee joint cam lock each joi						
L2425	Knee disc/dial lock/adj flex						
L2430	Knee jnt ratchet lock ea jnt						
L2492	Knee lift loop drop lock rin						
L2500	Thi/glut/ischia wgt bearing						
L2510	Th/wght bear quad-lat brim m					X	
L2520	Th/wght bear quad-lat brim c					X	
L2525	Th/wght bear nar m-l brim mo			X	X	X	
L2526	Th/wght bear nar m-l brim cu					X	
L2530	Thigh/wght bear lacer non-mo						
L2540	Thigh/wght bear lacer molded					X	
L2550	Thigh/wght bear high roll cu					X	
L2570	Hip clevis type 2 posit jnt					X	
L2580	Pelvic control pelvic sling					X	
L2600	Hip clevis/thrust bearing fr						
L2610	Hip clevis/thrust bearing lo						

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				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L2620	Pelvic control hip heavy dut						
L2622	Hip joint adjustable flexion						
L2624	Hip adj flex ext abduct cont					X	
L2627	Plastic mold recipro hip & c			X	X	X	
L2628	Metal frame recipro hip & ca			X	X	X	
L2630	Pelvic control band & belt u						
L2640	Pelvic control band & belt b						
L2650	Pelv & thor control gluteal						
L2660	Thoracic control thoracic ba						
L2670	Thorac cont paraspinal uprig						
L2680	Thorac cont lat support upri						
L2750	Plating chrome/nickel pr bar						
L2755	Carbon graphite lamination						
L2760	Extension per extension per						
L2768	Ortho sidebar disconnect						
L2780	Non-corrosive finish						
L2785	Drop lock retainer each						
L2795	Knee control full kneecap						
L2800	Knee cap medial or lateral p						
L2810	Knee control condylar pad						
L2820	Soft interface below knee se						
L2830	Soft interface above knee se						
L2840	Tibial length sock fx or equ						
L2850	Femoral lgth sock fx or equa						
L2861	ADD LOW EXT JNT KNEE/ANK CSTM EA			X	X	X	
L2999	LOWER EXTREMITY ORTHOSES NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L3000	FT INSRT MOLD UCB TYPE BERKLY SHELL		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3001	FOOT INSRT REMV MOLD PT SPENCO EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3002	FT INSRT REMV MOLD PLASTAZOTE/= EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3003	FOOT INSRT REMV MOLD SILCON GEL EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3010	FT INSRT MOLD LNGTUDNL ARCH SUPP EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3020	FT INSRT REMV MOLD LNGTUDNL SUPP EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3030	FOOT INSERT REMV FORMED PT FT EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.

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				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORT						
L3040	FOOT ARCH SUPP PREMOLD LNGTUDNL EA	EX					
L3050	FOOT ARCH SUPP REMV PREMOLD MT EA	EX					
L3060	FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	EX					
L3070	FOOT ARCH SUPP NONREMV LNGTUDNL EA						
L3080	FT ARCH SUPP NONREMV ATTCH SHOE MT						
L3090	FT ARCH SUPP NONREMV LNGTUDNL/MT EA						
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT						
L3140	FOOT ABDUCT ROTATION BAR INCL SHOES						
L3150	FOOT ABDUCT ROTATION BAR W/O SHOES						
L3160	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC						
L3170	FOOT PLASTIC HEEL STABILIZER						
L3201	ORTHOPED SHOE OXFRD SUPINATR INFNT		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3202	ORTHOPED SHOE OXFRD W/SUPINATR CHLD		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3203	ORTHOPED SHOE OXFRD W/SUPINATR JR		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3204	ORTHOPED SHOE HITOP SUPINATR INFNT		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3206	ORTHOPED SHOE HITOP W/SUPINATR CHLD		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3207	ORTHOPED SHOE HITOP W/SUPINATR JR		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3208	SURGICAL BOOT EACH INFANT						
L3209	SURGICAL BOOT EACH CHILD						
L3211	SURGICAL BOOT EACH JUNIOR						
L3212	BENESCH BOOT PAIR INFANT						
L3213	BENESCH BOOT PAIR CHILD						
L3214	BENESCH BOOT PAIR JUNIOR						
L3215	ORTHOPED FOOTWEAR WOMAN SHOES OXFRD						
L3216	ORTHOPED FOOTWEAR WOMAN DEPTH INLAY						
L3217	ORTHO FTWEAR WOMAN HITOP DPTH INLAY						
L3219	ORTHOPED FOOTWEAR MANS SHOES OXFORD						
L3221	ORTHOPED FTWEAR MAN DEPTH INLAY						
L3222	ORTHO FTWEAR MAN HITOP DEPTH INLAY						
L3224	Woman's shoe oxford brace		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.

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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L3225	Man's shoe oxford brace		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3230	ORTHOPEDE FOOTWEAR CSTM DEPTH INLAY		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3250	ORTHOPEDE FOOTWEAR CSTM MOLD PROSTH		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3251	FOOT SHOE MOLD PT SILCON SHOE EA		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3252	FOOT SHOE MOLD PT PLASTAZOTE CSTM		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3253	FOOT MOLD SHOE PLASTAZOTE CSTM FIT		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3254	NONSTANDARD SIZE OR WIDTH		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3255	NONSTANDARD SIZE OR LENGTH		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3257	ORTHOPEDE FOOTWEAR ADD CHRGR SPLIT SZ		LIMITED BENEFITS				For HMO/POS Covered if custom made, not over the counter, limited to one a year (except for children who out grow them). Not covered if used for recreational activity.
L3260	SURGICAL BOOT/SHOE EACH						
L3265	PLASTAZOTE SANDAL EACH						
L3300	LIFT ELEV HEEL TAPERED MTS PER INCH						
L3310	LIFT ELEV HEEL&SOLE NEOPRENE-INCH						
L3320	LIFT ELEV HEEL&SOLE CORK PER INCH						
L3330	LIFT ELEVATION METAL EXTENSION					X	
L3332	LIFT ELEV IN SHOE TAPERED TO 1/2 IN						
L3334	LIFT ELEVATION HEEL PER INCH						
L3340	HEEL WEDGE SACH						
L3350	HEEL WEDGE						
L3360	SOLE WEDGE OUTSIDE SOLE						
L3370	SOLE WEDGE BETWEEN SOLE						
L3380	CLUBFOOT WEDGE						
L3390	OUTFLARE WEDGE						
L3400	METATARSAL BAR WEDGE ROCKER						
L3410	METATARSAL BAR WEDGE BETWEEN SOLE						
L3420	FULL SOLE&HEEL WEDGE BETWEEN SOLE						
L3430	HEEL COUNTER PLASTIC REINFORCED						
L3440	HEEL COUNTER LEATHER REINFORCED						
L3450	HEEL SACH CUSHION TYPE						
L3455	HEEL NEW LEATHER STANDARD						
L3460	HEEL NEW RUBBER STANDARD						

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				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L3465	HEEL THOMAS WITH WEDGE						
L3470	HEEL THOMAS EXTENDED TO BALL						
L3480	HEEL PAD AND DEPRESSION FOR SPUR						
L3485	HEEL PAD REMOVABLE FOR SPUR						
L3500	ORTHOPED SHOE ADD INSOLE LEATHR						
L3510	ORTHOPED SHOE ADD INSOLE RUBBER						
L3520	ORTHO SHOE ADD INSOLE FELT W/LEATHR						
L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF						
L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL						
L3550	ORTHOPED SHOE ADD TOE TAP STANDARD						
L3560	ORTHOPED SHOE ADD TOE TAP HORSESHOE						
L3570	ORTHOPED SHOE ADD SPCL EXT INSTEP						
L3580	ORTHO SHOE ADD CNVRT INSTP-VELC CLO						
L3590	ORTHO SHOE ADD CONVERT FIRM TO SOFT						
L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR						
L3600	TRNSF ORTH-ANOTHER CALIPR PLAT XST						
L3610	TRNSF ORTH-ANOTHER CALIPR PLAT NEW						
L3620	TRNSF ORTH-ANOTH SOLID STIRUP XST						
L3630	TRNSF ORTH-ANOTH SOLID STIRUP NEW						
L3640	TRNSF ORTH-ANOTH DENNS BRWN SPLNT						
L3649	ORTHOPED SHOE MOD ADD/TRANSFER NOS						
L3650	Shlder fig 8 abduct restrain						
L3660	Abduct restrainer canvas&web						
L3670	Acromio/clavicular canvas&we						
L3671	shoulder orthosis, shoulder cap design without joints, custom					X	
L3672	shoulder orthosis, airplane design, without joints, custom			X	X	X	
L3673	shoulder orthosis, airplane design, with nontorsion joint/turnbuckle, custom			X	X	X	
L3675	Canvas vest SO						
L3677	SHLDR ORTHOS HARD PLSTC STABILIZER			X	X	X	
L3702	elbow orthosis w/o joints, custom, inc fitting & adjustments						
L3710	Elbow elastic with metal joi						
L3720	Forearm/arm cuffs free motio					X	
L3730	Forearm/arm cuffs ext/flex a					X	
L3740	Cuffs adj lock w/ active con			X	X	X	
L3760	EO withjoint, Prefabricated					X	
L3762	Rigid EO wo joints						
L3763	EWHO, without joints, rigid, custom					X	
L3764	EWHO, includes one or more non-torsion joints, custom					X	
L3765	EWHFO, without joints, rigid, custom			X	X	X	

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				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L3766	EWHFO, includes one or more non-torsion joints, custom			X	X	X	
L3806	WHF ORTHOSIS NONTOR JNT CUSTOM FAB					X	
L3807	WHFO, no joint, prefabricated						
L3808	WHF ORTHOSIS RIGID NO JNT; CUSTOM						
L3891	ADD UP EXT JNT WRIST/ELB CSTM EA						
L3900	Hinge extension/flex wrist/f			X	X	X	
L3901	Hinge ext/flex wrist finger			X	X	X	
L3904	Whfo electric custom fitted			X	X	X	
L3905	WHO, inc one or more non-torsion joints, custom			X	X	X	
L3906	Wrist gauntlet molded to pt					X	
L3908	Wrist cock-up non-molded						
L3912	Flex glove w/elastic finger						
L3913	HFO without joints, custom fab						
L3915	WRST HND ORTHOSIS NONTOR JNT PREFAB					X	
L3917	Prefab metacarpal fx orthosis						
L3919	hand orthosis, without joints, custom						
L3921	HFO, inc one or more non-torsion joints, custom						
L3923	HFO, no joint, prefabricated						
L3925	Finger orthosis, proximal interphalangeal (PIP)/distal interphalangeal (DIP), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting & adjmnt						
L3927	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						
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment						
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment						
L3933	finger orthosis, w/o joints, custom						
L3935	finger orthosis, non-torsion joint, custom						
L3956	Add joint upper ext orthosis			X	X	X	
L3960	Sewho airplan desig abdu pos					X	
L3961	SEWHO, shoulder cap design w/o joints, custom			X	X	X	
L3962	Sewho erbs palsey design abd					X	
L3964	Seo mobile arm sup att to wc					X	
L3965	Arm supp att to wc rancho ty			X	X	X	
L3966	Mobile arm supports reclinin					X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L3967	SEWHO, airplane design, w/o joints custom			X	X	X	
L3968	Friction dampening arm supp			X	X	X	
L3969	Monosuspension arm/hand supp					X	
L3970	Elevat proximal arm support						
L3971	SEWHO, shoulder cap design, w one or more nontorsion joints, custom			X	X	X	
L3972	Offset/lat rocker arm w/ ela						
L3973	SEWHO, airplane design, one or more nontorsion joints, custom			X	X	X	
L3974	Mobile arm support supinator						
L3975	SEWHFO, shoulder cap design, without joints , custom			X	X	X	
L3976	SEWHFO, airplane design, without joints , custom			X	X	X	
L3977	SEWHFO, shoulder cap design, one or more nontorsion joints, custom			X	X	X	
L3978	SEWHFO, airplane design, one or more nontorsion joints, custom			X	X	X	
L3980	Upp ext fx orthosis humeral					X	
L3982	Upper ext fx orthosis rad/ul					X	
L3984	Upper ext fx orthosis wrist						
L3995	Sock fracture or equal each						
L3999	UPPER LIMB ORTHOSIS NOS						
L4000	Repl girdle milwaukee orth			X	X	X	
L4002	Replace strap, any orthosis			X	X	X	
L4010	Replace trilateral socket br			X	X	X	
L4020	Replace quadlat socket brim			X	X	X	
L4030	Replace socket brim cust fit			X	X	X	
L4040	Replace molded thigh lacer					X	
L4045	Replace non-molded thigh lac						
L4050	Replace molded calf lacer					X	
L4055	Replace non-molded calf lace						
L4060	Replace high roll cuff						
L4070	Replace prox & dist upright						
L4080	Repl met band kafo-afo prox						
L4090	Repl met band kafo-afo calf/						
L4100	Repl leath cuff kafo prox th						
L4110	Repl leath cuff kafo-afo cal						
L4130	Replace pretibial shell					X	
L4205	REPR ORTHOT DEVC LABR CMPNT-15 MIN			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L4210	REP ORTHOT DEVC REP/REPL MINOR PART			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L4350	Ankle control orthosi prefab						
L4360	Pneumati walking boot prefab						
L4370	Pneumatic full leg splint						
L4380	Pneumatic knee splint						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L4386	Non-pneum walk boot prefab						
L4392	Replace AFO soft interface						
L4394	Replace foot drop spint						
L4396	STAT AFO-SFT INTERFCE MATL ADJ FIT						
L4398	Foot drop splint recumbent						
L5000	Partial foot, shoe insert with toe filler						
L5010	Partial foot molded socket ankle ht w/toe filler			X	X	X	
L5020	Partial foot molded socket tibial tub ht w/ toe filler			X	X	X	
L5050	Ank symes mold sckt sach ft			X	X	X	
L5060	Ankle symes metal frame molded leather socket w/art ankle/foot			X	X	X	
L5100	BTK molded socket, SACH foot			X	X	X	
L5105	BTK plastic socket joint & thigh lacer SACH foot			X	X	X	
L5150	Mold sckt ext knee shin sach			X	X	X	
L5160	Mold socket bent knee shin s			X	X	X	
L5200	ATK molded socket single axis con friction knee, shin, SACH foot			X	X	X	
L5210	ATK short pros no knee w/ foot blocks, no ankle, each			X	X	X	
L5220	ATK short pros no knee w/ art ankle/foot, dynam align, each			X	X	X	
L5230	ATK for prox femoral def constant fric knee, shin, SACH foot			X	X	X	
L5250	Hip disarticulation, Canadian type; molded socket, hip jt, single ax constant friction knee, shin, SACH foot			X	X	X	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single ax constant friction knee, shin, SACH foot			X	X	X	
L5280	Hemipelvectomy, Canadian, hip, knee, shin, SACH foot			X	X	X	
L5301	BTK molded socket, shin SACH foot endoskel sys			X	X	X	
L5311	Knee disart mold sock ext knee jts, shin, SACH ft endoskeletal system			X	X	X	
L5321	ATK mold socket open end single axis knee SACH ft endoskel sys			X	X	X	
L5331	Hip disarticulation, Canadian type, molded socket, hip jt, single ax knee SACH ft			X	X	X	
L5341	Hemipelvectomy canadian endo syst hip joint, single axis knee SACH ft			X	X	X	
L5400	Postop fitting rigid drsg, align, cast change BTK			X	X	X	
L5410	Postop fitting initial rigid drsg, align, BTK, each additional cast chng						
L5420	Postop fitting initial rigid drsg, align, one cast chg, AK or knee artic			X	X	X	
L5430	Postop fitting initial rigid drsg, align, AK or knee artic each add cast chg						
L5450	Post op fitting non wt bearing drsg BK						
L5460	Post op fitting non wt bearing drsg AK						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimuim Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L5500	Initial BK PTB socket, non align sys, pylon, no cover SACH ft direct formed			X	X	X	
L5505	Initial AK/knee disart ischial level socket non lign sys pylon no cover formed			X	X	X	
L5510	Preparatory BK PTB socket, non align sys, pylon, SACH, molded to model			X	X	X	
L5520	Preparatory BK PTB socket, no align sys, pylon, thermoplastic or eq, direct formed			X	X	X	
L5530	Preparatory BK PTB socket, non align sys, SACH, thermoplastic, molded to model			X	X	X	
L5535	Prep pros BK PTB socket, non align sys, pylon, SACH ft, prefab, open end socket			X	X	X	
L5540	Prep BK PTB socket, non align, pylon, SACH ft, laminated socket, molded to model			X	X	X	
L5560	Prep AK/knee art, ischial level socket, plaster socket, molded to model			X	X	X	
L5570	Prep AK/knee art, thermoplastic or equal direct formed			X	X	X	
L5580	Prep AK/knee art, thermoplasit or eq, molded to model			X	X	X	
L5585	Prep AK/knee art, ischial level socket, prefab open end adj socket			X	X	X	
L5590	Prep AK/knee art, ischial level, laminated socket, molded to model			X	X	X	
L5595	Prep Hip/hemipelvectomy, thermoplastic, molded to patient			X	X	X	
L5600	Prep hip/hemopelvectomy, laminated socked, molded to patient			X	X	X	
L5610	Add lower ext, AK, hydracadence system			X	X	X	
L5611	Add lower ext, endo syst, AK 4 bar linkage w/ frictionswing phase control			X	X	X	
L5613	Add lower ext, endo syst, AK/kn art, 4 bar link w/hydraulic swing phase cont			X	X	X	
L5614	Add lower ext, endo sys, AK/kn art, 4 bar linkw/pneumatic swing control			X	X	X	
L5616	Add lower ext, endo sys, AK, universal multiplex, friction swing phase contr			X	X	X	
L5617	Add lower ext, quick change self aligning unit, AK or BK, each						
L5618	Test socket symes						
L5620	Test socket below knee						
L5622	Test socket knee disarticula						
L5624	Test socket above knee						
L5626	Test socket hip disarticulat						
L5628	Test socket hemipelvectomy						
L5629	Below knee acrylic socket						
L5630	Syme typ expandabl wall sckt						
L5631	Ak/knee disartic acrylic soc						
L5632	Symes type ptb brim design s						
L5634	Symes type poster opening so						
L5636	Symes type medial opening so						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L5637	Below knee total contact						
L5638	Below knee leather socket						
L5639	Below knee wood socket			X	X	X	
L5640	Knee disarticulat leather so						
L5642	Above knee leather socket						
L5643	Hip disart flex inner socket, external frame			X	X	X	
L5644	Above knee wood socket						
L5645	BK flexible inner socket, external frame						
L5646	Below knee cushion socket						
L5647	Below knee suction socket						
L5648	Above knee cushion socket						
L5649	Add to lower ext, ischial containment/narrow M-L socket			X	X	X	
L5650	Tot contact ak/knee disart s						
L5651	Ak flex inner socket ext fra			X	X	X	
L5652	Suction susp ak/knee disart						
L5653	Knee disart expand wall sock						
L5654	Socket insert symes						
L5655	Socket insert below knee						
L5656	Socket insert knee articulat						
L5658	Socket insert above knee						
L5661	Multi-durometer symes						
L5665	Multi-durometer below knee						
L5666	Below knee cuff suspension						
L5668	Add to lower ext BK molded distal cushion						
L5670	Bk molded supracondylar susp						
L5671	BK/AK locking mechanism						
L5672	Bk removable medial brim sus						
L5673	BK/AK custom or prefab socket insert, silicone gel for use w/locking mech						
L5676	BK , knee joints, single axis, pair						
L5677	BK, knee joints, polycnetric, pair						
L5678	Bk joint covers pair						
L5679	BK/AK custom or prefab socket insert, silicone gel, not for use w/ locking mech						
L5680	Bk thigh lacer non-molded						
L5681	BK/AK custom socket insert for atypical traumatic, initial only			X	X	X	
L5682	BK thigh lacer gluteal/ishcial, molded						
L5683	Initial custom socket insert			X	X	X	
L5684	Bk fork strap						
L5685	Below knee sus/seal sleeve						
L5686	Bk back check						
L5688	Bk waist belt webbing						
L5690	Bk waist belt padded and lin						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L5692	Ak pelvic control belt light						
L5694	AK pelvic control belt, padded and lined						
L5695	AK pelvic control suspension sleeve, neoprene or equal						
L5696	AK/knee disarticulation, pelvic joint						
L5697	AK/knee disartic pelvic band						
L5698	AK/knee disarticulation, silesian bandage						
L5699	Shoulder harness prostheses						
L5700	Replace socket below knee			X	X	X	
L5701	Replace socket above knee			X	X	X	
L5702	Replace socket hip			X	X	X	
L5703	replacement socket, ankle symes, molded to pt model, w/o solid ankle cushion heel			X	X	X	
L5704	Custom shape cover BK						
L5705	Custom shape cover AK, replacment			X	X	X	
L5706	Custom protective knee cover, knee disarticulation, replacment			X	X	X	
L5707	Custom shape cvr hip disart, replacment			X	X	X	
L5710	Exoskeletal knee-shin single axis manual lock						
L5711	Exoskeletal knee-shin single axis manual lock ultra light material						
L5712	Exoskeletal knee-shin single axis friction swing safety knee						
L5714	Exoskeletal knee-shin single axis variable friction swing phase control						
L5716	Exoskeletal knee-shin polycnetric mechanical stance phase lock						
L5718	Exoskeletal knee-shin polycentric friction swing & stance phase control						
L5722	exoskeletal knee-shin single axis pneumatic swing friction stance phase cont			X	X	X	
L5724	Exoskeletal knee-shin single axis fluid swing phase control			X	X	X	
L5726	Exoskeletal knee-shin single axis external joints fluid swing phase control			X	X	X	
L5728	Exoskeletal knee-shin single axis fluid swing & stance phase control			X	X	X	
L5780	Exoskeletal knee-shin pneumatic/hydra pneumatic swing phase control			X	X	X	
L5781	Lower limb prosthesis vacuum pump, volume management & moisture evac syst			X	X	X	
L5782	Heavy duty lower limb prosthesis vacuum pump			X	X	X	
L5785	Exoskeletal BK ultra light material						
L5790	Exoskeletal AK ultra light material						
L5795	Exoskel hip ultra-light mate						
L5810	Endoskel knee-shin mnl lock						
L5811	Endo knee-shin mnl lck ultra						
L5812	Endoskeletal knee-shin single axis swing & stance safety knee						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L5814	Endoskeletal knee-shin polycentric hydraulic swing mechanical stance lock			X	X	X	
L5816	Endoskeletal knee-shin polycentric mechanical stance phase lock						
L5818	Endoskeletal knee-shin polycentric friction swing & stance phase lock						
L5822	Endoskeletal knee-shin pneumatic swing friction stance phase control			X	X	X	
L5824	Endoskeletal knee-shin fluid swing phase control			X	X	X	
L5826	Endoskeletal knee-shin hydraulic swing phase w/minature high activity frame			X	X	X	
L5828	Endoskeletal knee-shin single axis fluid swing& stance phase control			X	X	X	
L5830	Endoskeletal knee-shin sgle axis pneumatic/swing phase control			X	X	X	
L5840	Endoskeletal knee-shin 4 bar linkage multiaxial pneumatic swing phase			X	X	X	
L5845	Endoskeletal knee-shin stance flexion feature, adjustable			X	X	X	
L5848	Endoskel knee-shin hydralic stance extesion, dampening feature						
L5850	Endoskeletal AK or hip disarticulation, knee extension assist						
L5855	Endoskeletal mechanical hip extension assist						
L5856	Endoskeletal knee-shin, microprocessor control includes electronic sensors			X	X	X	
L5857	Endoskel knee-shin microprocessor control swing phase only, includes sensors			X	X	X	
L5858	Addition to lower ext prosthesis, endoskeletal knee shin system , microprocessor control			X	X	X	
L5910	Endoskeletal BK alignable system						
L5920	Endoskeletal AK/hip alignable system						
L5925	Endoskeletal AK, knee disart, hip manual lock						
L5930	Endoskeletal high activity knee control frame			X	X	X	
L5940	Endo bk ultra-light material						
L5950	Endo ak ultra-light material						
L5960	Endo hip ultra-light materia			X	X	X	
L5962	Below knee flex cover system						
L5964	Endoskeletal/AK flexible protective outer service covering system			X	X	X	
L5966	Endo hip flexible protective outer surface covering system			X	X	X	
L5968	Multiaxial ankle w dorsiflex			X	X	X	
L5970	Foot external keel sach foot						
L5971	all lower extr prosthesis, solid ankle cushion heel, SACH foot, replacement only						
L5972	Flexible keel foot						
L5973	ENDO ANK FOOT MICROPROCSS CNTRL PWR			X	X	X	
L5974	Foot single axis ankle/foot						
L5975	Combo ankle/foot prosthesis						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L5976	Energy storing foot						
L5978	Ft prosth multiaxial ankl/ft						
L5979	Multiaxial ankle dynamic response foot, one piece			X	X	X	
L5980	Flex foot system			X	X	X	
L5981	Flex-walk sys low ext prosth			X	X	X	
L5982	Exoskeletal axial rotation u						
L5984	Endoskeletal axial rotation						
L5985	Lower ext prosthesis dynamic prosthetic pylon						
L5986	Multi-axial rotation unit						
L5987	Shank foot system with vertical loading pylon			X	X	X	
L5988	Vertical shock reducing pylon feature			X	X	X	
L5990	User adjustable heel height			X	X	X	
L5999	LOWER EXTREMITY PROSTHESIS NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L6000	Partial hand, Robin-Aids, thumb remaining			X	X	X	
L6010	Partial hand, Robin-Aids, little and or ring finger remaining			X	X	X	
L6020	Partial hand, Robin-Aids, no fingers remaining			X	X	X	
L6025	Partial hand ext pwr, remov forearm, electrodes, batteries, cables, myoelectric terminal			X	X	X	
L6050	Wrist disarticulation molded socket, flexible elbow, triceps pad			X	X	X	
L6055	Wrist disarticulation expandable interface, flex elbow, triceps pad			X	X	X	
L6100	Below Elbow molded socket, flexible elbow hinge, triceps pad			X	X	X	
L6110	Below elbow prosth molded socket			X	X	X	
L6120	Below elbow prosth molded double wall split socket, step up hinge, half cuff			X	X	X	
L6130	Below elbow, stump activated locking hing, half cuff,molded dble wall split socket			X	X	X	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm			X	X	X	
L6205	Elbow disartic, molded socket w/expand interface, locking hinge forearm			X	X	X	
L6250	Above elbow molded dble wall socket, internal locking elbow, forearm			X	X	X	
L6300	Shoulder disarticulation, shoulder bulkhead, humeral sect, locking elbow, forearm			X	X	X	
L6310	Shoulder disarticulation, passive resoration (complete prosthesis)			X	X	X	
L6320	Shoulder, passive restoration, (shoulder cap only)			X	X	X	
L6350	Interscap thoracic mold socket, hum. Sec. int. locking elbow, forearm			X	X	X	
L6360	Interscapular thoracic passive restoration (complete prosthesis)			X	X	X	
L6370	Interscapular thoracic passive restoration (shoulder cap only)			X	X	X	
L6380	Postop fitting, rigid dressing, align & one cast change wrist disart or below elbow			X	X	X	

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L6382	Postop fitting, rigid dressing, one cast change, elbow disartic or above elbow			X	X	X	
L6384	Postop fitting, rigid dressing, one cast change, shoulder or intrascap/thoracic			X	X	X	
L6386	Postop fitting, each add cast change & alignment						
L6388	Postop fitting w/ rigid dressing only						
L6400	Endoskel below elbow molded socket w/ soft pros tissue shaping			X	X	X	
L6450	Endoskel elbow disartic molded socket, soft pros tissue shaping			X	X	X	
L6500	Endoskel above elbow molded socket w/ soft pros tissue shaping			X	X	X	
L6550	Endoskel shldr disartic molded socket w/ soft pros tissue shaping			X	X	X	
L6570	Endoskel interscapular/thoracic molded socket w/ soft tiss shaping			X	X	X	
L6580	Endo preparatory wrist or below elbow, plast socket, flex elbow, molded to pt			X	X	X	
L6582	Endo prep wrist or below elb, single sock, fric wrist, flex elbow, direct formed			X	X	X	
L6584	Endo prep elbow or above, locking elb, fair lead cable, molded to pt			X	X	X	
L6586	Endo prep elbow or above, locking elb, fair lead cable , direct formed			X	X	X	
L6588	Endo prep shdr/interscap/thorac, shdr jt, lock elb, molded to pt			X	X	X	
L6590	Endo prep shdr/interscap/thorac, shdr jt, lock elb, direct formed			X	X	X	
L6600	Polycentric hinge pair						
L6605	Single pivot hinge pair						
L6610	Flexible metal hinge pair						
L6611	ADD UP EXT PROS EXT PWR ADD SWITCH						
L6615	Disconnect locking wrist uni						
L6616	Disconnect insert locking wr						
L6620	Flexion/extension wrist unit						
L6621	upp ext pros add, flex/extension wrist w or w/o friction, for w ext powered terminal			X	X	X	
L6623	Spring-ass rot wrst w/ latch						
L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT			X	X	X	
L6625	Rotation wrst w/ cable lock						
L6628	Quick disconn hook adapter o						
L6629	Lamination collar w/ couplin						
L6630	Stainless steel any wrist						
L6632	Latex suspension sleeve each						
L6635	Lift assist for elbow						
L6637	Nudge control elbow lock						
L6638	Elec lock on manual pw elbow			X	X	X	
L6640	Shoulder abduction joint pai						
L6641	Excursion amplifier pulley t						

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L6642	Excursion amplifier lever ty						
L6645	Shoulder flexion- abduction joint, each						
L6646	Multiposition locking shldr jt, body powered or ext powered			X	X	X	
L6647	Shoulder lock mech body powered actuator						
L6648	Shoulder lock mech external powered actuator			X	X	X	
L6650	Shoulder universal joint						
L6655	Standard control cable extra						
L6660	Heavy duty control cable						
L6665	Teflon or equal cable lining						
L6670	Hook to hand cable adapter						
L6672	Harness chest/shldr saddle						
L6675	Upper ext harness, single cable						
L6676	Harness figure of 8 dual con						
L6677	UE triple control harness						
L6680	Test sock wrist disart/bel e						
L6682	Test sock elbw disart/above						
L6684	Test socket shldr disarticulate or interscap/thoracic						
L6686	Suction socket						
L6687	Frame typ socket bel elbow/w						
L6688	Frame typ sock above elb/dis						
L6689	Frame typ socket shoulder di						
L6690	Frame typ sock interscap-tho						
L6691	Removable insert each						
L6692	Silicone gel insert or equal						
L6693	Locking elbow, forearm counterbalance			X	X	X	
L6694	Below or above elb custom fab from existing mold, socket insert w/ lock mech						
L6695	Below or above elb cust fab from existing mold socket insert not for lock mech						
L6696	Int. abv or blw elb custom socket for congenital or atyp traum w/wo lock			X	X	X	
L6697	Initial abv or blw elb custom socket for other than congen or atyp traum			X	X	X	
L6698	Below/above elbow lock mech excludes socket insert						
L6703	Term dev, passive hand mitt						
L6704	Term dev, sport/rec/work att						
L6706	Term dev mech hook vol open						
L6707	Term dev mech hook vol close			X	X	X	
L6708	Term dev mech hand vol open						
L6709	Term dev mech hand vol close			X	X	X	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric						

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric			X	X	X	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric			X	X	X	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric			X	X	X	
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined			X	X	X	
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined			X	X	X	
L6805	Modifier wrist flexion unit						
L6810	Pincher tool otto bock or eq						
L6881	Autograsp feature upper limb addition			X	X	X	
L6882	Microprocessor control uplmb			X	X	X	
L6883	replacement socket, below elbow/wrist			X	X	X	
L6884	replacement socket, above elbow, molded to pt model, for w or w/o external power			X	X	X	
L6885	replacement socket, shoulder, disart/interscapular thoracic, w or w/o ext pwr, molded			X	X	X	
L6890	Prefab glove for term device						
L6895	Custom glove for term device						
L6900	Partial hand restoration with glove, thumb or one finger remaining			X	X	X	
L6905	Patial hand restoration with glove, mulitple fingers remaining			X	X	X	
L6910	Partial hand restoration with glove, no fingers remaining			X	X	X	
L6915	Replacement glove for partial hand restoration			X	X	X	
L6920	Ext pwr wrist, shell, socket, cables, batteries, charger, switch control			X	X	X	
L6925	External power wrist, socket, cables, batteries, charger, myoelectric			X	X	X	
L6930	Ext Pwr below elb, socket, shell, cable, batteries, charger, switch control			X	X	X	
L6935	Ext Pwr below elb, socket, shell, cable, batteries, charger, myoelectric			X	X	X	
L6940	Ext pwr elbow disartic, socket, shell, cable, batt, charger, switch control			X	X	X	
L6945	Ext pwr elbo disart, socket, shell, cable, batt, charger, myoelectric			X	X	X	
L6950	Ext pwr above elb, int locking elbow, forearm, switch control			X	X	X	
L6955	Ext pwr above elb, int locking elbow, forearm, myoelectric			X	X	X	
L6960	Ext pwr shldr disartic, removable shldr shell, mech elb, forearm, otto bock switch			X	X	X	
L6965	Ext pwr shldr disartic, removable shldr shell, mech elb, forearm, myoelectric			X	X	X	
L6970	Ext pwr interscap/thoracic, switch control			X	X	X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L6975	Est pwr interscap/thoracic, myoelectric control			X	X	X	
L7007	Adult electric hand			X	X	X	
L7008	Pediatric electric hand			X	X	X	
L7009	Adult electric hook			X	X	X	
L7040	Prehensile actuator hosmer s			X	X	X	
L7045	Electron hook child michigan			X	X	X	
L7170	Electronic elbow hosmer swit			X	X	X	
L7180	Electronic elbow microprocessor sequential control			X	X	X	
L7181	Electronic elbow microprocessor simultaneous control			X	X	X	
L7185	Electronic elbow, adolescent, switch control			X	X	X	
L7186	Electron elbow child switch			X	X	X	
L7190	Elbow adolescent myoelectron			X	X	X	
L7191	Elbow child myoelectronic ct			X	X	X	
L7260	Electron wrist rotator otto			X	X	X	
L7261	Electron wrist rotator utah			X	X	X	
L7266	Servo control steeper or equ			X	X	X	
L7272	Analogue control unb or equa			X	X	X	
L7274	Proportional ctl 12 volt utah			X	X	X	
L7360	Six volt battery, each		LIMITED BENEFITS				NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
L7362	Battery charger, six volt, each						
L7364	Twelve volt battery, each		LIMITED BENEFITS			X	NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
L7366	Battery charger, twelve volt, each					X	
L7367	Replacemnt lithium ion battery		LIMITED BENEFITS			X	NHP and KC only covers for wheelchairs & diabetic equipment. SOW allows batteries.
L7368	Lithium ion battery charger					X	
L7400	add to upp ext prosthesis, below elbow/wrist, ultralight						
L7401	add to upp ext pros, above elbow, ultralight						
L7402	add to upp ext prosthesis, shoulder disartic/interscap/thoracic, ultralight						
L7403	add to upp ext prosthesis, below elbow/wrist, acrylic material						
L7404	add to upp ext prosthetis, above elbow, acrylic						
L7405	add to upp ext prosthesis, shoulder disartic/interscap/thoracic, acrylic						
L7499	UPPER EXTREMITY PROSTHESIS NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L7500	REPAIR PROSTHETIC DEVICE HOURLY RATE			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L7510	REP PROS DEVC REP/REPL MINOR PART			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L7520	REPR PROSTH DEVC LABR CMPNT-15 MIN			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L7600	prosthetic donning sleeve, any material, each						
L7900	Male vacuum erection system	EX					

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L8000	Mastectomy bra		LIMITED BENEFITS				Two initial bras and two per twelve months thereafter.
L8001	Breast prosthesis bra & prosthesis form, unilateral						
L8002	Brst prsth bra & bilat form						
L8010	Breast prosthesis, mastectomy sleeve						
L8015	Ext breastprosthesis garment						
L8020	Mastectomy form						
L8030	BREAST PROS SILCON/=NO INTGRL ADHES						
L8031	BREAST PROS SILCON/= W/NTGRL ADHES						
L8032	NIPPLE PROSTH REUSABLE ANY TYPE EA						
L8035	Custom breast prosthesis			X	X	X	
L8039	Breast prosthesis NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L8040	Nasal prosthesis			X	X	X	
L8041	Midfacial prosthesis			X	X	X	
L8042	Orbital prosthesis			X	X	X	
L8043	Upper facial prosthesis			X	X	X	
L8044	Hemi-facial prosthesis			X	X	X	
L8045	Auricular prosthesis			X	X	X	
L8046	Partial facial prosthesis			X	X	X	
L8047	Nasal septal prosthesis			X	X	X	
L8048	Unspecified maxillofacial prosthesis, by report			X	X	X	
L8049	Repair or modification of maxillofacial prosthesis, labor comp, 15 min incre.			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L8300	Truss, single w/ standard pad						
L8310	Truss double w/ standard pad						
L8320	Truss, addition to standard, water pad						
L8330	Truss add to std pad scrotal pad						
L8400	Prosthetic sheath, BK each						
L8410	Prosthetic sheath, AK each						
L8415	Prosthetic sheath upper limb						
L8417	Pros sheath/sock w gel cushn						
L8420	Prosthetic sock multi ply BK, each						
L8430	Prosthetic sock multi ply AK, each						
L8435	Pros sock multi ply upper lm						
L8440	Shrinker below knee						
L8460	Shrinker above knee						
L8465	Shrinker upper limb						
L8470	Pros sock single ply BK						
L8480	Pros sock single ply AK						
L8485	Pros sock single ply upper limb						
L8499	UNLISTED PROC MISC PROSTH SERVICES			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L8500	Artificial larynx		LIMITED BENEFITS	X	X	X	Basic handheld model is covered. Implantable is not covered.
L8501	Tracheostomy speaking valve		LIMITED BENEFITS	X	X	X	Basic handheld model is covered. Implantable is not covered.
L8505	Artificial larynx replacement battery/accessory, any type			X	X	X	
L8507	Trach-esoph voice pros pt in		LIMITED BENEFITS	X	X	X	Basic handheld model is covered. Implantable is not covered.
L8509	Trach-esoph voice pros md in	EX					
L8510	Voice amplifier	EX					
L8511	Indwelling trach insert, replacement, each						
L8512	Gel cap for trach voice pros, replacement, per 10						
L8513	Trach pros cleaning device, replacement, each						
L8514	Repl trach puncture dilator						
L8515	Gel cap app device for trach						
L8600	Implant breast silicone/eq			X	X	X	
L8603	Collagen imp urinary 2.5 ml		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1ml, includes shipping and necessary supplies		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
L8606	Synthetic implnt urinary 1ml		SEE COMMENTS	X	X	X	Authorization and item description required for review to determine if experimental.
L8609	artificial cornea			X	X	X	
L8610	Ocular implant						
L8612	Aqueous shunt prosthesis						
L8613	Ossicular implant						
L8614	Cochlear device/system		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8615	Coch implant headset replace		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8616	Coch implant microphone repl		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8617	Coch implant trans coil repl		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8618	Coch implant tran cable repl		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8621	Repl zinc air battery		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8622	Repl alkaline battery		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8623	lithium ion battery for use with cochlear implant speech processor		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8624	lithium ion battery for use with cochlear implant speech processor, ear		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8629	TRANSMIT COIL CABLE COCHLR DEV RPL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
L8630	Metacarpophalangeal implant						
L8631	MCP joint repl 2 pc or more			X	X	X	
L8641	Metatarsal joint implant						
L8642	Hallux implant						
L8658	Interphalangeal joint spacer						
L8659	Interphalangeal joint replacement			X	X	X	
L8670	Vascular graft, synthetic						
L8680	IMPL NEUROSTIMULATOR ELECTRODE EA			X	X	X	
L8681	patient programmer, external, for use with implantable neurostimulator pulse generator, replacement only			X	X	X	
L8682	implantable neurostimulator radiofrequency receiver			X	X	X	
L8683	radiofrequency transmitter, external, use with neurostim			X	X	X	
L8684	radiofrequency transmitter, external, use with sacral root neurostimulator, replacement			X	X	X	
L8685	implantable neurostimulator pulse generator, single array, rechargeable			X	X	X	
L8686	implantable neurostimulator pulse generator, single array, non-rechargeable			X	X	X	
L8687	implantable, neurostimulator pulse generator, dual array, rechargeable			X	X	X	
L8688	implantable neurostimulator pulse generator, dual array, non-rechargeable			X	X	X	
L8689	external recharging system for (internal) implanted neurostimulator, replacement only			X	X	X	
L8690	AUDITORY OSSEOINTEGRATED INT/EXT COMP			X	X	X	
L8691	AUDITORY OSSEOINTEGRATED EXT SND REPL			X	X	X	
L8692	AUDITORY OSSEOINTEGRATED DEV BDT WORN			X	X	X	
L8695	external recharging system for (external) implanted neurostimulator, replacement only			X	X	X	
L8699	PROSTHETIC IMPLANT NOS			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
L9900	ORTHO/PROSTH SUPP ACCES &/ SERV			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
V2020	Vision svcs frames purchases		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2025	DELUXE FRAME	EX					
V2100	Lens spher single plano 4.00		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2101	Single visn sphere 4.12-7.00		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2102	Singl visn sphere 7.12-20.00		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2103	Spherocylindr 4.00d/12-2.00d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery

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Minimuim Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V2104	Spherocylindr 4.00d/2.12-4d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2105	Spherocylinder 4.00d/4.25-6d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2106	Spherocylinder 4.00d/>6.00d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2107	Spherocylinder 4.25d/12-2d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2108	Spherocylinder 4.25d/2.12-4d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2109	Spherocylinder 4.25d/4.25-6d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2110	Spherocylinder 4.25d/over 6d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2111	Spherocylindr 7.25d/.25-2.25		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2112	Spherocylindr 7.25d/2.25-4d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2113	Spherocylindr 7.25d/4.25-6d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2114	Spherocylinder over 12.00d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2115	Lens lenticular bifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2118	Lens aniseikonic single		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2121	Lenticular lens, single		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2200	Lens spher bifoc plano 4.00d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2201	Lens sphere bifocal 4.12-7.0		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2202	Lens sphere bifocal 7.12-20.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2203	Lens sphcyl bifocal 4.00d/.1		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2204	Lens sphcy bifocal 4.00d/2.1		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2205	Lens sphcy bifocal 4.00d/4.2		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2206	Lens sphcy bifocal 4.00d/ove		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2207	Lens sphcy bifocal 4.25-7d/.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2208	Lens sphcy bifocal 4.25-7/2.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2209	Lens sphcy bifocal 4.25-7/4.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2210	Lens sphcy bifocal 4.25-7/ov		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2211	Lens sphcy bifo 7.25-12/.25-		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery

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Minimuim Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V2212	Lens sphcyl bifo 7.25-12/2.2		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2213	Lens sphcyl bifo 7.25-12/4.2		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2214	Lens sphcyl bifocal over 12.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2215	Lens lenticular bifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2218	Lens aniseikonic bifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2219	Lens bifocal seg width over		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2220	Lens bifocal add over 3.25d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2221	Lenticular lens, bifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2299	SPECIALTY BIFOCAL		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2300	Lens sphere trifocal 4.00d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2301	Lens sphere trifocal 4.12-7.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2302	Lens sphere trifocal 7.12-20		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2303	Lens sphcy trifocal 4.0/.12-		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2304	Lens sphcy trifocal 4.0/2.25		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2305	Lens sphcy trifocal 4.0/4.25		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2306	Lens sphcyl trifocal 4.00/>6		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2307	Lens sphcy trifocal 4.25-7/.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2308	Lens sphc trifocal 4.25-7/2.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2309	Lens sphc trifocal 4.25-7/4.		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2310	Lens sphc trifocal 4.25-7/>6		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2311	Lens sphc trifo 7.25-12/.25-		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2312	Lens sphc trifo 7.25-12/2.25		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2313	Lens sphc trifo 7.25-12/4.25		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2314	Lens sphcyl trifocal over 12		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2315	Lens lenticular trifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2318	Lens aniseikonic trifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2319	Lens trifocal seg width > 28		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V2320	Lens trifocal add over 3.25d		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2321	Lenticular lens, trifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2399	SPECIALTY TRIFOCAL		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2410	Lens variab asphericity sing		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2430	Lens variable asphericity bi		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2499	VARIABLE SPHERICITY LENS OTHER TYPE		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2500	Contact lens pmma spherical		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2501	Cntct lens pmma-toric/prism		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2502	Contact lens pmma bifocal		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2503	Cntct lens pmma color vision	EX					
V2510	Cntct gas permeable sphericl		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2511	Cntct toric prism ballast		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2512	Cntct lens gas permbl bifocl		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2513	Contact lens extended wear	EX					
V2520	Contact lens hydrophilic		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2521	Cntct lens hydrophilic toric		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2522	Cntct lens hydrophil bifocl		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2523	Cntct lens hydrophil extend	EX					
V2530	Contact lens gas impermeable		LIMITED BENEFITS				NHP will cover one basic pair of glasses/contacts following cataract surgery
V2531	Contact lens gas permeable		LIMITED BENEFITS			X	NHP will cover one basic pair of glasses/contacts following cataract surgery
V2599	CONTACT LENS OTHER TYPE			X	X	X	NHP will cover one basic pair of glasses/contacts following cataract surgery
V2600	HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS	EX					
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	EX					
V2615	TELESCOPIC & OTH COMPOUND LENS SYSTEM	EX					
V2623	Plastic eye prosth custom						
V2624	Polishing artifical eye						
V2625	Enlargemnt of eye prosthesis						
V2626	Reduction of eye prosthesis						
V2627	Scleral cover shell			X	X	X	
V2628	Fabrication & fitting						
V2629	PROSTHETIC EYE OTHER TYPE			X	X	X	

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS						
V2631	IRIS SUPPORTED INTRAOCULAR LENS						
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS						
V2700	Balance lens	EX					
V2702	Deluxe lens feature	EX					
V2710	Glass/plastic slab off prism	EX					
V2715	Prism lens/es	EX					
V2718	Fresnell prism press-on lens	EX					
V2730	Special base curve	EX					
V2744	Tint photochromatic lens/es	EX					
V2745	Tint, any color/solid/grad	EX					
V2750	Anti-reflective coating	EX					
V2755	UV lens/es	EX					
V2756	EYE GLASS CASE	EX					
V2760	Scratch resistant coating	EX					
V2761	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS	EX					
V2762	Polarization, any lens	EX					
V2770	Occluder lens/es	EX					
V2780	Oversize lens/es	EX					
V2781	PROGRESSIVE LENS PER LENS	EX					
V2782	Lens, 1.54-1.65 p/1.60-1.79g	EX					
V2783	Lens, >= 1.66 p/>=1.80 g	EX					
V2784	Lens polycarb or equal	EX					
V2785	PROCESSING PRES&TRANSPORTING CORNEAL TISSUE			X	X	X	
V2786	Occupational multifocal lens	EX					
V2787	Astigmatism correcting function of intraocular lens	EX					
V2788	Presbyopia correcting function of intraocular lens	EX					
V2790	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC						
V2797	VISN SPL ACSS &/ SRVC CMPNT ANOTHER HCPCS CODE	EX					
V2799	VISION SERVICE MISCELLANEOUS ---			SEE COMMENTS	SEE COMMENTS	SEE COMMENTS	Refer above for authorization requirements.
V5010	Assessment for hearing aid		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5011	Fitting/orientation/checking of hearing aid		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5014	Repair/modification of hearing aid		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5020	Conformity evaluation		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5030	Hearing aid, monaural, body worn, air conduction		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5040	Hearing aid, monaural, body worn, bone conduction		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.

Code	Item Description	Exclusion (EX)	Limited Benefit (see comments)	NHP Auth	SOW Auth	KC Auth	Comments, Limitations
Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V5050	Hearing aid, monaural, in the ear		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5060	Hearing aid, monaural, behind the ear		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5070	Glasses, air conduction		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5080	Glasses, bone conduction		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5090	Dispensing fee, unspecified hearing aid		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5095	Semi-implantable, middle ear hearing prosthesis		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5100	HEARING AID BILATERAL BODY WORN		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5110	DISPENSING FEE BILATERAL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5120	BINAURAL BODY		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5130	BINAURAL IN THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5140	BINAURAL BEHIND THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5150	BINAURAL GLASSES		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5160	DISPENSING FEE BINAURAL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5170	HEARING AID CROS IN THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5180	HEARING AID CROS BEHIND THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5190	HEARING AID CROS GLASSES		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5200	DISPENSING FEE CROS		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5210	HEARING AID BICROS IN THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5220	HEARING AID BICROS BEHIND THE EAR		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5230	HEARING AID BICROS GLASSES		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5240	DISPENSING FEE BICROS		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5241	DISPNS FEE MONAURL HEARING AID TYPE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5242	HEARING AID ANALOG MONAURAL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5243	HEARING AID ANALOG MONAURAL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5244	HEARING AID PROG ANALOG MONAURL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5245	HEARING AID PROG ANALOG MONAURL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5246	HEARING AID PROG ANALOG MONAURL ITE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.

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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics
V5247	HEARING AID PROG ANALOG MONAURL BTE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5248	HEARING AID ANALOG BINAURAL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5249	HEARING AID ANALOG BINAURAL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5250	HEARING AID PROG ANALOG BINAURL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5251	HEARING AID PROG ANALOG BINAURL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5252	HEARING AID PROG BINAURAL ITE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5253	HEARING AID PROG BINAURAL BTE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5254	HEARING AID DIGITAL MONAURAL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5255	HEARING AID DIGITAL MONAURAL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5256	HEARING AID DIGITAL MONAURAL ITE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5257	HEARING AID DIGITAL MONAURAL BTE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5258	HEARING AID DIGITAL BINAURAL CIC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5259	HEARING AID DIGITAL BINAURAL ITC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5260	HEARING AID DIGITAL BINAURAL ITE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5261	HEARING AID DIGITAL BINAURAL BTE		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5262	HEARING AID DISPBL TYPE MONAURAL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5263	HEARING AID DISPBL TYPE BINAURAL		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5264	EAR MOLD/INSERT NOT DISPBL ANY TYPE --		LIMITED BENEFITS				Covered when used within 8 months of intubations, Chronic infection; otherwise considered OTC.
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE	EX					
V5266	BATTERY FOR USE IN HEARING DEVICE		LIMITED BENEFITS				SOW allows batteries. NHP & KC exclusion.
V5267	HEARING AID SUPPLIES/ACCESSORIES		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.
V5268	ASST LISTENING DEVICE TEL AMP TYPE	EX					
V5269	ASST LISTENING DEVICE ALERTING TYPE	EX					
V5270	ASST LISTENING DEVICE TV AMP TYPE	EX					
V5271	ASST LISTEN DEVC TV CAPTION DECODER	EX					
V5272	ASSISTIVE LISTENING DEVICE TDD	EX					
V5273	ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	EX					
V5274	ASSISTIVE LEARNING DEVICE NOS	EX					
V5275	EAR IMPRESSION EACH	EX					
V5298	HEARING AID NOC		LIMITED BENEFITS	X	X	X	Benefit varies among employer groups.





















































































































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				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics







































































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Minimum Dollar Authorization requirement				\$750.00	\$750.00	\$300.00	DME item/service and Orthotics
				\$500.00	\$500.00	\$300.00	Repair and Replacement
				\$1,000.00	\$1,000.00	\$1,000.00	Prosthetics

























































































































































