Alabama Medicaid Agency

Supplies, Appliances and DME Fee Schedule

May 23, 2013

Inclusion or exclusion of a procedure code, supply, product or service does not imply Medicaid coverage, reimbursement, or lack thereof. The fee schedules located on the Alabama Medicaid website are prepared as tools to assist Medicaid providers and are not intended to grant rights or impose obligations. Every effort is made to assure the accuracy of the information within the fee schedules as of the date they are posted. Medicaid makes no guarantee that this compilation of fee schedule information is error-free and will bear no responsibility or liability for the results or consequences of the use of these schedules. This list is published as a guide to information regarding coverage and reimbursement amounts. Verify current coverage and reimbursement amounts through the Automated Voice Response System (AVRS) by calling 1-800-727-7848. AVRS is addressed in Appendix L in the Provider Manual. There may be other restrictions to a procedure code not available from AVRS. Please consult the Provider Manual or call the Provider Assistance Center at 1-800-688-7989.

Medicaid is the primary payer for the codes listed in this fee schedule.

Codes requiring an EPSDT referral are identified with an "X" in the EPSDT-Referral column. If no "X" is indicated in that column, the procedure code is available for all Medicaid recipients with full benefits.

Codes requiring Prior Authorization are identified with an "X" in the PA column. Codes that are manually priced are identified with an "MP" in the Allowed Amount column.

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH		$0.28	100/mo	X		
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH		$0.19	100/mo			
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH		$0.23	100/mo	X		
A4210	NEEDLE-FREE INJECTION DEVICE, EACH		$0.91	100/mo	X		
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH		$1.18	120/mo			
A4215	NEEDLE, STERILE, ANY SIZE, EACH (HOME IV)		$0.33	100/mo			
A4216	STERILE WATER, SALINE AND/OR DEXTROSE (DILUENT), 10 ML		$0.32	31/mo			
A4217	STERILE WATER/SALINE, 500 ML		$1.77	31/mo			
A4212	NONCORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER (HUBER NEEDLE)		$4.98	1/mo			
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)		$17.20	1/per wk	X		
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY		$35.51	31/mo			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NONNEEDLE CANNULA TYPE (INFUSION SET ONLY)		$11.40	15/mo	X		
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC		$2.01	15/mo	X		
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		$0.63	1/yr			
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		$2.89	1/yr			
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		$1.87	1/yr			
A4236	REPLACEMENT BATTER, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		$1.15	1/yr			
A4244	ALCOHOL OR PEROXIDE, PER PINT		$1.64	3/mo	X		
A4245	ALCOHOL WIPES, PER BOX		$2.37	3/mo			
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT		$7.04	4/mo	X		
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX		$5.89	2/mo			
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)		$52.43	2/mo			
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS		$28.07	2 boxes every 3 months for diabetics not using insulin			
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	U6	$28.07	3 boxes per month for diabetics using insulin age 21 and above			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	U6	$28.07	4 boxes per month for diabetics using insulin age 0 - 21			
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION/CHIPS		$9.12	3/yr			
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH		$14.40	1/yr			
A4259	LANCETS, PER BOX OF 100		$8.64	1 box every three months for diabetics not using insulin			
A4259	LANCETS, PER BOX OF 100	U6	$8.64	2 boxes per month for diabetics using insulin			
A4259	LANCETS, PER BOX OF 25	SC	$9.50	1 box per yr for age group 0-20 requiring special PKU finger sticks.			
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH		$2.88		X		
A4290	SACRAL NEWV STIMULATION TEST LEAD, EACH		$6.79		X		
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING						
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		$4.93	31/mo	X		
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		$9.31	2/mo			
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH		$24.04	5/mo	X		
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH		$12.02	2/mo			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		$1.53	150/mo	X		
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		$1.53	31/mo			
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		$1.37	150/mo	X		
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		$1.37	31/mo			
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH		$4.88	150/mo	X		
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH		$4.88	31/mo			
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER		$8.96	2/mo			
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH		$7.37	2/mo			
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		$4.73	2/mo			
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH		$2.23	20/mo			
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ		$2.15	12/mo			
A4367	OSTOMY BELT, EACH		$5.05	1/mo			
A4400	OSTOMY IRRIGATION SET		$31.56	5/mo			
A4402	LUBRICANT, PER OUNCE		$1.21	5/mo	X		
A4404	OSTOMY RING, EACH		$1.09	31/mo			
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		$3.74	31/mo			
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH		$4.56	20/mo			
A4421	OSTOMY SUPPLY, MISCELLANEOUS	SC	MP			x	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES		$0.08	60/mo			
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES		$0.30	60/mo			
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		$0.19	150/mo			
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH		$12.46	4/mo			
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACE		MP	2/mo	X	X	
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD		$18.06	1/ 3yrs	X		
A4618	BREATHING CIRCUITS		$5.74	4/mo	X		
A4623	TRACHEOSTOMY, INNER CANNULA		$4.23	20/mo			
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH		$1.99	500/mo			
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		$5.26	90/mo			
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH		$2.84	50/mo			
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY		$3.51	31/mo			
A4640	ALTERNATIONG PRESSURE PAD		$35.62	1/yr		X	
A4927	GLOVES, NON-STERILE, PER 100		$9.50	2/mo			
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH		$1.13	60/mo			
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH		$1.35	60/mo			
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH		$2.67	31/mo			
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH		$20.50	31/mo			
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH		$4.56	40/mo			
A5120	SKIN BARRIER, WIPES OR SWAPS, EACH		$0.19	50/mo			
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH		$5.12	20/mo			
A5500	DIABETIC FITTING (INCLUDING FOLLOW-UP) CUSTOM OFF THE SHELF SHOE (PER SHOE)		$45.10	2/ per yr	X		
A5500	DIABETIC FITTING (INCLUDING FOLLOW-UP) CUSTOM OFF THE SHELF SHOE (PER SHOE)		$45.10	2/ per yr			21-65
A5501	DIABETIC CUSTOM MOLDED SHOE, (PER SHOE)		$135.30	2/ per yr	X		
A5501	DIABETIC CUSTOM MOLDED SHOE, (PER SHOE)		$135.30	2/ per yr			21-65
A5513	DIABETIC MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM PATIENT'S FOOT, EACH		$28.41	6/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A5513	DIABETIC MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM PATIENT'S FOOT, EACH		$28.41	6/yr			21-65
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		$0.30	1000/mo			
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		$0.14	700/mo			
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		$0.90	400/mo			
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		$0.32	100/mo			
A6501	COMPRESS BURN GARMENT, BOBYSUIT (HEAD TO FOOT), CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTRY), CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED		MP	2/ 3mos	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED		MP	2/ 3mos	X	X	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH		$26.60	8/yr			
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40, EACH		$32.88	8/YR			
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH		$29.45	8/yr			
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		$6.55	4/mo			
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		$22.62	1/yr			
A7002	TUBING, USED WITH SUCTION PUMP, EACH		$2.47	1/mo			
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE		$2.08	3/mo			
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE		$19.92	2/yr			
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR		$7.10	4/mo			
A7010	CORRUGATED TUBING, DISPOSABLE,USED WITH LARGE VOLUME NEBULIZER, 100 FT. (AEROSOL TUBING)		$15.23	2/mo			
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER (DRAIN BAG)		$2.86	4/mo			
A7015	AEROSOL MASK, USED WITH DME NEBULIZER		$1.42	4/mo	X		
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		$36.08	5/mo			
A7525	TRACHEOSTOMY MASK, EACH		$1.57	4/mo	X		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER,EACH		$2.56	31/mo			
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$129.75	1/3yrs	X	X	
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACEMASK, EACH		$47.98	2/yr	X		
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH		$27.87	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR		$19.54	2/yr	X		
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITHOUT HEAD STRAP		$80.91	2/yr	X		
A7035	HEADGEAR USED POSITIVE AIRWAY PRESSURE DEVICE		$25.52	2/yr	X		
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$9.95	1/yr	X		
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$28.21	1/mo	X		
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$3.70	1/mo	X		
A7039	FILTER, NON DISPOSABLE , USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$8.95	1/yr	X		
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		$83.16	2/yr	X		
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT EACH		$13.42	2/yr	X		
A7509	HEAT MOISTURE EXCHANGE SYSTEM FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMY HEAT AN MOISTURE EXCHANGE SYSTEM, EACH		$4.75	1/day	X	X	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH		$2.56	4/mo			
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES		$116.54	1/yr	X	X	
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES		$116.47	1/yr	X	X	
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPC CODE (SUCTION BATERIA FILTERS)		$5.70	2/yr			
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY		$4.50	31/mo	X	X	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY (COVERED FOR RECIPIENTS OVER 21 WHO MEETS MEDICAL CRITERIA, CANNOT TOLERATE BOLUS FEEDING AND MUST HAVE A PUMP.)		$8.64	31/mo	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY		$8.64	31/mo		X	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY		$5.89	31/mo	X	X	
B4081	NASOGASTRIC TUBING WITH STYLET		$15.92	31/mo			
B4082	NASOGASTRIC TUBING WITHOUT STYLET		$11.84	31/mo			
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH		$26.46				
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW PROFILE, ANY MATERIAL, ANY TYPE, EACH (COVERED FOR RECIPIENTS OVER 21 WHO MEETS MEDICAL CRITERIA, CANNOT TOLERATE BOLUS FEEDING AND MUST HAVE A PUMP.)		$123.50	4 per yr	X	X	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW PROFILE, ANY MATERIAL, ANY TYPE, EACH		$123.50	4 per yr		X	
B4220	PARENTERAL SUPPLY KIT, PREMIX, PER DAY		$5.75	1/day			
B4222	PARENTERAL SUPPLY KIT, HOME MIX, PER DAY,		$7.04	1/day			
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY		$17.98	1/day			
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM (PER DAY) (COVERED FOR RECIPIENTS OVER 21 WHO MEETS MEDICAL CRITERIA, CANNOT TOLERATE BOLUS FEEDING AND MUST HAVE A PUMP		$909.22	1/2 yr	X	X	
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM (PER DAY)(COVERED FOR RECIPIENTS OVER 21 WHO MEETS MEDICAL CRITERIA, CANNOT TOLERATE BOLUS FEEDING AND MUST HAVE A PUMP).	RR	$2.85	31/mo		X	
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	RR	$9.26	1/day		X	
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	RR	$9.26	1/day		X	
B9998	NOC FOR ENTERAL SUPPLIES(COVERED FOR RECIPIENTS OVER 21 WHO MEETS MEDICAL CRITERIA, CANNOT TOLERATE BOLUS FEEDING AND MUST HAVE A PUMP.)	EP	$19.00	12/yr	X	X	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		$16.01	1/2yrs			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		$37.32	1 2yrs			
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS		$50.12	1/2yrs			
E0112	CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		$23.90	1/2yrs			
E0114	CRUTCHES, UNDERARM OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		$30.48	1/2yrs			
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR	$9.83	1/ 2yrs	X		
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		$48.30	1/ 2yrs			
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	RR	$10.20	1/mo	X		
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		$57.14	1/2yrs			
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE		MP	1/5yr (children only)	X	X	
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		$82.69	1/2yrs			
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	RR	$8.74	1/mo	X	x	
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH		$87.38	1/ 2yrs		x	
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE		$153.52	1/2yrs		X	
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH		$52.72	1/2yrs	X	X	
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	RR	$15.78	1/mo	X		
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS		$83.81	1/2yrs			
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	RR	$11.99	1/mo	X		
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH		$120.00	1/ 2yrs			
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH		$181.92	1/ 2yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP INCLUDES HEAVY DUTY	RR	$18.29	1/mo		X	
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP INCLUDES HEAVY DUTY		$183.00	1/ 3yrs		X	
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY		$176.70	1/2 yr		X	
E0184	DRY PRESSURE MATTRESS	RR	$18.66	1/mo	X		
E0184	DRY PRESSURE MATTRESS		$125.78	1/ 2yrs	X		
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS,	RR	$29.03	1/mo	X	X	
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS,		$206.62	1/ 2yrs		X	
E0188	SYNTHETIC SHEEPSKIN PAD	RR	$2.00	1/mo	X		
E0188	SYNTHETIC SHEEPSKIN PAD		$17.08	1/yr			
E0191	HEEL OR ELBOW PROTECTOR, EACH		$7.59	4/yr			
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	RR	$88.35	31/mo			
E0210	ELECTRIC HEAT PAD, STANDARD	RR	$1.97	1/mo	X		
E0210	ELECTRIC HEAT PAD, STANDARD		$21.08	1/yr			
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	$57.15	1/mo		X	
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS		$571.10	1/lifetime		X	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	$68.68	1/mo		X	
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS		$686.85	1/lifetime		X	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	RR	$96.61	1/mo		X	
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS		$966.15	1/lifetime		X	
E0271	MATTRESS, INNERSPRING	RR	$15.86	1/mo		X	
E0271	MATTRESS, INNERSPRING		$152.72	1/ 3yrs		X	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	RR	$1.21	1/mo	X		
E0275	BED PAN, STANDARD, METAL OR PLASTIC		$11.63	1/yr			
E0276	BED PAN, FRACTURE, METAL OR PLASTIC		$11.40	1/yr			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	RR	$483.84	1/mo	X	X	
E0280	BED CRADLE, ANY TYPE	RR	$2.83	1/mo	X	X	
E0280	BED CRADLE, ANY TYPE		$26.27	1/lifetime	X	X	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITH MATTRESS		$1,935.15	1/lifetime		X	
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITH MATTRESS (invoice)		MP	1/lifetime		X	
E0310	BED SIDE RAILS, FULL LENGTH	RR	$15.01	2/mo	X	X	
E0310	BED SIDE RAILS, FULL LENGTH		$122.46	1/3 yrs		X	
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND	RR	$167.00	1/mo		X	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOW METER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	RR	$27.33	1/mo		X	
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1		$73.57	1/mo		X	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT		$17.33	4/mo		X	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY (per overnight oximetry encounter)		$38.00	1/mo	X	X	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	RR	$142.50	1/mo	X	X	
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL	RR	$616.61	1/mo	X	X	
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	RR	$761.55	1/mo	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	RR	$1,068.84	1/mo	X	X	
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)	RR	$1,068.84	1/mo	X	X	
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK	RR	$162.35	1/mo	X	X	
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK	RR	$375.43	1/mo	X	X	
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACK-UP RATE FEATURE, USED	RR	$375.43	1/mo	X	X	
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		$333.94	1/lifetime	X	X	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND	RR	$320.15	1/mo	X	X	
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR PULSE GENERATOR SYSTEM (INCLUDES HOSES AND VEST) (Rent to Purchase)	RR	MP	1/lifetime	X	X	
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	RR	$32.38	1/mo	X	X	
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY		$323.83	1 3yrs	X	X	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR	$8.12	1/mo	X	X	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		$101.42	1/ 3yrs	X	X	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR	$20.71	1/mo	X	X	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	RR	$39.41	1/mo	X	X	
E0570	NEBULIZER, WITH COMPRESSOR	RR	$12.24	1/mo			
E0570	NEBULIZER, WITH COMPRESSOR		$131.25	1/ 4yrs			
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	RR	$78.10	1/mo	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0585	NEBULIZER WITH COMPRESSOR AND HEATER	RR	$22.64	1/mo	X	X	
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	RR	$29.58	1/mo	X	X	
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		$295.79	1/ 5yrs		X	
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RR	84.90 (until 5/1/2013)	1/mo	X	X	
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	LL	$126.73 (effective 1/1/2013)	1/8yr	X	X	
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	RA	$527.38(machine replacement only, effective 1/1/2013)	1/8yr	X	X	
E0607	HOME BLOOD GLUCOSE MONITOR	RR	$5.07	1/mo	X		
E0607	HOME BLOOD GLUCOSE MONITOR		$50.78	1/ 5yrs			
E0619	APNEA MONITOR, WITH RECORDING FEATURE	RR	$237.50	1/mo	X	X	
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		$62.00	1 per yr			
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING		$715.31	1/ 5yrs		X	
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	RR	$71.53	1/mo		X	
E0635	PATIENT LIFT, ELECTRIC, WITH SEAT OR SLING		MP	1/5yrs		X	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	RR	$57.40	1/mo	X	X	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL		$547.36	1/ 5yrs	X	X	
E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	RR	$27.77	1/mo	X	X	
E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG		$246.05	2/ 3yrs	X	X	
E0668	ARM APPLIANCE FOR LINEAR PUMP	RR	$33.46	1/mo	X	X	
E0668	ARM APPLIANCE FOR LINEAR PUMP		$311.60	2/ 3yrs	X	X	
E0705	TRANSFER DEVICE,ANY TYPE, EACH		MP			X	
E0776	IV POLE	RR	$8.00	1/mo			
E0776	IV POLE		$80.08	1/ 3yrs			
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE,		$1,365.79	1/ 5yrs		X	
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	RR	$6.34	1/day		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN (Rent to Purchase)	RR	$317.35	1/mo	X	X	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	RR	$204.26	1/mo	X	X	
E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	RR	$10.46	1/mo	X	X	
E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION		$67.86	1/mo	X	X	
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	RR	$21.20	1/mo	X	X	
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION		$91.50	1/mo	X	X	
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	RR	$12.92	1/mo		X	
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR		$161.50	1/5yrs		X	
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR		MP	1/yr		X	
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR		MP	1/5yrs		X	
E0944	PELVIC BELT/HARNESS BOOT		$29.81	1/yr		X	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		MP	1/yr	X	X	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		$71.49	1/yr		X	
E0951	WHEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH		MP	2/yr	X	X	
E0951	WHEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH		$11.09	2/yr		X	
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH		MP	2/yr	X	X	
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH		$11.00	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		MP	1/yr	X	X	
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		$139.06	1/yr		X	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		MP	4/yr	X	X	
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		$67.80	4/yr		X	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		MP	2/yr	X	X	
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		$94.86	2/yr		X	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH		MP	1/yr	X	X	
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH		$312.58	1/yr		X	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH		MP	2/yr	X	X	
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH		$28.55	2/yr		X	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	2/ 3yr	X	X	
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		$62.57	2/ 3yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH		MP	1/yr	X	X	
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH		$19.20	1/yr		X	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		MP	1/yr	X	X	
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		$47.89	1/yr		X	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH		$49.92	2/yr		X	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RR	$5.67	2/mo		X	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH		MP	2/yr	X	X	
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH		$42.47	2/yr		X	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		MP	2/yr	X	X	
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		$67.21	2/yr		X	
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		MP	2/yr	X	X	
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		$50.65	2/yr		X	
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		MP	1/yr	X	X	
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		$24.95	1/yr			
E0980	SAFETY VEST, WHEELCHAIR		MP	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0980	SAFETY VEST, WHEELCHAIR		$21.35	1yr		X	
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		MP	1/yr	X	X	
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		$27.56	1/yr			
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		MP	1/yr	X	X	
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		$30.12	1/yr		X	
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL		MP	1/yr	X	X	
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL		$1,811.55	1/yr		X	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL		MP	1/yr	X	X	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL		$1,452.03	1/yr		X	
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM		MP	1/yr	X	X	
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM		$154.16	1/yr			
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH		MP	1/yr	X	X	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH		$3,696.82	1/yr		X	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		MP	2/yr	X	X	
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		$80.76	2/yr		X	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		MP	1/yr	X	X	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		$61.46	1/yr		X	
E0994	ARM REST, EACH		MP	2/yr	X	X	
E0994	ARM REST, EACH		$11.39	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH		MP	2/yr	X	X	
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH		$17.76	2/yr			
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		MP	1/7yrs	X	X	
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		$2,787.80	1/7yrs		X	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION		MP	1/7yrs	X	X	
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION		$3,020.33	1/7yrs		X	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION		MP	1/7yrs	X	X	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION		$3,349.02	1/7yrs		X	
E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION		MP	1/7yrs	X	X	
E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION		$3,624.95	1/7yrs		X	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION		MP	1/7yrs	X	X	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION		$4,440.23	1/7yrs		X	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		MP	1/7yrs	X	X	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		$6,012.22	1/7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION		MP	1/7yrs	X	X	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION		$6,012.78	1/7yrs		X	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH		MP	2/7yrs	X	X	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH		MP	2/ 7yrs		X	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR		MP	1/7yrs	X	X	
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR		$786.69	1/7yrs		X	
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		MP	1/yr	X	X	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		$277.50	1/ 2yrs	X	X	
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		MP	1/2yrs	X	X	
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH		$87.17	2/yr		X	
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH		MP	2/yr	X	X	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		$90.31	2/yr		X	
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		MP	2/yr	X	X	
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WEELCHAIR, EACH		MP	2/yr	X	X	
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH		MP	2/yr	X	X	
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR		$167.41	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR		MP	2/yr	X	X	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE		$142.06	4 units		X	
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR		MP	4 units	X	X	
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		$254.16	1/ 4yrs		X	
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		MP	1/4yrs	X	X	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR	$32.62	1/mo	X	X	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER		$326.26	1/ 7yrs	X	X	
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER		MP	1/ 7yrs	X	X	
E1035	MULTI-POSITIONAL PATIENT TRANSFER WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT UP TO AND INCLUDING 300 LBS (THIS CODE IS USED TO COVER ADAPTIVE STROLLERS, EQUIPMENT AND ACCESSORIES)		MP	1/7yrs	X	X	
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	RR	$63.15	1/mo	x	X	
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE		$584.25	1/ 7yrs	X	X	
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE		MP	1/ 7yrs	X	X	
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	RR	$71.24	1/mo		X	
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS		MP	1/ 7yrs	X	X	
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS		$711.94	1/ 7yrs		X	
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	$81.44	1/mo		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS		MP	1/ 7yrs	X	X	
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS		$814.43	1/ 7yrs		X	
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	RR	$70.75	1/mo		X	
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		MP	1/ 7yrs	X	X	
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		$707.56	1/ 7yrs		X	
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	RR	$97.39	1/mo		X	
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS		MP	1/ 7yrs	X	X	
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS		$973.94	1/ 7yrs		X	
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	RR	$83.01	1/mo		X	
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS		MP	1/ 7yrs	X	X	
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS		$830.14	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	RR	$83.99	1/mo		X	
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS		MP	1/ 7yrs	X	X	
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS		$839.95	1/ 7yrs		X	
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	RR	$69.19	1/mo		X	
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST		MP	1/ 7yrs	X	X	
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST		$691.98	1/ 7yrs		X	
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	RR	$33.06	1/mo		X	
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS		MP	1/ 7yrs	X	X	
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS		$330.60	1/ 7yrs		X	
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	RR	$47.01	1/mo		X	
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS		MP	1/ 7yrs	X	X	
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS		$470.15	1/ 7yrs		X	
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	$54.00	1/mo		X	
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS		$540.05	1/ 7yrs		X	
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	RR	$40.37	1/mo		X	
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		MP	1/ 7yrs	X	X	
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS		$403.78	1/ 7yrs		X	
E1161	MANUAL ADULT WHEELCHAIR WITH TILT N AND SPACE		MP	1/ 7yrs	X	X	
E1161	MANUAL ADULT WHEELCHAIR WITH TILT N AND SPACE		$1,798.22	1/ 7yrs		X	
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	RR	$179.82	1/ 6 mos or less		X	
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS		MP	1/ 7yrs	X	X	
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS		$654.66	1/ 7yrs		X	
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEG RESTS	RR	$65.46	1/mo		X	
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEG RESTS		MP	1/ 7yrs	X	X	
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEG RESTS		$756.27	1/ 7yrs		X	
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	RR	$40.61	1/ 6 mos or less		X	
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		MP	1/ 7yrs	X	X	
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		$406.12	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH		MP	1/yr	X	X	
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH		$29.19	1/yr		X	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR	$42.68	1/mo	X	X	
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH		MP	1/yr	X	X	
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		$210.90	2/yr		X	
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		MP	2/yr	X	X	
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR		$16.62	1/ 7yrs	age 0 -20 EPSDT	X	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		MP	1/ 7yrs	X	X	
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID,		MP	1/ 7yrs	X	X	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		MP	1/7 yr	X	X	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING,		$1,112.19	1/ 7yrs	X	X	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID,		$1,683.95	1/ 7yrs	X	X	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		$1,466.00	1/ 7yrs	X	X	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM		$1,411.64	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		$1,245.43	1/ 7yrs		X	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE,	RR	$125.62	1/mo	X	X	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		$1,256.31	1/ 7yrs		X	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	$131.00	1/mo		X	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		MP	1/ 7yrs	X	X	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		$1,309.89	1/ 7yrs	X	X	
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	RR	$78.29	1/mo	X	X	
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST		MP	1/ 7yrs	X	X	
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST		$782.95	1/ 7yrs		X	
E1260	WHEELCHAIR LIGHTWEIGHT,DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTREST	RR	$45.12	1/mo	X	X	
E1260	WHEELCHAIR LIGHTWEIGHT,DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTREST		MP	1/ 7yrs	X	X	
E1260	WHEELCHAIR LIGHTWEIGHT,DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE FOOTREST		$429.46	1/ 7yrs		X	
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	RR	$99.75	1/mo	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS		MP	1/ 7yrs	X	X	
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS		$997.57	1/ 7yrs		X	
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		MP	1/ 7yrs	X	X	
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST		$759.05	1/ 7yrs		X	
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	RR	$84.30	1/mo		X	
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		MP	1/ 7yrs	X	X	
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST		$843.03	1/ 7yrs		X	
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		MP	1/yr	X	X	
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		$373.35	1yr		X	
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY		MP	1/yr	X	X	
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY		$79.80	1yr		X	
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION		MP	1/yr	X	X	
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION		$322.05	1yr		X	
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	RR	$28.85	1/mo	X	X	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	RR	$167.00	1/mo		X	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	RR	MP			X	
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	EP	MP			X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E1811	SPS KNEE DEVICE, STATIDC PROGRESSIVE STRETCH, KNEE DEVICE, SETENSION AN/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACESSORIES.		$99.82	1/YR			
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		$385.51	1/5yrs		X	
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER		$415.50	1/5yrs		X	
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES		MP	1/yr	X	X	
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES		$117.64	1/yr		X	
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		MP	1/yr	X	X	
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		$360.22	1/yr		X	
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES		MP	1/yr	X	X	
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES		$364.07	1/yr		X	
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES		MP	1/yr	X	X	
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES		$618.18	1/yr		X	
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH		$24.83	2/yr		X	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH		MP	2/yr	X	X	
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH		$30.91	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH		MP	1/yr	X	X	
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH		$81.70	1/yr		X	
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH		MP	2/yr	X	X	
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH		$73.70	2/yr		X	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		MP	4/yr	X	X	
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		$4.50	4/yr		X	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		$26.44	2/yr		X	
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		$4.46	2/yr		X	
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		MP	2/yr	X	X	
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		$23.11	2/yr		X	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH		$23.25	2/yr		X	
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH		MP	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH		$68.04	2/yr		X	
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH		MP	2/yr		X	
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH		MP	2/yr		X	
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH		$27.03	2/yr		X	
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH		$18.42	2/yr		X	
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		$19.41	2/yr		X	
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		MP	2/yr	X	X	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		$16.00	2/yr		X	
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH		MP	2/yr	X	X	
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH		$63.34	2/yr		X	
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH		MP	2/yr	X	X	
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$13.22	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		$28.83	2/yr		X	
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		$1,192.53	2/yr		X	
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		MP	2/yr	X	X	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, EACH		$711.62	4/yr		X	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, EACH		MP	4/yr	X	X	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE		$122.86	1/2yrs		X	
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		MP	1/2yrs	X	X	
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		MP	1/2yrs	X	X	
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		MP	1/2yrs	X	X	
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		MP	1/2yrs	X	X	
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM		MP	1/2yrs	X	X	
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM		MP	1/2yrs	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS,		$804.89	1/7yrs		X	
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS,		MP	1/7yrs	X	X	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS,		$1,800.59	1/7yrs		X	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS,		MP	1/7yrs	X	X	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		$2,443.49	1/7yrs		X	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		MP	1/7yrs	X	X	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTNERS, CONNECTORS AND MOUNTING HARDWARE		$243.39	1/7yrs		X	
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTNERS, CONNECTORS AND MOUNTING HARDWARE		MP	1/7yrs	X	X	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL,		$1,207.71	1/7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND		MP	1/4yrs	X	X	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP		$1,071.87	1/4yrs		X	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP		MP	1/4yrs	X	X	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED		$52.56	1/4yrs		X	
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED		MP	1/4yrs	X	X	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE		$33.30	1/3yrs		X	
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE		MP	1/3yrs	X	X	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING		$1,023.58	1/4yrs		X	
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING		MP	1/4yrs	X	X	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE		$263.82	1/2yrs		X	
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE		MP	1/2yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING		$1,985.40	1/2yrs		X	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND		MP	1/2yrs	X	X	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING		$3,766.04	1/3yrs		X	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING		MP	1/3yrs	X	X	
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,		$1,342.25	1/3yrs		X	
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,		MP	1/3yrs	X	X	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,		$2,600.78	1/3yrs		X	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,		MP	1/3yrs	X	X	
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		MP	1/3yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES		$272.35	1/yr		X	
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES		MP	1/yr	X	X	
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		$408.55	1/yr		X	
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		MP	1/yr	X	X	
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		$340.46	1/yr		X	
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		MP	1/yr	X	X	
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES		$544.74	1/yr		X	
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES		MP	1/yr	X	X	
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		$530.95	1/yr		X	
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		MP	1/yr	X	X	
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH		$72.57	2/yr			
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH		MP	2/yr	X	X	
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)		$142.02	2/yr			
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)		MP	2/yr	X	X	
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH		$69.90	2/yr			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH		MP	2/yr	X	X	
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		$183.00	4/yr			
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		MP	4/yr	X	X	
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH		$72.57	2/yr			
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH		MP	2/yr	X	X	
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		$82.36	2/yr			
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	SC	MP	2/yr	X	X	
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		$181.31	1/yr			
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		MP	1/yr	X	X	
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH		$288.24	1/yr			
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH		MP	1/yr	X	X	
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY		$355.30	2/yr		X	
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY		MP	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY		$309.47	2/yr		X	
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY		MP	2/yr	X	X	
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY		$552.19	2/yr		X	
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY		MP	2/yr	X	X	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH		$103.68	2/yr		~~X~~	
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH		MP	2/yr	X	X	
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAAD ACID BATTERY, EACH		MP	2/yr		X	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE.		$560.97	1/4yrs		X	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE.		MP	1/4yr	X	X	
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT		$367.29	1/4yrs		X	
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL		MP	1/4yrs	X	X	
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		$589.14	1/4yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		MP	1/4yrs	X	X	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		MP	1/4yrs	X	X	
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		$923.21	1/4yrs		X	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL		$334.07	1/4yrs		X	
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE		MP	1/4yrs	X	X	
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$52.39	4/yr			
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$14.28	2/yr			
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE, (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH		$104.46	2/yr			
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE, (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$55.65	4/yr			
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$34.04	4/yr			
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$103.52	4/yr			
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$46.41	4/yr			
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$34.65	4/yr			
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$18.81	4/yr			
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,		$29.43	4/yr			
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE,		$14.09	4/yr			
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED		$37.05	4/yr			
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY		MP	4yr	X	X	
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL, EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$52.79	4/yr			
E2394	POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL, EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		$37.52	4/yr			
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		$45.74	4/yr			
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		MP	4yr	X	X	
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY,EACH		$314.73	1/yr		X	
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY,EACH		MP	1/yr	X	X	
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME		M/P	1/3yrs		X	
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME		M/P	1/3yrs		X	

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E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME		M/P	1/3yrs		X	
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME		M/P	1/3yrs		X	
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE		M/P	1/3yrs		X	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	RR	M/P	1/mo		X	
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS		M/P	1/3yrs		X	
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT		MP			X	
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		MP			X	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED		MP			X	
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		$42.06	1/yr		X	
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		MP	1/yr	X	X	
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		$82.12	1/yr		X	
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		MP	1/yr	X	X	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		$104.26	1/2 yr		X	

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E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES OR GREATER, ANY DEPTH		$129.58	1/2yr		X	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		$185.13	1/2yrs		X	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		MP	1/2yr	X	X	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		$288.82	1/2yrs		X	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		MP	1/2yrs	X	X	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES		MP	1/2yr	X	X	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES		$199.35	1/2yr		X	
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR		$239.41	1/2yr		X	
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, AN SIZE		MP	1/2yrs	X	X	
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$214.83	1/2yrs		X	
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$290.62	1/2yrs		X	
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$270.33	1/2yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$374.11	1/2yrs		X	
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$311.10	1/2yrs		X	
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$418.57	1/2yrs		X	
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs	X	X	
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING SYSTEM		MP	1/2yrs	X	X	
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH		$35.29	1/2yrs		X	
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH		MP	1/2yrs	X	X	
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$376.71	1/2yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs		X	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		$395.32	1/2yrs		X	
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		MP	1/2yrs		X	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		$227.75	1/2yrs		X	
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		MP	1/2yrs	X	X	
E2623	SKI N PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH, 22 INCHES OR GREATER, ANY DEPTH		$289.80	1/2yrs		X	
E2623	SKI N PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH, 22 INCHES OR GREATER, ANY DEPTH		MP	1/2yrs	X	X	
E2624	SKI N PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES , ANY DEPTH		$229.62	1/2yrs		X	
E2624	SKI N PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES , ANY DEPTH		MP	1/2yrs	X	X	
E2625	SKI N PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		$290.31	1/2yrs		X	
E2625	SKI N PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		MP	1/2yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2626	WHEELCHAIR ACCESSORY,SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$451.95	2/yr		X	
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		MP	2/yr	X	X	
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$640.25	2/yr		X	
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		MP	2/yr	X	X	
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$482.32	2/yr		X	
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		MP	2/yr	X	X	
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS),		$610.37	2/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS),		MP	2/yr	X	X	
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION		$502.16	2/yr		X	
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION		MP	2/yr	X	X	
E2631	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM		$170.74	2/yr		X	
E2631	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM		MP	2/yr	X	X	
E2632	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL		$110.47	2/yr		X	
E2632	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL		MP	2/yr	X	X	
E2633	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR		$92.09	2/yr		X	
E2633	WHEELCHAIR ACCESSORY, SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR		MP	2/yr	X	X	
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		MP	1/3yrs	X	X	
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		MP	1/3yrs	X	X	
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS		MP	1/3yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVES		MP	1/yr		X	
K0005	ULTRALIGHWEIGHT WHEELCHAIR		MP	1/7yrs	X	X	
K0005	ULTRALIGHWEIGHT WHEELCHAIR		$1,405.07	1/7yrs		X	
K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR	$140.49	1/mo		X	
K0007	EXTRA HEAVY DUTY WHEELCHAIR		MP	1/7yrs	X	X	
K0007	EXTRA HEAVY DUTY WHEELCHAIR		$1,346.64	1/7yrs		X	
K0009	OTHER MANUAL WHEELCHAIR BASE		MP	1/7yrs		X	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH		$124.97	2/yr		X	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH		MP	2/yr	X	X	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH		$35.15	2/yr		X	
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH		MP	2/yr	X	X	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH		$19.63	2/yr		X	
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH		MP	2/yr	X	X	
K0019	ARM PAD, EACH		$11.85	2/yr			
K0019	ARM PAD, EACH		MP	2/yr	X	X	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		$31.95	2/yr		X	
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		MP	2/yr	X	X	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		$28.14	2/yr		X	
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		MP	2/yr	X	X	
K0038	LEG STRAP, EACH		$16.69	2/yr		X	
K0038	LEG STRAP, EACH		MP	2/yr	X	X	
K0039	LEG STRAP, H STYLE, EACH		$37.05	2/yr		X	
K0039	LEG STRAP, H STYLE, EACH		MP	2/yr	X	X	
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		$51.35	2/yr			
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		MP	2/yr	X	X	
K0041	LARGE SIZE FOOTPLATE, EACH		$36.39	2/yr			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0041	LARGE SIZE FOOTPLATE, EACH		MP	2/yr	X	X	
K0042	STANDARD SIZE FOOTPLATE, EACH		$21.29	2/yr			
K0042	STANDARD SIZE FOOTPLATE, EACH		MP	2/yr	X	X	
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		$13.43	2/yr			
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		MP	2/yr	X	X	
K0044	FOOTREST, UPPER HANGER BRACKET, EACH		$11.44	2/yr			
K0044	FOOTREST, UPPER HANGER BRACKET, EACH		MP	2/yr	X	X	
K0045	FOOTREST, COMPLETE ASSEMBLY		$38.94	2/yr			
K0045	FOOTREST, COMPLETE ASSEMBLY		MP	2/yr	X	X	
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		$13.43	2/yr			
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		MP	2/yr	X	X	
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		$52.60	2/yr			
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		MP	2/yr	X	X	
K0050	RATCHET ASSEMBLY		$22.35	2/yr			
K0050	RATCHET ASSEMBLY		MP	2/yr	X	X	
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		$36.18	2/yr			
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		MP	2/yr	X	X	
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		$63.58	2/yr			
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		MP	2/yr	X	X	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		$70.16	2/yr		X	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		MP	2/yr	X	X	
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RR	$7.01	2/yr	X	X	
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR		$72.27	1/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR		MP	2/yr	X	X	
K0065	SPOKE PROTECTORS, EACH		$33.79	2/yr		X	
K0065	SPOKE PROTECTORS, EACH		MP	2/yr	X	X	
K0068	PNEUMATIC TIRE TUBE, EACH		$4.40	4/yr		X	
K0068	PNEUMATIC TIRE TUBE, EACH		MP	2/yr	X	X	
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH		$75.94	2/yr		X	
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH		MP	2/yr	X	X	
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH		$139.20	2/yr		X	
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH		MP	2/yr	X	X	
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH		$83.03	2/yr		X	
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH		MP	2/yr	X	X	
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		$49.97	2/yr		X	
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		MP	2/yr	X	X	
K0073	CASTER PIN LOCK, EACH		$26.44	2/yr		X	
K0073	CASTER PIN LOCK, EACH		MP	2/yr	X	X	
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		$44.72	2/yr		X	
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		MP	2/yr	X	X	
K0098	DRIVE BELT FOR POWER WHEELCHAIR		$18.71	1/yr		X	
K0098	DRIVE BELT FOR POWER WHEELCHAIR		MP	1/yr	X	X	
K0105	IV HANGER, EACH		$75.56	1/yr		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED		MP	1 per item/per year		X	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	RR	15.26/per pair	1/yr		X	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		MP	1/yr	X	X	
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)		$160.13	1/yr		X	
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE		MP			X	
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT EACH		$0.83	10/mo			
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT EACH		MP	1/yr	X	X	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, AGRMENT TYPE	RR	$1,863.56	1/mo	X	X	
K0730	CONTROLLED DOSE DRUG DELIVERY SYSTEM	RR	$126.27		X		
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		$29.98	2/yr		X	
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		MP	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0739	REPAIR(LABOR) OR NON ROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES. PROVIDERS MUST CONTINUE TO SUBMIT JUSTIFICATION WHEN BILLING MORE THAN 4 UNITS. INCLUDE ALL UNITS OVER 4 ON THE PA REQUEST WITH JUSTIFICATION FOR REPAIRS. THE PA LETTER WILL STATE THE TOTAL UNITS APPROVED.		$10.01	4/15 min increments			
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$1,970.92	1/ 7yrs		X	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$25,522.73	1/ 7yrs		X	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$2,872.81	1/ 7yrs		X	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$2,751.16	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$2,105.08	1/ 7yrs		X	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$2,702.38	1/ 7yrs		X	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,274.62	1/ 7yrs		X	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,287.36	1/ 7yrs		X	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$3,956.48	1/ 7yrs		X	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$3,455.55	1/ 7yrs		X	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$5,122.02	1/ 7yrs		X	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$4,355.34	1/ 7yrs		X	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$5,643.99	1/ 7yrs		X	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$5,182.80	1/ 7yrs		X	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,197.82	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,197.82	1/ 7yrs		X	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,376.09	1/ 7yrs		X	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,437.52	1/ 7yrs		X	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$3,956.48	1/ 7yrs		X	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$3,572.08	1/ 7yrs		X	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/BACK SEAT/SOLID PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/BACK SEAT/SOLID PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$5,122.02	1/ 7yrs		X	
K0840	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	
K0840	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$7,760.11	1/ 7yrs		X	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,528.30	1/ 7yrs		X	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$3,528.30	1/ 7yrs		X	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$4,248.07	1/ 7yrs		X	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$4,439.25	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$4,369.40	1/ 7yrs		X	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$5,016.29	1/ 7yrs		X	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$4,690.72	1/ 7yrs		X	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$5,786.48	1/ 7yrs		X	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$5,944.16	1/ 7yrs		X	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$7,874.74	1/ 7yrs		X	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$7,438.87	1/ 7yrs		X	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$4,634.27	1/ 7yrs		X	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$4,727.16	1/ 7yrs		X	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$5,749.72	1/ 7yrs		X	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		$5,341.63	1/ 7yrs		X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY POUNDS TO 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY POUNDS TO 451 TO 600 POUNDS		$8,214.20	1/ 7yrs		X	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		$4,641.70	1/ 7yrs		X	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$5,749.72	1/ 7yrs		X	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		$8,214.20	1/ 7yrs		X	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		MP	1/ 7yrs	X	X	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE		$9,774.99	1/ 7yrs		X	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		MP	1/ 7yrs	X	X	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		MP	1/ 7yrs	X	X	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		MP	1/ 7yrs	X	X	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MP	1/ 7yrs	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MP	1/ 7yrs		X	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MP	1/ 7yrs	X	X	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS		MP	1/ 7yrs		X	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		MP	1/ 7yrs	X	X	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED		MP	1/ 7yrs		X	
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL,		$860.98	1/yr	X		
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)		$17.21	4/yr	X		
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT		$124.45	1/yr	X		
L0140	CERVICAL,SEMI-RIGID,ADJUSTABLE(PLASTIC COLLAR)		$42.94	1/yr	X		
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)		$71.61	1/yr	X		
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT		$101.95	1/yr	X		
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL		$431.46	1/yr	X		
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE		$87.48	1/yr	X		
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE		$87.48	1/yr			21-65
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION		$157.15	1/yr	X		
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE		$213.74	1/yr	X		
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)		$321.74	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION		$295.43	1/yr	X		
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED		$70.06	1/yr	X		
L0430	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL, CUSTOM FITTED (DEWALL POSTURE PROTECTOR ONLY)		$855.66	1/yr	X		
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID		$178.60	1/yr	X		
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND		$614.09	1/yr	X		
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST		$548.62	1/yr	X		
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST		$548.62	1/yr			21-65
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS,		$617.51	1/yr	X		
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS,		$768.08	1/yr	X		
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST		$914.39	1/yr	X		
L0466	TLSO,SAGITTAL CONTROL, RIGID POSTERIOR FRAME		$235.12	1/yr	X		
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL		$294.78	1/yr	X		
L0470	TLSO,TRIPLANAR CONTROL, RIGID POSTERIOR FRAME		$391.20	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS		$263.43	1/yr	X		
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS		$263.43	1/yr			21-65
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS		$814.62	1/yr	X		
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND		$933.85	1/yr	X		
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL		$1,088.86	1/yr	X		
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM		$1,078.64	1/yr	X		
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION		$1,078.64	1/yr			21-65
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM		$617.51	1/yr	X		
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES,		$174.01	1/yr	X		
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND		$472.43	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND		$306.18	1/yr	X		
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS		$148.73	1/yr	X		
L0625	LUMBER ORTHOTIC, SAGITTAL CONTROL, WITH RIGID POSTERIA PANEL(S), POSTERIA EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN,		$33.89	1/ yr	X		
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO		$47.95	1/yr	X		
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY		$252.87	1/yr	X		
L0628	LUMBER-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT,POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VETEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THEINTERVERTEBRAL DISC, INCLUDES STRAPS, CLOSURES. MAY INCLUDE STAYS, SHOULDETR STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$51.59	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L0628	LUMBER-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT,POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VETEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THEINTERVERTEBRAL DISC, INCLUDES STRAPS, CLOSURES. MAY INCLUDE STAYS, SHOULDETR STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	CG modifier used for age 21-64	$51.59	1/yr			21-65
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES		$99.60	1/yr	X		
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES		$99.60	1/yr			21-65
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,		$631.50	1/yr	X		
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION		$176.39	1/yr	X		
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE,		$965.21	1/yr	X		
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE,		$965.21	1/yr	X		
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9		$837.46	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9		$811.33	1/yr	X		
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR		$837.46	1/yr	X		
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR		$643.61	1/yr	X		
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR		$643.61	1/yr			21-65
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)		$1,324.44	1/yr	X		
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)		$1,445.75	1/yr	X		
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL		$696.93	1/yr	X		
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL		$132.30	1/yr	X		
L0970	TLSO,CORSET FRONT		$65.37	1/yr	X		
L0972	LSO, CORSET FRONT		$66.83	1/yr	X		
L0974	TLSO, FULL CORSET		$136.57	1/yr	X		
L0976	LSO, FULL CORSET		$128.38	1/yr	X		
L0978	AXILLARY CRUTCH EXTENSION		$110.12	2/yr	X		
L0980	PERONEAL STRAPS, PAIR		$9.98	1/yr	X		
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)		$10.88	1/yr	X		
L0984	PROTECTIVE BODY SOCK, EACH		$34.73	1/mo	X		
L0984	PROTECTIVE BODY SOCK, EACH		$34.73	1/mo			21-65

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL		$1,161.48	1/yr	X		
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT		$1,968.90	1/yr	X		
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING		$46.76	2/yr	X		
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD		$63.89	2/yr	X		
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING		$72.63	1/yr	X		
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD		$48.52	1/yr	X		
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD		$58.41	1/yr	X		
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD		$50.57	1/yr	X		
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD		$57.04	1/yr	X		
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING		$58.31	2/yr	X		
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER		$40.41	2/yr	X		
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS		$112.27	1/yr	X		
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING		$52.44	1/yr	X		
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER		$92.57	2/yr	X		
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL		$156.79	2/yr	X		
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH		$24.98	3/yr	X		
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS(TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY		$994.23	1/yr	X		

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L1210	ADDITION TO TLSO,(LOW PROFILE), LATERAL THORACIC EXTENSION		$149.70	2/yr	X		
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION		$126.74	1/yr	X		
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE		$325.21	1/yr	X		
L1240	ADDITION TO TLSO,(LOW PROFILE), LUMBAR DEROTATION PAD		$55.96	1/yr	X		
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD		$55.10	1/yr	X		
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD		$56.62	1/yr	X		
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD		$56.55	3/yr	X		
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH		$50.41	2/yr	X		
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD		$57.17	2/yr	X		
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL		$955.64	1/yr	X	X	
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET		$983.36	1/yr	X	X	
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$73.72	1/yr	X		
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$25.11	1/yr	X		
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$82.70	1/yr	X		
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED		$98.69	1/yr	X		
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED		$263.97	1/yr	X		

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L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$139.98	1/yr	X		
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE		$219.27	1/yr	X		
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$97.90	1/yr	X		
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM		$804.93	1/yr	X		
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED		$849.33	1/yr	X		
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$569.79	1/yr	X		
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$1,189.57	1/yr	X		
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED		$989.64	1/yr	X		
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED		$1,163.26	1/yr	X		
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED		$859.30	2/yr	X		
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED		$648.33	1/yr	X		
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED		$943.64	2/yr	X		
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$74.48	2/yr	X		

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L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$74.17	2/yr	X		
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$62.05	2/yr	X		
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$181.05	2/yr	X		
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$463.75	2/yr	X		
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED		$545.58	2/yr	X		
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$82.08	2/yr	X		
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION		$956.41	2/yr	X		
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION		$576.19	2/yr	X		
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION		$722.17	2/yr	X		
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED		$173.03	2/yr	X		
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED		$173.03	2/yr			21-65

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L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$46.98	2/yr	X		
L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED		$269.02	2/yr	X		
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$78.61	2/yr	X		
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED		$346.15	2/yr	X		
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$152.98	2/yr	X		
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED		$200.00	2/yr	X		
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$135.33	2/yr	X		
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$135.33	2/yr			21-65
L1932	AFO, RIGID ANTERIOR TIBAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$548.90	2/yr	X		
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED		$305.84	2/yr			
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED		$561.65	2/yr	X		
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED		$426.12	2/yr	X		
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$516.62	2/yr	X		
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED		$317.10	2/yr	X		

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L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED		$317.10	2/yr			21-65
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED		$469.01	2/yr	X		
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED		$469.01	2/yr			21-65
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$288.34	2/yr	X		
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED		$209.96	2/yr	X		
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED		$269.77	2/yr	X		
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED		$269.77	2/yr			21-65
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED		$464.21	2/yr	X		
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION,		$2,330.90	2/yr	X		
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT,		$528.96	2/yr	X		
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED		$668.01	2/yr	X		

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L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED		$668.01	2/yr			21-65
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED		$1,061.42	2/yr	X		
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED		$978.16	2/yr	X		
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED		$817.97	2/yr	X		
L2039	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM		$1,367.11	2/yr	X		
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED		$104.48	1/yr	X		
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		$278.24	1/yr	X		
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED		$357.10	1/yr	X		
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED		$611.25	2/yr	X		
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$290.23	2/yr	X		
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$332.06	2/yr	X		

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L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$437.51	2/yr	X		
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED		$980.98	2/yr	X		
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$461.49	2/yr	X		
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS		$66.99	2/yr	X		
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT		$27.19	8/yr	X		
L2210	ADDITION TO LOWER EXTREMITY,DORSIFLEXION		$44.13	8/yr	X		
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT		$50.67	8/yr	X		
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT		$50.67	8/yr			21-65
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY		$61.98	2/yr	X		
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT		$203.28	2/yr	X		
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)		$114.68	2/yr	X		
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP		$67.37	2/yr	X		
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD		$30.72	2/yr	X		
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED		$74.75	2/yr	X		
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT		$277.72	2/yr	X		
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		$117.70	2/yr	X		

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L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY		$236.46	2/yr	X		
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND		$132.14	2/yr	X		
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL		$311.84	2/yr	X		
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)		$509.76	2/yr	X		
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK		$29.60	2/yr	X		
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT		$76.62	2/yr	X		
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT		$62.62	2/yr	X		
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH		$53.63	8/yr	X		
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH		$53.63	8/yr			21-65
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT		$74.72	8/yr	X		
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT		$88.16	8/yr	X		
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING		$58.33	2/yr	X		
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ISCHIAL WEIGHT BEARING, RING		$180.48	2/yr	X		
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL		$483.22	2/yr	X		
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF		$164.30	2/yr	X		
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH		$363.32	2/yr	X		
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING		$265.51	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH		$138.93	2/yr	X		
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH		$175.43	2/yr	X		
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH		$238.50	2/yr	X		
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATION HIP JOINT AND		$1,923.75	2/yr	X		
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL		$192.26	1/yr	X		
L2650	ADDITIIOON TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF		$78.85	2/yr	X		
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS		$89.52	2/yr	X		
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED		$80.38	2/yr	X		
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)		$34.75	2/yr	X		
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR		$80.16	2/yr	X		
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT		$37.18	2/yr	X		
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR		$41.11	4/yr	X		
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH		$24.17	8/yr	X		
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP		$48.61	2/yr	X		
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP		$48.61	2/yr			21-65
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY		$61.01	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD		$44.67	2/yr	X		
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION		$49.68	2/yr	X		
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION		$55.86	2/yr	X		
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL		$31.17	2/yr	X		
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS,FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH		$35.42	8/yr	X		
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH		$206.82	2/yr	X		
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH		$87.07	2/yr	X		
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH		$106.34	2/yr	X		
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH		$114.71	2/yr	X		
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH		$114.71	2/yr	X		
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH		$130.63	2/yr	X		
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH		$50.25	2/yr	X		
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH		$30.91	2/yr	X		
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH		$30.91	2/yr	X		
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH		$48.58	2/yr	X		
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH		$20.95	2/yr	X		
L3080	FOOT,ARCH SUPPORT,NON-REMOVABLE ATTACHED TO SHOE, METATARSAL,EACH		$20.95	2/yr	X		
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT		$28.49	2/yr	X		
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES		$58.62	1/yr	X		
L3150	FOOT, ABDUCTION ROTATATION BAR, WITHOUT SHOES		$53.59	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH		$33.49	2/yr	X		
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT		$25.65	2/yr	X		
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD		$30.40	2/yr	X		
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR		$39.90	2/yr	X		
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT		$25.65	2/yr	X		
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD		$30.40	2/yr	X		
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR		$30.40	2/yr	X		
L3208	SURGICAL BOOT, EACH, INFANT		$25.65	2/yr	X		
L3209	SURGICAL BOOT, EACH, CHILD		$30.40	2/yr	X		
L3210	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD		$8.55	2/yr	X		
L3211	SURGICAL BOOT, EACH, JUNIOR		$38.95	2/yr	X		
L3212	BENESCH BOOT, PAIR, INFANT		$26.99	2/yr	X		
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH		$101.65	2/yr	X		
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH		$128.25	2/yr	X		
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH		$57.00	2/yr	X		
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH		$142.50	2/yr	X		
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH		$177.65	2/yr	X		
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH		$193.80	2/yr	X		
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)		$33.63	2/yr	X		
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)		$38.70	2/yr	X		
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH		$242.25	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH		$175.84	2/yr	X		
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH		$85.50	2/yr	X		
L3260	SURGICAL BOOT/SHOE, EACH		$159.60	2/yr	X		
L3265	PLASTAZOTE SANDAL, EACH		$177.65	2/yr	X		
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH		$34.33	2/yr	X		
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH		$53.59	2/yr	X		
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH		$48.58	2/yr	X		
L3334	LIFT, ELEVATION, HEEL, PER INCH		$25.13	2/yr	X		
L3350	HEEL WEDGE		$15.08	2/yr	X		
L3360	SOLE WEDGE, OUTSIDE SOLE		$23.44	2/yr	X		
L3370	SOLE WEDGE, BETWEEN SOLE		$32.64	2/yr	X		
L3380	CLUBFOOT WEDGE		$32.66	2/yr	X		
L3400	METATARSAL BAR WEDGE, ROCKER		$26.80	2/yr	X		
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE		$36.00	2/yr	X		
L3430	HEEL, COUNTER, PLASTIC REINFORCED		$105.50	2/yr	X		
L3450	HEEL, SACH CUSHION TYPE		$69.53	2/yr	X		
L3465	HEEL, THOMAS WITH WEDGE		$38.52	4/yr	X		
L3470	HEEL, THOMAS EXTENDED TO BALL		$41.05	2/yr	X		
L3480	HEEL, PAD AND DEPRESSION FOR SPUR		$41.05	2/yr	X		
L3485	HEEL, PAD, REMOVABLE FOR SPUR		$17.86	2/yr	X		
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER		$19.26	2/yr	X		
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL		$33.49	2/yr	X		
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING		$50.25	2/yr	X		
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW		$49.40	4/yr	X		
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW		$49.40	4/yr			21-65
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING		$50.25	2/yr	X		
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW		$66.14	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES		$28.48	1/yr	X		
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED		$7.12	2/yr	X		
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$33.50	1/yr	X		
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$57.54	1/yr	X		
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$80.19	1/yr	X		
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$98.24	2/yr	X		
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$81.16	2/yr	X		
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED		$533.08	2/yr	X		
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED		$599.08	2/yr	X		
L3760	EO,WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE		$279.68	2/yr	X		
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$60.20	2/yr	X		
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE		$133.98	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE		$133.98	2/yr			21-65
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED		$874.57	2/yr	X		
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		$236.17	2/yr	X		
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$33.54	2/yr	X		
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$53.81	2/yr	X		
L3915	WRIST HAND ORTHOSIS, INCLUDES ONEOR MORE NONTORSION JOINT(S), ELASTIC BANDS , TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,INCLUDES FITTING AND ADJUSTMENT		$310.39	1/yr	X		
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$59.13	2/yr	X		
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL		$31.61	2/yr	X		
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 ADJUSTMENTS		$50.48	2/yr	X		
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NORTORSION JOINT(S) TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIALS, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$122.12	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		$119.45	3/yr	X		
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$461.47	1/yr	X		
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$173.07	2/yr	X		
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$213.82	2/yr	X		
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$228.24	2/yr	X		
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS,SOCK,FRACTURE OR EQUAL, EACH		$19.16	2/yr	X		
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED		$950.00	2/yr	X	X	
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		$187.66	2/yr	X		
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		$173.47	2/yr	X		
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH		$54.13	2/yr	X		
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH		$48.51	2/yr	X		
L4130	REPLACE PRETIBIAL SHELL		$333.90	2/yr	X		
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES		$15.85	10/yr	X		
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS		$25.65	5/yr	X		
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$60.16	2/yr	X		
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$168.30	2/yr	X		
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$108.00	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$97.53	2/yr	X		
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION,		$103.24	2/yr	X		
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		$47.50	2/yr	X		
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH,TOE FILLER		$322.56	2/yr	X		
L5010	PARTIAL FOOT,MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER		$779.03	2/yr	X		
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER		$1,323.01	2/yr	X		
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT		$1,463.49	2/yr	X		
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT		$1,466.71	2/yr	X		
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE		$2,328.02	2/yr	X		
L5210	ABOVE KNEE, SORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH		$1,747.05	2/yr	X		
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT (STUBBIES), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH		$1,849.65	2/yr	X		
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM		$1,676.54	2/yr	X		21-65
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM		$1,676.54	2/yr			
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM		$2,761.65	2/yr	X		
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE		$2,430.19	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE		$2,430.19	2/yr			21-65
L5331	KNEE DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXISKNEE SACH FOOT		$3,096.56	2/yr	X		
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL		$1,103.15	2/yr	X		
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE THE KNEE- KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL		$981.99	2/yr	X		
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL		$1,535.32	2/yr	X		
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES		$182.43	2/yr	X		21-65
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE		$169.45	2/yr	X		
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE		$169.45	2/yr			21-65
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE		$221.58	2/yr	X		
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE		$221.58	2/yr			21-65
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET		$193.70	2/yr	X		
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET		$193.70	2/yr			
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET		$273.54	2/yr	X		21-65
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET		$267.80	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET		$267.80	2/yr			21-65
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET		$149.46	2/yr	X		
L5634	ADDITION TO LOWER EXTREMITY, SMYES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET		$116.85	2/yr			
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET		$155.29	2/yr	X		
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT		$162.39	2/yr	X		
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL		$486.30	2/yr	X		
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET		$484.82	2/yr	X		21-65
L5649	ADDITION TO LOWER EXTREMITY,ISCHIAL CONTAINMENT/NARROW M-L SOCKET		$1,454.05	2/yr	X		
L5649	ADDITION TO LOWER EXTREMITY,ISCHIAL CONTAINMENT/NARROW M-L SOCKET		$1,454.05	2/yr			21-65
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		$297.54	2/yr	X		
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		$297.54	2/yr			21-65
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME		$731.95	2/yr	X		
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME		$731.95	2/yr			21-65
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		$265.72	2/yr	X		
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		$202.13	2/yr	X		21-65
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		$171.29	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		$171.29	2/yr			21-65
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		$229.80	2/yr	X		
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		$221.60	2/yr	X		
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES		$370.89	2/yr	X		
L5665	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,MULTI-DUROMETER,BELOW KNEE		$312.07	2/yr	X		
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION		$42.66	2/yr	X		
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION		$68.81	2/yr	X		
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)		$165.38	2/yr	X		21-65
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT		$350.46	2/yr	X		
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT		$350.46	2/yr			21-65
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR		$433.38	4/yr	X		
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR		$433.38	4/yr			21-25
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR		$220.86	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR		$24.19	2/yr	X		
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR		$361.14	4/yr	X		
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR		$361.14	4/yr			21-65
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED		$202.00	2/yr	X		
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC		$810.75	2/yr	X		
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED		$381.17	2/yr	X		
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL,		$810.75	2/yr	X		
L5684	ADDITION TO LOWER EXTREMITY,BELOW KNEE,FORK STRAP		$29.33	2/yr	X		
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH		$79.76	2/yr	X		
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH		$79.76	2/yr			21-65
L5686	ADDITION TO LOWER EXTREMITY,BELOW KNEE, BACK CHECK (EXTENSION CONTROL)		$31.14	2/yr	X		
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING		$37.23	2/yr	X		
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT		$80.98	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED		$100.70	2/yr	X		
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH		$102.07	2/yr	X		
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH		$102.07	2/yr			21-65
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT		$95.00	2/yr	X		
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND		$48.92	2/yr			
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE		$80.00	2/yr	X		
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL		$1,746.31	2/yr	X		
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL		$1,746.31	2/yr			21-65
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL		$2,097.20	2/yr	X		
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL		$2,097.20	2/yr			21-65
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE		$326.69	2/yr	X		
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE		$326.69	2/yr			21-65
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE		$583.73	2/yr	X		
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE		$583.73	2/yr			21-65
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION		$572.22	2/yr	X		
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL		$318.57	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM		$2,466.16	2/yr	X		
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY		$2,599.89	2/yr	X		
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$392.25	2/yr	X		
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK		$296.74	2/yr	X		21-65
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)		$344.54	2/yr	X		
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)		$344.54	2/yr			21-65
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL,		$2,289.08	2/yr	X		
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIX, FLUID SWING AND STANCE PHASE CONTROL		$1,170.40	2/yr	X		
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE		$1,104.74	2/yr	X		
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING		$662.76	2/yr	X		
L5850	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,KNEE EXTENSION ASSIST		$77.96	2/yr	X	X	
L5850	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,KNEE EXTENSION ASSIST		$77.96	2/yr			21-65
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION		$209.51	2/yr	X		
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC		$14,796.21	2/yr	X	X	

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,		$5,250.23	2/yr	X		
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES		$11,454.83	2/yr	X		
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM		$220.74	2/yr	X		
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM		$220.74	2/yr			21-65
L5920	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,ALIGNABLESYSTEM		$323.38	2/yr	X		
L5920	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULATION,ALIGNABLESYSTEM		$323.38	2/yr			21-65
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$305.72	2/yr	X		
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$305.72	2/yr			21-65
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$478.03	2/yr	X		
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$478.03	2/yr			21-65
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		$587.57	2/yr	X		
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		$386.68	2/yr	X		
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		$386.68	2/yr			21-65

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		$570.80	2/yr	X		
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		$570.80	2/yr			21-65
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT		$123.78	2/yr	X		
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)		$231.21	2/yr	X		
L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)		$231.21	2/yr			21-65
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE		$12,200.83	2/yr	X		
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT		$142.02	2/yr	X		
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT		$142.02	2/yr			21-65
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)		$341.33	2/yr	X		
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT		$177.86	2/yr	X		
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM		$1,390.72	2/yr	X		
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM		$2,259.84	2/yr	X		
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL		$1,825.63	2/yr	X		
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT		$347.21	2/yr	X		
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON		$174.04	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)		$386.22	2/yr	X		
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)		$386.22	2/yr			21-65
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON		$4, 433.92	2/yr	X		
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT		$1,118.20	2/yr	X		
L6025	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES		$4,932.32	2/yr	X		
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM		$1,670.10	2/yr	X		
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING		$1,414.26	2/yr	X		
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE		$1,510.10	2/yr	X		
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW		$1,541.34	2/yr	X		
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK		$320.02	2/yr	X		
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR		$2,004.93	2/yr	X		
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA		$49.92	2/yr	X		
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING		$9.50	2/yr	X		
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN		$61.75	2/yr	X		
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW		$141.41	2/yr	X		
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW		$131.10	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION		$351.55	2/yr	X		
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION		$356.25	2/yr	X		
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH		$211.17	2/yr	X		
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL,EACH		$340.85	2/yr	X		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE		$231.10	1/yr	X		
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE		$372.29	1/yr	X		
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED		$221.81	1/yr	X		
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED		$817.55	1/yr	X		
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE		$534.46	1/yr	X	X	
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE		$770.17	1/yr	X		
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE		$1,911.40	2/yr	X	X	
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED,		$103.66	2/yr	X		
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM		$5,475.70	2/yr	X		
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO		$5,560.67	2/yr	X		
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT		$2,187.49	1/yr	X		
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC		$3,442.89	1/yr	X		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT		$2,231.94	1/yr	X		
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH		$145.43	1/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L7362	BATTERY CHARGER,SIX VOLT,OTTO BOCK OR EQUAL		$152.70	1/yr	X		
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL,EACH		$242.87	1/yr	X		
L7367	LITHIUM ION BATTERY, REPLACEMENT		$239.95	2/yr	X		
L7368	LITHIUM ION BATTERY CHARGER		$311.06	1/yr	X		
L7400	ADDITION TO UPPER EXTREMITY PROTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL		$188.91	2/yr	X		
L7403	ADDITION TO UPPER EXTREMITY PROTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL		$226.48	2/yr	X		
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS		$28.50	8/yr	X	X	
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES		$15.20	8/yr	X	X	
L8000	BREAST PROSTHESIS, MASTECTOMY BRA		$32.30	6/yr			
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY		$43.70	2/yr			
L8020	BREAST PROSTHESIS, MASTECTOMY FORM		$165.30	2/yr			
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL		$239.40	2/yr			
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL		$2,692.30	2/yr			
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED		MP	2/yr			
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH		$11.55	12/yr	X		
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH		$11.55	12/yr			21-65
L8410	PROSTHETIC SHEATH,ABOVE KNEE,EACH		$13.13	12/yr	X		
L8410	PROSTHETIC SHEATH,ABOVE KNEE,EACH		$13.13	12/YR			21-65
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH		$46.34	12/yr	X		
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH		$15.27	12/yr	X		
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH		$15.27	12/yr			21-65
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH		$16.79	12/yr	X		
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH		$16.79	12/yr			21-65
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH		$15.07	12/yr	X		
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH		$31.95	12/yr	X		
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH		$31.95	12/yr			21-65
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH		$44.46	2/yr	X		

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH		$44.46	2/yr			21-65
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH		$39.64	2/yr	X		21-65
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH		$4.06	12/yr			
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH		$4.06	12/yr			21-65
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH		$5.60	12/yr	X		
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH		$5.60	12/yr			21-65
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH		$5.16	12/yr	X		
L8501	TRACHEOSTOMY SPEAKING VALVE		$89.33	1/yr	X		
S5498	HOME INFUSION THERAPY (HIT),CATHETER CARE/MAINTENANCE, SINGLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$6.65	1/day			
S5501	HIT,CATHETER CARE/MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$6.65	1/day			
S5520	HIT, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC) LINE INSERTION		$80.75	5/mo			age 5-20 only, no EPSDT or PA required
S5521	HIT, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR MIDLINE CATHETER INSERTION		$80.75	5/mo			
S8189	TRACHEOSTOMY SUPPLY , NOT OTHERWISE CLASSIFIED (EX. CUSTOM SPECIALTY TRACH		MP				
S8270	ENURESIS ALARM		$47.45	1/5 yrs			
S8999	RESUSCITATION BAG (FOR USE BY PATIENTS ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)		$34.20	2/yr			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
S9326	HIT,CONTINOUS (24 HOURS OR MORE) PAIN MANAGEMENT INFUSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION,AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$34.20	1/day			
S9330	HIT,CONTINOUS (24 HOURS OR MORE) CHEMOTHERAPY INFUSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$34.20	1/day			
S9336	HIT, CONTINUOUS ANTICOAGULANT INFUSION,(E.G. , HEPARIN) INCLUDES ADMINISTRATION SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$34.20	1/day			
S9347	HIT,UNINTERRUPTED, LONG TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G.. EPOPROSTENOL);; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$34.20	1/day			
S9351	HIT,CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$34.20	1/day		X	
S9373	HIT,HYDRATION; ONCE EVERY 6 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$33.25	1/day			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
S9379	HIT, INFUSION THERAPY; NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY) ANTICIPATING THAT NEW INFUSION THERAPIES WILL BE DEVELOPED OR THAT A CURRENT THERAPY HAS BEEN OVERLOOKED, THE LTC MEDICAL AND QUALITY REVIEW UNIT WILL CONSIDER AUTHORZATION OF OTHER THERAPIES ON AN INDIVIDUAL BASIS. THESE SPECIAL REQUESTS WILL REQUIRE PEER REVIEWED MEDICAL LITERATURE DOCUMENTATION AND REVIEW BY MEDICAID'S MEDICAL DIRECTOR		MP	1/day			
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$30.40	1/day		X	
S9500	HIT,ANTIBIOTIC, ANTVIRAL, OR ANTIFUNGAL; ONCE EVERY 24 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$42.75	1/day			
S9501	HIT,ANTIBIOTIC, ANTVIRAL, OR ANTIFUNGAL; ONCE EVERY 12 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$47.50	1/day			
S9502	HIT,ANTIBIOTIC, ANTVIRAL, OR ANTIFUNGAL; ONCE EVERY 8 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$52.25	1/day			

PCODE	PROCEDURE CODE DESCRIPTION	MOD	ALLOWED AMOUNT	BENEFIT LIMIT	EPSDT-Referral	PA	AGE 21-65
S9503	HIT,ANTIBIOTIC, ANTVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$57.00	1/day			
S9504	HIT,ANTIBIOTIC, ANTVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 4 HOURS; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY)		$61.75	1/day		X	
T4521	ADULT SIZED DISPOSABLE INCONTIENCE PRODUCT,BRIEF/ DIAPER SMALL, EACH		$0.76	180/mo	X	X	
T4522	ADULT SIZED DISPOSABLEINCONTIENCE PRODUCT,BRIEF/DIAPER MEDIUM, EACH		$0.76	180/mo	X	X	
T4523	ADULT SIZED DISPOSABLE INCONTIENCE PRODUCT,BRIEF/DIAPER LARGE,EACH		$0.76	150/mo	X	X	
T4524	ADULT SIZED DISPOSABLENCONTIENCE		$0.95	150/mo	X	X	
T4529	PEDIACTRIC SIZED DISABLE INCONTIENCE PRODUCT,BRIEF/DIAPER SMALL/MEDIUM SIZE,EACH		$0.38	210/mo	X	X	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH		$0.47	210/mo	X	X	
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)		MP	1/yr		X	
PLEASE CALL THE AUTOMATED VOICE RESPONSE SYSTEM (AVRS) 1-800-727-7848 FOR CURRENT REIMBURSEMENT AMOUNTS.							