

MSEA Medical Supplies, Equipment, and Appliances FEE SCHEDULE 2025 revised 6.24.2025

Notes:**DME = Durable Medical Equipment - "PA" = Prior Authorization - RR = Rental**

• Red indicates new codes or changes for the most current revision date.

• Blue indicates code is end dated

• By current regulation, any item \$500 or over requires a PA. 907 KAR 1:479

• M = Manually priced items: MSRP-18% or Invoice + 20% either documentation that is accessible will be accepted. **See Section 6.3.1 Billing instructions**<http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx>

• Medicare bypass list column with a checkmark, for dually eligible members, bill as a straight claim. (Does not apply to QMB members).

• A prescriber's written order is required

• It is the responsibility of the provider to check member eligibility.

• The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.

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HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
99601	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, 2 HOURS OR LESS	NO		NO			\$90.00		✓
99602	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, EACH ADDITIONAL HOUR	NO		NO			\$45.00		✓
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	PA required if limit exceeded	125 per calendar month	NO			\$0.31	Coverage through pharmacy except when Medicare Primary	✓
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC, EACH	PA required if limit exceeded	10 per calendar month	NO			\$0.31		✓
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	PA required if limit exceeded	10 per calendar month	NO			\$0.31		✓
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	PA required if limit exceeded	10 per calendar month	NO			\$0.31		✓
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	NO		NO			\$36.67		✓
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	NO		NO			\$9.97		
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	NO		NO			\$1.67		✓
A4215	NEEDLE, STERILE, ANY SIZE, EACH	NO		NO			\$0.97		✓
A4217	STERILE WATER/SALINE, 500 ML	NO		NO			\$2.13		
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	NO		NO			\$19.71		
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	NO		NO			\$37.38		
A4223	FUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	NO		NO			\$4.83		✓
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	NO		NO			\$19.71		
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	NO		NO			\$2.64		
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING, PER WEEK	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	PA required if limit exceeded	2 boxes (10 per box) per month	NO			\$115.50	Effective date 7/1/2023 for 2 boxes (10 per box) per month - PA required if more than 2 boxes \$115.50 is per box	✓
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	PA required if limit exceeded	2 boxes (10 per box) per month	NO			\$73.30	Effective date 7/1/2023 for 2 boxes (10 per box) per month - PA required if more than 2 boxes	✓
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC	NO		NO			\$2.54		✓
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NO		NO			\$0.51		
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NO		NO			\$2.36		
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NO		NO			\$1.00		
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	NO		NO			\$1.16		
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	NO		NO	NO		\$268.76		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	NO		NO			\$255.01		
A4244	ALCOHOL OR PEROXIDE, PER PINT	NO		NO			\$0.99		
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	NO		NO			\$5.78		
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	NO	2 per calendar month	NO			\$45.16		
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	PA required if limit exceeded	2 per calendar month	NO			\$15.00	Coverage through pharmacy except when Medicare Primary	✓
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	NO		NO			M	Coverage through pharmacy except when Medicare Primary MSRP-18% or Invoice + 20% based on documentation	✓
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS= 1 UNIT	PA required if limit exceeded	4 per calendar month	NO			\$8.32	Coverage through pharmacy except when Medicare Primary	
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	NO		NO			\$3.38	Coverage through pharmacy except when Medicare Primary	
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	NO		NO			\$2.12	Coverage through pharmacy except when Medicare Primary	
A4259	LANCETS, PER BOX OF 100	PA required if limit exceeded	2 per calendar month	NO			\$1.42	Coverage through pharmacy except when Medicare Primary	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	NO		NO			\$1.39		✓
A4265	PARAFFIN, PER POUND	NO		NO			\$3.24		
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	NO		NO			\$4.76		
A4281	REPLACEMENT BREASTPUMP TUBE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	PA required if limit exceeded	1 per calendar month	NO			\$6.48		
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	PA required if limit exceeded	1 per calendar month	NO			\$14.16		
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	NO		NO			\$16.88		
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	NO		NO			\$17.67		
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING	NO		NO			\$24.12		
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	NO		NO			\$25.17		
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	NO		NO			\$27.09		
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	PA required if limit exceeded	9 per calendar month	NO			\$5.08	PA required only if more than 9 per calendar month needed.	
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	PA required if limit exceeded	9 per calendar month	NO			\$2.85	PA required only if more than 9 per calendar month needed.	
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	PA required if limit exceeded	2 per calendar month	NO			\$10.29	PA required only if more than 2 per calendar month needed.	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	NO		NO			\$42.56		
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	NO		NO			\$9.87		
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	NO		NO			\$6.82		
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	NO		NO			\$3.04		
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	NO		NO			\$0.12		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	NO		NO			\$2.10		
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	NO		NO			\$4.71		
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING EACH	PA required if limit exceeded	31 per calendar month	NO			\$11.70		
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.), EACH	NO		NO			\$26.07		
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE OR POLYURETHANE, EACH	PA required if limit exceeded	31 per calendar month	NO			\$15.28		
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	NO		NO			\$18.69		
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	NO		NO			\$2.02		
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	NO		NO			\$1.47	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	NO		NO			\$5.20	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	PA required if limit exceeded	124 per calendar month	NO			\$6.67	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	NO		NO			\$11.25		
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	NO		NO			\$8.50		
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	PA required if limit exceeded	4 per calendar year	NO			\$43.52		
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	PA required if limit exceeded	4 per calendar month	NO			\$7.86	PA required only if more than 4 per month needed	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	NO		NO			\$5.39		
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH	NO		NO			\$0.51		
A4361	OSTOMY FACEPLATE, EACH	PA required if limit exceeded	6 per calendar year	NO			\$18.37		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	PA required if limit exceeded	20 per calendar month	NO			\$3.17		
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	NO		NO			\$2.01		
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	NO		NO			\$2.93		
A4366	OSTOMY VENT, ANY TYPE, EACH	PA required if limit exceeded	1 per calendar month	NO			\$1.30		
A4367	OSTOMY BELT, EACH	PA required if limit exceeded	1 per calendar month	NO			\$7.35		
A4368	OSTOMY FILTER, ANY TYPE, EACH	NO		NO			\$0.26		
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ	NO		NO			\$2.42		
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	NO		NO			\$3.65		
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	NO		NO			\$4.18		
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	NO		NO			\$6.28		
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	NO		NO			\$17.18		
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	NO		NO			\$47.58		
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	NO		NO			\$4.29		
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	NO		NO			\$30.75		
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	NO		NO			\$15.02		
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	NO		NO			\$37.33		
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	NO		NO			\$4.61		
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	NO		NO			\$24.62		
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	NO		NO			\$28.19		
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	NO		NO			\$9.62		
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	NO		NO			\$5.10		
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	NO		NO			\$2.53		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	NO		NO			\$4.36		
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	NO		NO			\$6.22		
A4390	MY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	NO		NO			\$9.61		
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	NO		NO			\$7.07		
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	NO		NO			\$8.18		
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	NO		NO			\$9.04		
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE	NO		NO			\$2.58		
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	NO		NO			\$0.05		
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	NO		NO			\$40.48		
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	PA required if limit exceeded	4 per calendar year	NO			\$12.56		
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	PA required if limit exceeded	4 per calendar year	NO			\$10.93		
A4400	OSTOMY IRRIGATION SET	PA required if limit exceeded	1 per calendar month	NO			\$46.76		
A4402	LUBRICANT, PER OUNCE 1OZ=1 UNIT	PA required if limit exceeded	4 ounces per calendar month	NO			\$1.36		
A4404	OSTOMY RING, EACH	PA required if limit exceeded	10 per calendar month	NO			\$1.36		
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	NO		NO			\$3.40		
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	NO		NO			\$5.74		
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	NO		NO			\$8.76		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	NO		NO			\$9.87		
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	NO		NO			\$6.22		
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	NO		NO			\$9.04		
A4411	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	NO		NO			\$5.10		
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	NO		NO			\$2.70		
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	NO		NO			\$6.41		
A4414	STOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	NO		NO			\$5.44		
A4415	TOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	NO		NO			\$6.41		
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$2.75		
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$3.72		
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.81		
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.74		
A4420	TOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.86		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.86		
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$4.75		
A4425	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$3.58		
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	PA required if limit exceeded	60 per calendar month	NO			\$2.73		
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	PA required if limit exceeded	60 per calendar month	NO			\$2.78		
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$6.51		
A4429	OMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$8.25		
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$8.52		
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$6.22		
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$3.59		
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$3.34		
A4434	OMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$3.76		
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	PA required if limit exceeded	60 per calendar month	NO			\$5.01	PA required only if more than 60 per month needed	
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	NO		NO			\$0.09		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	NO		NO			\$0.36		
A4453	RECTAL CATHETER WITH OR WITHOUT BALLOON, FOR USE WITH ANY TYPE TRANSANAL IRRIGATION SYSTEM, EACH	YES		NO			M	Effective 1/1/2025 expanded to adults MSRP-18% or Invoice + 20% based on documentation	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	PA required if limit exceeded	32 ounces per calendar month	NO			\$1.16		
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	NO		NO			\$0.26		
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH	PA required if limit exceeded	2 per calendar year	NO			M	MSRP-18% or Invoice + 20% based on documentation	
A4458	ENEMA BAG WITH TUBING, REUSABLE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4459	MANUAL TRANSANAL IRRIGATION SYSTEM, INCLUDES WATER RESERVOIR, PUMP, TUBING, AND ACCESSORIES, WITHOUT CATHETER, ANY TYPE	NO		NO			M	Effective 1/1/2025 expanded to adults MSRP-18% or Invoice + 20% based on documentation	
A4465	NON-ELASTIC BINDER FOR EXTREMITY	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	NO		NO			\$0.37		
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	NO		NO			\$9.94		
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	NO		NO			\$10.53		
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ	NO		NO			\$5.22		
A4561	PESSARY, RUBBER, ANY TYPE	NO		NO			\$16.82		
A4562	PESSARY, NON RUBBER, ANY TYPE	NO		NO			\$45.57		
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH	NO		NO			\$128.34		
A4565	SLINGS	NO		NO			\$4.35		
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)	NO		NO			\$10.34		
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	NO		NO			\$38.55		
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	NO		NO			\$14.76		
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	NO	4 per calendar month	NO			\$15.99		✓
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	NO		NO			\$52.63		
A4611	TERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	NO		NO			\$174.26		✓
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	NO		NO			\$65.00		✓
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	NO		NO			\$137.96		✓
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	NO		NO			\$22.75		
A4618	BREATHING CIRCUITS	NO		NO			\$8.51		
A4619	FACE TENT	NO		NO			\$1.27		
A4623	TRACHEOSTOMY, INNER CANNULA	PA required if limit exceeded	31 per calendar month	NO			\$5.31		
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	PA required if limit exceeded	91 per calendar month	NO			\$2.14		
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	PA required if limit exceeded	1 per calendar month	NO			\$6.61		
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	PA required if limit exceeded	2 per calendar month	NO			\$2.59		
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	NO		NO			\$38.00		✓
A4628	ORAL AND/OR OROPHARYNGEAL SUCTION CATHETER, EACH	NO		NO			\$3.58		
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	NO		NO			\$4.42		
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	NO		NO			\$5.98		
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	NO		NO			\$4.89		
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	NO		NO			\$3.01		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	NO		NO			\$1.67		
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	NO		NO			\$49.45		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	NO		NO			\$11.29		
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	NO		NO			\$35.00		
A4663	DIALYSIS BLOOD PRESSURE CUFF	NO		NO			\$35.00		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	NO		NO			\$35.00		
A4927	GLOVES, NON-STERILE, PER 100	NO		NO			M	Age limitation 3 years and up MSRP-18% or Invoice + 20% based on documentation	✓
A4928	SURGICAL MASK, PER 20	NO		NO			\$12.00	Must have diagnosis of COVID-19 - for patients and caregivers only	✓
A4930	GLOVES, STERILE, PER PAIR	NO		NO			M	Age limitation 3 years and up MSRP-18% or Invoice + 20% based on documentation	✓
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.86		
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.35		
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.41		
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	PA required if limit exceeded	60 per calendar month	NO			\$1.42		
A5055	STOMA CAP	PA required if limit exceeded	31 per calendar month	NO			\$1.37		
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	NO		NO			\$5.72		
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	PA required if limit exceeded	31 per calendar month	NO			\$10.66		
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE),	PA required if limit exceeded	20 per calendar month	NO			\$3.70		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	PA required if limit exceeded	20 per calendar month	NO			\$2.12		
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	PA required if limit exceeded	20 per calendar month	NO			\$2.29		
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	PA required if limit exceeded	20 per calendar month	NO			\$4.15		
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	PA required if limit exceeded	20 per calendar month	NO			\$3.36		
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	PA required if limit exceeded	20 per calendar month	NO			\$3.04		
A5081	STOMA PLUG OR SEAL, ANY TYPE	PA required if limit exceeded	31 per calendar month	NO			\$2.97		
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	PA required if limit exceeded	1 per calendar month	NO			\$9.64		
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	NO		NO			\$0.50		
A5093	OSTOMY ACCESSORY; CONVEX INSERT	PA required if limit exceeded	10 per calendar month	NO			\$1.86		
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	PA required if limit exceeded	4 per calendar year	NO			\$21.53		
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	NO		NO			\$33.88		
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	NO		NO			\$33.02		
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	NO		NO			\$3.81		
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	PA required if limit exceeded	1 per calendar month	NO			\$7.24		
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	NO		NO			\$0.20		
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	PA required if limit exceeded	20 per calendar month	NO			\$7.12		
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	PA required if limit exceeded	20 per calendar month	NO			\$12.26		
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	PA required if limit exceeded	10 per calendar month	NO			\$1.07		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	PA required if limit exceeded	1 per calendar month	NO			\$15.11		
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	NO		NO			\$10.78		
A5500	DIABETIC SHOE FOR DENSITY INSERT, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$55.72	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5501	DIABETIC CUSTOM MOLDED SHOE, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$167.13	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5503	DIABETIC SHOE W/ROLLER/ROCKER, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5504	DIABETIC SHOE WITH WEDGE, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5505	DIABETIC SHOES W/METATARSAL BAR, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5506	DIABETIC SHOE W/OFF SET HEEL, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5507	MODIFICATION DIABETIC SHOE, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$32.00	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	✓
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE	PA required if limit exceeded	2 per calendar year	NO			\$32.00	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH	PA required if limit exceeded	6 per calendar year	NO			\$22.73	Prior authorization required only if more than 6 per calendar year needed.	
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	PA required if limit exceeded	6 per calendar year	NO			\$32.00	Prior authorization required only if more than 6 per calendar year needed.	
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	PA required if limit exceeded	6 per calendar year	NO			\$44.56	Prior authorization required only if more than 6 per calendar year needed.	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN	NO		NO			\$24.77		
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	NO		NO			\$1.82		
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH	NO		NO			\$21.02		
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	NO		NO			\$20.05		
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	NO		NO			\$181.51		
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES	NO		NO			\$5.90		
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A6154	WOUND POUCH, EACH	NO		NO			\$13.71		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$7.01		
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$15.68		
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	NO		NO			\$5.78		
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	NO		NO			\$5.44		
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$3.19		
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$5.94		
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$8.02		
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$7.00		
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$7.14		
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$19.00		
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$28.01		
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$9.25		
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$11.25		
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$9.82		
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	NO		NO			\$0.05		
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.05		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
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	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$1.04		
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.91		
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.46		
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.03		
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.30		
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$3.44		
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$3.95		
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$3.44		
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$4.46		
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$6.57		
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	NO		NO			\$18.30		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$6.24		
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$16.05		
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$25.99		
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$7.54		
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$21.74		
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	NO		NO			\$11.68		
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	NO		NO			\$2.45		
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$5.79		
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$11.75		
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$37.46		
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$6.93		
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$9.46		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$22.68		
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	NO		NO			\$15.49		
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	NO	2 per calendar month	NO			\$22.87		
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$1.90		
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$3.10		
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$6.05		
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$1.16		
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.89		
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$1.46		
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$4.10		
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	NO		NO			\$10.43		
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	NO		NO			\$26.84		
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	NO		NO			\$0.55		
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	NO		NO			\$2.11		
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	NO		NO			\$1.83		
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.12		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.41		
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.06		
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	NO		NO			\$1.50		
A6410	EYE PAD, STERILE, EACH	NO		NO			\$0.41		
A6412	EYE PATCH, OCCLUSIVE, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$0.54		
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	NO		NO			\$0.14		
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$0.23		
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	NO		NO			\$0.45		
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	NO		NO			\$0.26		
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$0.33		
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$0.54		
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	NO		NO			\$0.93		
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$1.40		
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$1.56		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$4.73		
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	NO		NO			\$0.49		
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$0.62		
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$1.11		
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$1.02		
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	NO		NO			\$0.91		
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	YES		NO			\$38.94		
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	YES		NO			\$74.58		
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	PA required if limit exceeded	2 per leg per calendar year	NO			\$94.17	LT/RT modifier	
A6549	GRADIENT COMPRESSION GARMENT, NOT OTHERWISE SPECIFIED, FOR DAYTIME USE, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	NO		NO			\$21.94		
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	NO		NO			\$8.20		
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	NO		NO			\$27.96		
A7002	TUBING, USED WITH SUCTION PUMP, EACH	NO		NO			\$3.11		
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NO		NO			\$1.47		
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	NO		NO			\$1.24		
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	NO		NO			\$11.73		
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	NO		NO			\$7.47		
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	NO		NO			\$3.06		
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	NO		NO			\$8.94		
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	NO		NO			\$57.28		
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	NO		NO			\$15.76		
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	NO		NO			\$2.89		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NO		NO			\$0.57		
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	NO		NO			\$3.20		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NO		NO			\$1.28		
A7016	DOMES AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	NO		NO			\$6.53		
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	NO		NO			\$143.36		
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	NO		NO			\$0.31		
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	NO		NO			\$16.07		
A7021	SUPPLIES AND ACCESSORIES FOR LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBULIZATION DEVICE (E.G., HANDSET, NEBULIZER KIT, BIOFILTER)	NO		NO			\$128.91		
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	YES		NO			\$53.22		
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	YES		NO			\$35.17		
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NO		NO			\$120.01		
A7028	ORAL CUSHION FOR A7027 COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	YES		NO			\$33.56		
A7029	NASAL PILLOWS FOR A7027 COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	YES		NO			\$15.00		
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	PA required if limit exceeded	1 per calendar year	NO			\$86.33		
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	PA required if limit exceeded	1 per calendar month	NO			\$33.48		
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	PA required if limit exceeded	2 per calendar month	NO			\$18.78		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	PA required if limit exceeded	12 per calendar year	NO			\$15.12		
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	PA required if limit exceeded	4 per calendar year	NO			\$54.47		
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	2 per calendar year	NO			\$17.88		
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	2 per calendar year	NO			\$10.40		
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	2 per calendar month	NO			\$11.54	PA required only if more than 2 per month needed	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	2 per calendar month	NO			\$2.01		
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	2 per calendar year	NO			\$5.91		
A7040	ONE WAY CHEST DRAIN VALVE	NO		NO			\$34.18		
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	NO		NO			\$82.95		
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY	NO		NO			\$11.42		
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	PA required if limit exceeded	2 per calendar month	NO			\$13.29		
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH	NO	1 per calendar month	NO			\$47.22		
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	NO		NO			\$100.18		
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	NO		NO			\$47.61		
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	NO		NO			\$10.81		
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	NO		NO			\$0.64		
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	NO		NO			\$4.46		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	NO		NO			\$0.32		
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	NO		NO			\$2.49		
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	NO		NO			\$2.74		
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	NO		NO			\$1.34		
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	NO		NO			\$47.48		✓
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	NO		NO			\$37.64		
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	PA required if limit exceeded	2 per calendar month	NO			\$58.00		
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	NO		NO			\$61.92		
A7525	TRACHEOSTOMY MASK, EACH	PA required if limit exceeded	1 per calendar month	NO			\$1.66		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	PA required if limit exceeded	31 per calendar month	NO			\$2.70		
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	NO		NO			\$3.22		
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		NO			\$161.02		
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		NO			\$161.02		
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	PA required if limit exceeded	12 per calendar month	NO			43.00 each		✓
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	PA required if limit exceeded	31 per calendar month	NO			\$12.95		✓
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	YES	2 per calendar year	NO			\$639.50		✓
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	YES	1 per calendar year	NO			\$559.20		✓
A9285	INVERSION/EVERSION CORRECTION DEVICE	*	*	*	*	*	M	*Only payable when Medicare is primary MSRP-18% or Invoice + 20% based on documentation	✓
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DURABLE	NO		NO			M	Age limitation 3 years and up MSRP-18% or Invoice + 20% based on documentation	✓
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS	PA required if limit exceeded	1 per calendar month	NO			\$173.60	MSRP-18% or Invoice + 20% based on documentation	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS	NO		NO			\$330.77		
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS	NO	1 per calendar month	NO			\$226.61		
B4081	NASOGASTRIC TUBING WITH STYLET-ENTERAL	NO		NO			\$19.78		
B4082	NASOGASTRIC TUBING WITHOUT STYLET-ENTERAL	NO		NO			\$14.73		
B4083	ENTERAL-STOMACH TUBE - LEVINE TYPE	NO		NO			\$2.39		
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	NO		NO			\$30.58		✓
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	NO		NO			\$110.00		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	PA required if limit exceeded	180 ounces per calendar month	NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES= 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	YES		NO			\$9.09		
B4187	OMEGAVEN, 10 GRAMS LIPIDS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	YES		NO			\$193.80		
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	YES		NO			\$250.44		
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	YES		NO			\$304.89		
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	YES		NO			\$348.40		
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	PA required if limit exceeded	1 per calendar month	NO			\$220.10	1 UNIT=31 KITS	
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	PA required if limit exceeded	1 per calendar month	NO			\$243.87	1 UNIT=31 KITS	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	YES	1 per calendar month	NO			\$687.89	1 UNIT=31 KITS	
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMI	YES		NO			M	See KRS 205.560(1)© for diagnosis requirements MSRP-18% or Invoice + 20% based on documentation	
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, HEPATAMINE-PREMI	YES		NO			M	See KRS 205.560(1)© for diagnosis requirements MSRP-18% or Invoice + 20% based on documentation	
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS-BRANCH CHAIN AMINO ACIDS-FREAMINE-HBC-PREMI	YES		NO			M	See KRS 205.560(1)© for diagnosis requirements MSRP-18% or Invoice + 20% based on documentation	
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	YES		Y/month	YES	\$118.80	\$1,188.74		
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	YES		Y/month	YES	\$223.80	\$2,238.01		
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	YES		Y/month	YES	\$223.80	\$2,238.01		
B9998	NOC FOR ENTERAL SUPPLIES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
B9999	NOC FOR PARENTERAL SUPPLIES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	NO		NO			\$25.03		
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	NO		NO			\$67.16		
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	NO		NO			\$104.53		
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	NO		NO			\$62.23		
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	NO		NO			\$51.71		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	NO		NO			\$25.94		
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	NO		NO			\$61.68		
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	NO		NO			\$33.23		
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	NO		NO			\$154.17		
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NO		NO			\$55.86		
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	NO		NO			\$52.26		
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	PA required if limit exceeded	1 per 4 calendar years	NO			\$324.64	PA required only if more than 1 per 4 years needed.	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NO		NO			\$59.29		
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	NO		NO			\$56.21		
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	YES		Y/month	YES	\$33.46	\$334.60		
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	YES		NO			\$493.90		
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	NO		NO			\$96.91		
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	NO		NO			\$202.00		
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	NO		NO			\$66.38		
E0154	PLATFORM ATTACHMENT, WALKER, EACH	NO		NO			\$46.48		
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	NO		NO			\$19.83		
E0156	SEAT ATTACHMENT, WALKER	NO		NO			\$15.68		
E0157	CRUTCH ATTACHMENT, WALKER, EACH	NO		NO			\$56.08		
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	NO		NO			\$21.04		
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	NO		NO			\$14.61		
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	NO		NO			\$31.23		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENT/S	NO		NO			\$27.47		
E0162	SITZ BATH CHAIR	NO		NO			\$173.04		
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	NO		NO			\$63.48		
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	NO		NO			\$177.70		
E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY	PA required if limit exceeded	1 per calendar year	NO			\$12.30		
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	NO		NO			\$136.02		
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	NO		NO			\$176.61		
E0171	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	NO		NO			\$231.36		
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	NO		NO			\$63.36		
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY	NO		NO			\$230.40		
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	NO		NO			\$212.90		
E0184	DRY PRESSURE MATTRESS	NO		NO			\$187.35		
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$210.18		
E0186	AIR PRESSURE MATTRESS	NO		NO			\$165.10		
E0187	WATER PRESSURE MATTRESS	NO		NO			\$219.50		
E0188	SYNTHETIC SHEEPSKIN PAD	NO		NO			\$29.27		
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	NO		NO			\$59.95		
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES	NO		NO			\$26.47		✓
E0191	HEEL OR ELBOW PROTECTOR, EACH	NO		NO			\$9.56		
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	YES		Y/month	YES	\$842.09	\$8,420.90		
E0194	AIR FLUIDIZED BED	YES		Y/month	YES	\$3,864.89	\$38,648.90		
E0196	GEL PRESSURE MATTRESS	NO		NO			\$264.20		
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$180.18		
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$211.98		
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$35.90		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	PA required if limit exceeded	1 per 5 calendar years	NO			\$75.85		
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	NO		Y/day	YES	\$50.92	NO		
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	PA required if limit exceeded	1 per 5 calendar years	NO			\$157.81	PA required only if more than 1 per 5 years needed	
E0210	ELECTRIC HEAT PAD, STANDARD	PA required if limit exceeded	1 per calendar year	NO			\$38.79		
E0215	ELECTRIC HEAT PAD, MOIST	PA required if limit exceeded	1 per calendar year	NO			\$57.60		
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	YES		Y/month	YES	\$47.50	\$474.97		
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	PA required if limit exceeded	1 per 4 calendar years	Y/month	NO	\$37.18	\$371.81	PA required only if more than 1 per 4 years needed	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	YES		Y/month	YES	\$24.10	\$241.00		
E0236	PUMP FOR WATER CIRCULATING PAD	YES		Y/month	YES	\$35.99	\$359.90		
E0239	HYDROCOLLATOR UNIT, PORTABLE	PA required if limit exceeded	1 per 4 calendar years	Y/month	NO	\$38.07	\$380.71		
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0242	BATH TUB RAIL, FLOOR BASE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0243	TOILET RAIL, EACH	NO		NO			\$36.38		
E0244	TOILET SEAT RAISED	PA required if limit exceeded	1 per 5 calendar years	NO			45.49		
E0246	TRANSFER TUB RAIL ATTACHMENT	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODO OPENING	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODO OPENING	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	NO		NO			\$81.00		
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$74.93	\$749.30		
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$69.25	\$692.50		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$75.89	\$758.90		
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$68.69	\$686.90		
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$73.71	\$737.10		
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$72.22	\$722.20		
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$179.17	\$1,791.70		
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$155.90	\$1,559.00		
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	YES		Y/month	YES	\$300.00	\$3,000.00		✓
E0271	MATTRESS, INNERSPRING	NO		NO			\$123.89		
E0272	MATTRESS, FOAM RUBBER	NO		NO			\$139.13		
E0275	BED PAN, STANDARD, METAL OR PLASTIC	PA required if limit exceeded	1 per calendar year	NO			\$13.31	PA required only if more than 1 per year needed.	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	PA required if limit exceeded	1 per calendar year	NO			\$11.10		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	YES	1 per 5 calendar years	Y/month	YES	\$244.93	\$2,449.30		
E0280	BED CRADLE, ANY TYPE	NO		NO			\$29.38		
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$68.74	\$687.40		
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$52.33	\$523.30		
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$72.83	\$728.30		
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$61.07	\$610.70		
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$75.97	\$759.70		
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$75.81	\$758.10		
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$139.79	\$1,397.90		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$112.16	\$1,121.60		
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	NO		YES	Y/6 months	\$311.50	NO		
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$203.09	\$2,030.90		
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	YES		YES	YES	\$587.82	\$5,878.20		
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$200.41	\$2,004.10		
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$608.92	\$6,089.20		
E0305	BED SIDE RAILS, HALF LENGTH	NO		Y/month	NO	\$16.11	\$161.10		
E0310	BED SIDE RAILS, FULL LENGTH	NO		Y/month	NO	\$11.34	\$113.43		
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	NO		NO			\$9.54		✓
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	YES		Y/month	YES	\$22.25	\$222.56		
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	PA required if limit exceeded	1 per calendar year	NO			\$8.60		
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	PA required if limit exceeded	1 per calendar year	NO			\$9.21	PA required if more than 1 per year needed	
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	YES	1 per 5 calendar years	Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	YES	1 per 5 calendar years	Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	YES		Y/month	YES	\$244.93	\$2,449.30		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	YES		Y/month	YES	\$244.93	\$2,449.30		
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	YES		Y/month	YES	\$244.93	\$2,449.30		
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	NO		Y/month	Y/12 month	\$89.32	NO	Rental only - no purchase	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	NO		Y/month	Y/12 month	\$20.96	NO	Rental only - no purchase	
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE			Y/month	Y/12 month	\$45.26	NO		
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING			Y/month	Y/12 month	\$45.26	NO		
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	NO		Y/month	Y/12 month	\$89.32	NO	Rental only - no purchase	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT	NO		Y/month		\$53.49	NO	Rental only - no purchase	
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	NO		Y/month		\$53.49	NO	Rental only - no purchase	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	NO		Y/month		\$67.80	NO	Rental only - no purchase	
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	NO		Y/month	Y/12 month	\$170.00	NO	Rental only - no purchase	✓
E0457	CHEST SHELL (CUIRASS)	YES		Y/month	YES	\$58.79	\$587.89		✓
E0459	CHEST WRAP	YES		Y/month	YES	\$41.39	\$413.90		✓
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	YES		Y/month	YES	\$278.78	\$2,787.80		
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)			Y/month	YES	\$1,333.66	NO	Effective 6/1/2023 for Rental Only - continuous	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	NO		Y/month	YES	\$1,333.66	NO	Rental only - no purchase	
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	NO		Y/month	YES	\$1,350.40	NO	Rental only - no purchase	
E0469	LUNG EXPANSION AIRWAY CLEARANCE, CONTINUOUS HIGH FREQUENCY OSCILLATION, AND NEBULIZATION DEVICE	NO		Y/month	YES	\$1,500.66	NO	Effective 10/1/2024 Rental only - no purchase	
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	YES		Y/month	YES	\$127.16	\$1,271.60		
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	NO		Y/month	YES	\$321.20	NO		
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	YES		Y/month	YES	\$431.13	\$4,311.30		
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	PA required if limit exceeded	1 per 5 calendar years	Y/month	NO	\$46.14	\$461.40	PA required only if more than 1 per 5 years needed	
E0481	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	YES		Y/month	YES	\$600.84	\$6,008.40		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, WITH FULL ANTERIOR AND/OR POSTERIOR THORACIC REGION RECEIVING SIMULTANEOUS EXTERNAL OSCILLATION, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	YES	3 month rental then purchase	Y/month	YES	\$1,485.41	\$14,854.10	Effective 6/1/2023 - Allow rental for 3 consecutive months then require purchase on month 4 through month 12. Rental total to be deducted from purchase amount. Cannot be rented more than 3 months in a 12 month period.	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	NO		NO			\$29.54		
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	NO		Y/month	YES	\$148.55	NO		
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	NO		Y/month	NO	\$16.26	\$162.60	must purchase/rent E0562 in order to purchase/rent item	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	NO		Y/month	NO	\$7.39	\$73.95		
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	1 per 24 calendar months	Y/month	NO	\$14.47	\$144.66	Cannot bill with E0560 in same month	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	YES		Y/month	YES	\$49.61	\$496.10		
E0570	NEBULIZER, WITH COMPRESSOR	PA required if limit exceeded	1 per 4 calendar years	NO			\$128.88	PA required only if more than 1 per 4 years needed	
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	PA required if limit exceeded	1 per 4 calendar years	NO			\$304.70	PA required only if more than 1 per 4 years needed	
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	PA required if limit exceeded	1 per 4 calendar years	NO			\$322.10	PA required only if more than 1 per 4 years needed	
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	PA required if limit exceeded	1 per 4 calendar years	Y/month	YES	\$98.32	\$983.20	PA required only if more than 1 per 4 years needed	
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	PA required if limit exceeded	1 per 4 calendar years	NO			\$121.31	PA required only if more than 1 per 4 years needed	
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	PA required if limit exceeded	1 per 4 calendar years	NO			\$335.50	PA required only if more than 1 per 4 years needed	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	PA required if limit exceeded	1 per 4 calendar years	NO			\$372.30	PA required only if more than 1 per 4 years needed	
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	YES		Y/month	YES	\$49.34	\$493.40		
E0602	BREAST PUMP, MANUAL, ANY TYPE	PA required if limit exceeded	1 per calendar year	NO			\$32.28		
E0603	ELECTRIC BREAST PUMP	PA required if limit exceeded	1 per calendar year	NO		\$21.93	\$219.30		✓
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	NO		Y/month	YES	\$82.50	NO		✓
E0606	POSTURAL DRAINAGE BOARD	NO		NO			\$213.60		
E0607	HOME BLOOD GLUCOSE MONITOR	PA required if limit exceeded	1 per 4 calendar years	NO			\$93.36	Coverage through pharmacy except when Medicare Primary	
E0617	AED-EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	YES		Y/month	YES	\$375.53	\$3,725.28		
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	NO		Y/month	YES	\$227.98	NO		
E0619	APNEA MONITOR, WITH RECORDING FEATURE	NO		Y/month	YES	\$227.30	NO		
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	NO		NO			\$77.91		
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	NO		NO			\$312.26		
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	NO		NO			\$314.20		
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	YES		Y/month	YES	\$68.69	\$686.90		
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	YES		Y/month	YES	\$139.40	\$1,394.00		
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	YES		NO			\$853.57		✓
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	YES		Y/month	YES	\$155.86	\$1,558.60		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	YES		Y/month	YES	\$90.49	\$904.90		
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	YES		Y/month	YES	\$128.32	\$1,283.20		
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	YES		Y/month	YES	\$668.31	\$6,683.13		
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	NO		NO			\$93.23		
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	YES		Y/month	YES	\$7.07	\$70.70		
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	YES		Y/month	YES	\$6.64	\$66.41		✓
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	NO		NO			\$152.83		
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	NO		NO			\$131.06		
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	NO		NO			\$132.11		
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	NO		NO			\$309.75		
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	NO		NO			\$422.74		
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	NO		NO			\$174.86		
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	YES		NO			\$1,537.92		
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	NO		NO			\$397.36		
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	NO		NO			\$308.75		
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	NO		NO			\$256.56		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	NO		Y/month	YES	\$307.64	NO		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E0705	TRANSFER DEVICE, ANY TYPE, EACH	NO		NO			\$48.00		
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULA	YES		Y/month	YES	\$7.02	\$70.20		
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	YES		Y/month	YES	\$6.21	\$62.10		
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NO		NO			\$89.39		
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	YES		Y/month	YES	\$87.60	\$876.00		
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	YES		Y/month	YES	\$125.08	\$1,250.80		
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	YES	1 per 5 calendar years	NO			\$4,650.78		
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	YES	1 per 5 calendar years	NO			\$5,436.08		
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	YES	1 per 5 calendar years	NO			\$4,517.27		
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	YES		NO			\$857.90		
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	YES		NO			\$8,141.75		
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	NO		Y/month	YES	M	NO		✓
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0776	IV POLE	NO	1 per 5 calendar years	Y/month	NO	\$11.64	\$116.42		
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOU	NO		NO			\$9.92		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	YES	1 per 5 calendar years	Y/month	YES	\$301.20	\$3,012.00		
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	YES	1 per 5 calendar years	Y/month	YES	\$369.97	\$3,699.70		
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	YES		NO			\$7,337.00	covered only in a hospital that does not bill Medicaid	
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	YES	1 per 5 calendar years	Y/month	YES	\$543.08	\$5,430.80		
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	YES		Y/month	YES	\$357.82	\$3,578.20		
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	NO		NO			\$87.01		
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	YES		Y/month	YES	\$72.01	\$720.10		
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	NO		NO			\$100.51		
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	YES		Y/month	YES	\$70.23	\$702.30		
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)	NO		NO			\$123.22		
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	NO		NO			\$51.85		
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S)	NO		NO			\$162.52		
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION	NO		NO			\$175.40		
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	NO		NO			\$167.05		
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	NO		NO			\$179.04		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	NO		Y/month	NO	\$13.17	\$131.70		
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	NO		Y/month	NO	\$47.63	\$476.30		
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	YES		Y/month	YES	\$97.04	\$970.40		
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	YES		Y/month	YES	\$64.49	\$644.90		
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	YES		Y/month	YES	\$37.15	\$371.50		
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	NO	21 days	Y/day	YES	\$31.78	NO		
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	NO		Y/month	NO	\$25.17	\$251.70		
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	YES		Y/month	YES	\$60.64	\$606.40		
E0942	CERVICAL HEAD HARNESS/HALTER	NO		NO			\$18.99		
E0944	PELVIC BELT/HARNESS/BOOT	NO		NO			\$40.16		
E0945	EXTREMITY BELT/HARNESS	NO		NO			\$42.41		
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	YES		Y/month	YES	\$70.27	\$702.70		
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	YES		Y/month	YES	\$84.73	\$847.30		
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	YES		Y/month	YES	\$81.93	\$819.30		
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NO		NO			\$73.80		
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	NO		NO			\$12.77		
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	NO		NO			\$14.48		✓
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	NO		YES		\$7.29	\$72.90		✓
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	NO		YES		\$5.09	\$50.68		✓
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	YES		NO			\$150.20		✓
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	YES		NO			\$78.72		✓
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	YES		NO			\$124.51		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	YES		Y/month	YES	\$41.74	\$417.40		✓
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	NO		NO			\$39.79		✓
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NO		NO			\$73.33		✓
E0961	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NO		Y/month	NO	\$1.92	\$19.23		✓
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	NO		Y/month	NO	\$6.22	\$62.17		✓
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$5.91	\$59.12		✓
E0968	COMMUNE SEAT, WHEELCHAIR	YES		Y/month	YES	\$14.58	\$145.80		✓
E0969	NARROWING DEVICE, WHEELCHAIR	NO		Y/month	NO	\$14.84	\$148.35		✓
E0970	WHEELCHAIR NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	NO		Y/month	NO	\$3.92	\$39.17		✓
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	NO		Y/month	NO	\$3.00	\$29.94		✓
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	NO		Y/month	NO	\$5.51	\$55.12		✓
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	NO		Y/month	NO	\$6.96	\$69.57		✓
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	NO		NO			\$24.17		✓
E0980	SAFETY VEST, WHEELCHAIR	NO		NO			\$31.62		✓
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	NO		NO			\$39.44		✓
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	NO		NO			\$43.67		✓
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	YES		Y/month	YES	\$262.43	\$2,624.30		✓
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NO		Y/month	NO	\$19.27	\$192.70		✓
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	YES		Y/month	YES	\$595.12	\$5,951.20		✓
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	NO		Y/month	NO	\$7.27	\$72.72		✓
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	NO		NO			\$78.57		✓
E0994	WHEELCHAIR ARM REST EACH	NO		NO			\$16.87		✓
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	NO		NO			\$25.12		✓
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	YES		NO			\$3,992.50		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	YES		NO			\$4,580.20		✓
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	YES		NO			\$5,045.30		✓
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	YES		NO			\$5,504.50		✓
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	YES		NO			\$6,775.60		✓
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	YES		NO			\$8,602.50		✓
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	YES		NO			\$8,764.70		✓
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	YES		NO			\$1,179.40		✓
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	YES		Y/month	YES	\$94.99	\$949.90		✓
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	NO		NO			\$292.11		✓
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NO		NO			\$126.57		✓
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	NO		NO			\$104.27		✓
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NO		Y/month	NO	\$22.03	\$220.29		✓
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE, OTHER	NO		NO			\$138.60	Maximum of 6 units per MUE edit	✓
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	NO		NO			\$389.50		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	YES		NO			\$1,228.80		✓
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	YES		Y/month	YES	\$50.48	\$504.80		✓
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	YES		Y/month	YES	\$714.13	\$7,141.30		✓
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	YES		Y/month	YES	\$1,016.60	\$10,166.00		✓
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	YES		Y/month	YES	\$115.00	\$1,150.00		✓
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$17.48	\$174.80		✓
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	YES		Y/month	YES	\$36.22	\$362.20		✓
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$88.29	\$882.90		✓
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$120.61	\$1,206.10		✓
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$104.78	\$1,047.80		✓
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	YES		Y/month	YES	\$75.33	\$753.30		✓
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$93.85	\$938.50		✓
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	YES		Y/month	YES	\$66.21	\$662.10		✓
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	YES		Y/month	YES	\$80.40	\$804.00		✓
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$102.88	\$1,028.80		✓
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$179.06	\$1,790.60		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$97.74	\$977.40		✓
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	YES		Y/month	Y/6 months	\$128.27	\$1,282.70		✓
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$110.61	\$1,106.10		✓
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	YES		Y/month	YES	\$131.44	\$1,314.40		✓
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$84.42	\$844.20		✓
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	YES		Y/month	YES	\$82.66	\$826.60		✓
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	NO		Y/month	NO	\$44.11	\$441.10		✓
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	YES		Y/month	YES	\$58.42	\$584.20		✓
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$98.90	\$989.00		✓
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$79.51	\$795.10		✓
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	YES		Y/month	YES	\$330.58	\$3,305.80		✓
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$85.45	\$854.50		✓
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	YES		Y/month	YES	\$65.18	\$651.80		✓
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	YES		Y/month	YES	\$79.65	\$796.50		✓
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	YES		Y/month	YES	\$96.95	\$969.50		✓
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$112.01	\$1,120.10		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$120.19	\$1,201.90		✓
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$80.14	\$801.40		✓
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	NO		Y/month	NO	\$38.63	\$386.30		✓
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	YES		Y/month	YES	\$55.12	\$551.20		✓
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	YES		Y/month	YES	\$60.19	\$601.90		✓
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	YES		Y/month	YES	\$65.99	\$659.90		✓
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	YES		Y/month	YES	\$43.24	\$432.40		✓
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	YES		Y/month	YES	\$38.58	\$385.78		✓
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	YES		Y/month	YES	\$24.48	\$244.80		✓
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	YES		Y/month	YES	\$26.81	\$268.10		✓
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	YES		Y/month	YES	\$298.80	\$2,988.00		✓
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$309.57	\$3,095.70		✓
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$269.52	\$2,695.20		✓
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING	YES		Y/month	YES	\$259.53	\$2,595.30		✓
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	YES		Y/month	YES	\$228.97	\$2,289.70		✓
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$230.95	\$2,309.50		✓
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$228.97	\$2,289.70		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	YES		Y/month	YES	\$83.77	\$837.70		✓
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$61.80	\$618.00		✓
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$75.79	\$757.90		✓
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$72.25	\$722.50		✓
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	YES		Y/month	YES	\$125.58	\$1,255.80		✓
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$98.07	\$980.70		✓
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$114.02	\$1,140.20		✓
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	YES		Y/month	YES	\$98.78	\$987.80		✓
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	YES		Y/month	YES	\$39.98	\$399.82		✓
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	YES		Y/month	YES	\$9.61	\$95.95		✓
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	YES		Y/month	YES	\$40.53	\$405.30		✓
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1353	OXYGEN SUPPLIES REGULATOR	YES		YES		\$9.97	\$99.74		
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1355	OXYGEN SUPPLIES STAND/RACK	NO		NO			\$22.40		✓
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	NO		NO			\$127.32		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	NO		Y/month	YES	\$89.32	NO		✓
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	NO		Y/month	YES	\$89.32	NO		✓
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	NO		Y/month	YES	\$45.26	NO		✓
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	NO		Y/month	YES	\$99.28	NO		✓
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	NO		Y/month	YES	\$75.88	NO		✓
E1700	JAW MOTION REHABILITATION SYSTEM	YES		Y/month	YES	\$32.99	\$329.91		✓
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	NO		NO			\$10.15		✓
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	NO		NO			\$20.92		✓
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$145.49	\$1,454.90		✓
E1801	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$180.25	\$1,802.50		✓
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		NO	NO		\$3,998.30		✓
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$148.01	\$1,480.10		✓
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$147.97	\$1,479.70		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1811	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$187.38	\$1,873.80		✓
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
E1816	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$190.36	\$1,903.60		✓
E1818	STATIC PROGRESSIVE STRETCH/PATIENT ACTUALIZED SERIAL STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$194.32	\$1,943.20		✓
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	NO		NO			\$114.22		✓
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	NO		Y/month	YES	\$534.73	NO		✓
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	YES		Y/month	YES	\$72.42	\$724.20		✓
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	YES	1 per 4 calendar years	NO			\$898.64	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME per regulation	✓
E2102	ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	NO		YES	NO	\$22.90	\$229.03		
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	NO		YES	NO	\$28.12	\$281.13		
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NO		NO			\$332.78		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NO		NO			\$444.87		✓
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NO		NO			\$440.20		✓
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	YES		NO			\$752.58		✓
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	NO		NO			\$32.67		✓
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	NO		NO			\$36.63		✓
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NO		Y/month	NO	\$4.15	\$41.47		✓
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NO		Y/month	NO	\$7.73	\$77.25		✓
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	NO		Y/month	NO	\$7.87	\$78.68		✓
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NO		NO			\$5.05		✓
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$32.86		✓
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$5.63		✓
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NO		NO			\$27.93		✓
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NO		NO			\$29.27		✓
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NO		NO			\$9.19		✓
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$47.04		✓
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	NO		NO			\$41.63		✓
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$47.04		✓
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NO		NO			\$34.03		✓
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$23.19		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$24.44		✓
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$18.95		✓
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$79.74		✓
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$15.66		✓
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$34.15		✓
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	YES		NO			\$1,255.30		✓
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	YES		NO			\$749.01		✓
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$14.65	\$146.51		✓
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2293	Back, contoured, for ped W/C including fixed attaching hardware	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	YES	1 per calendar year	Y/month	YES	\$200.03	\$2,000.30	More than 1 per calendar year allowed with prior authorization	
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,164.70		✓
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$2,352.40		✓
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	YES		NO			\$2,467.20		✓
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	NO		NO			\$392.00		✓
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,582.30		✓
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,470.80		✓
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	YES		NO			\$71.81		✓
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	NO		NO			\$46.21		✓
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	YES		NO			\$1,405.60		✓
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	NO		NO			\$366.20		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$2,743.50		✓
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	YES		NO			\$5,184.70		✓
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,862.30		✓
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	YES		NO			\$3,591.20		✓
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	NO		NO			\$438.42		✓
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	YES		NO			\$657.69		✓
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	YES		NO			\$548.09		✓
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	YES		NO			\$876.95		✓
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	YES		NO			\$558.90		✓
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	NO	2 per 24 calendar months	NO			\$173.13		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH	NO	2 per 24 calendar months	NO			\$99.54		✓
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)	NO	2 per 24 calendar months	NO			\$138.81		✓
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	NO	2 per 24 calendar months	NO			\$87.38		✓
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	NO	2 per 24 calendar months	NO			\$185.13		✓
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	NO	2 per 24 calendar months	NO			\$96.08		✓
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	NO	2 per 24 calendar months	NO			\$111.64		✓
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	NO		NO			\$159.12		✓
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	PA required if limit exceeded	1 per 4 calendar years	NO			\$307.72	PA required only if more than 1 per 4 years needed.	✓
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	NO		NO			\$464.91		✓
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	NO		NO			\$404.14		✓
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	YES		NO			\$722.56		✓
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT), EACH	NO		NO			\$132.21		✓
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	YES		NO			\$838.70		✓
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	YES		NO			\$535.30		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	YES		NO			\$659.40		✓
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	YES		NO			\$1,334.00		✓
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	NO		NO			\$491.10		✓
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$65.24		✓
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$19.85		✓
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$129.64		✓
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$64.30		✓
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$47.56		✓
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$110.87		✓
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$51.22		✓
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$50.83		✓
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$28.20		✓
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$43.78		✓
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$18.78		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$46.52		
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$59.87		
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$45.45		
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$52.11		
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NO		NO			\$460.21		
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	NO		Y/month	YES	\$775.67	NO		
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	YES		Y/month	YES	\$54.64	\$546.40		
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	YES		Y/month	YES	\$167.08	\$1,670.80		
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	YES		Y/month	YES	\$126.19	\$1,261.94		
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	YES		Y/month	YES	\$323.15	\$3,231.50		
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	YES		Y/month	YES	\$499.72	\$4,997.20		
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	YES		Y/month	YES	\$945.65	\$9,456.50		
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO		NO			\$41.69		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO		NO			\$87.92		
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO		NO			\$106.12		
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO		NO			\$139.69		
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO		NO			\$205.11		
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO		NO			\$332.61		
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	YES		Y/month	YES	\$21.52	\$215.20		
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	YES		Y/month	YES	\$25.79	\$257.88		
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2610	WHEELCHAIR SEAT CUSHION, POWERED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$14.95	\$149.49		
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$30.93	\$309.33		
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$32.02	\$320.24		
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$47.59	\$475.91		
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$37.21	\$372.15		
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$49.10	\$491.05		
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	YES		Y/month	YES	\$5.22	\$52.19		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$40.58	\$405.78		
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$47.94	\$479.38		
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO		NO			\$332.66		
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO		NO			\$421.36		
E2624	WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO		NO			\$337.34		
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO		NO			\$419.99		
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC ATRIAL FIBRILLATION, OR VENOUS THROMBOEMBOLISM WHO MEETS MEDICARE COVERAGE CRITERIA; INCLUDES: PROVISION OF MATERIALS FOR USE IN THE HOME AND REPORTING OF TEST RESULTS TO PHYSICIAN; TESTING NOT OCCURRING MORE FREQUENTLY THAN ONCE A WEEK; TESTING MATERIALS, BILLING UNITS OF SERVICE INCLUDE 4 TESTS	NO			NO		\$51.27		
K0001	STANDARD WHEELCHAIR	NO	1 per 5 calendar years	Y/month	NO	\$25.60	\$256.00		
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	YES		Y/month	YES	\$35.86	\$358.60		
K0003	LIGHTWEIGHT WHEELCHAIR	YES		Y/month	YES	\$38.34	\$383.40		
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	YES		Y/month	YES	\$45.32	\$453.20		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	YES		Y/month	YES	\$258.28	\$2,582.80		
K0006	HEAVY DUTY WHEELCHAIR	YES		Y/month	YES	\$64.71	\$647.10		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0007	EXTRA HEAVY DUTY WHEELCHAIR	YES		Y/month	YES	\$93.44	\$934.40		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0009	OTHER MANUAL WHEELCHAIR/BASE	YES		Y/month	YES	\$103.87	\$1,038.70		
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$16.44	\$164.44		
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$4.48	\$44.77		
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$2.53	\$25.31		
K0019	ARM PAD, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$1.23	\$12.31		
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	NO		Y/month	NO	\$4.21	\$42.05		
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	NO		Y/month	NO	\$3.31	\$33.10		
K0038	LEG STRAP, EACH	NO		NO			\$21.96		
K0039	LEG STRAP, H STYLE, EACH	NO		NO			\$48.05		
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	NO		Y/month	NO	\$5.11	\$51.12		
K0041	LARGE SIZE FOOTPLATE, EACH	NO		Y/month	NO	\$4.59	\$45.92		
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$2.95	\$29.49		
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	NO		NO			\$17.67		
K0044	OTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	NO		NO			\$15.06		
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	NO		NO			\$51.24		
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	NO		NO			\$17.67		
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	NO		NO			\$64.76		
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	NO		NO			\$29.41		
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	NO		NO			\$47.53		
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$6.89	\$68.86		
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	NO		NO			\$79.93		
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	NO		Y/month	NO	\$9.10	\$90.98		
K0065	SPOKE PROTECTORS, EACH	NO		NO			\$42.54		
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	NO		NO			\$90.37		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	NO		NO			\$175.23		
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	NO		NO			\$102.72		
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	NO		NO			\$62.91		
K0073	CASTER PIN LOCK, EACH	NO		NO			\$33.29		
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	NO		NO			\$52.38		
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	NO		NO			\$22.65		
K0105	IV HANGER, EACH	NO		NO			\$94.57		
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	NO		Y/month	NO	\$19.07	\$190.71		
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	NO		Y/month	YES	\$370.06	NO		
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	NO		Y/month	YES	M	NO		✓
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	NO		NO			\$2.12		
K0563	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	YES		Y/month	YES	\$2,268.20	\$22,682.20		
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	YES		NO			\$89.94		
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	YES		NO			\$1,551.60		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)	NO		NO			\$26.77		
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	NO		Y/month	YES	\$45.26	NO		
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	PA required if limit exceeded	\$500	NO			\$13.41		✓
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$99.55	\$995.50		
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$173.57	\$1,735.70		
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$237.32	\$2,373.20		
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$170.29	\$1,702.90		
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$263.90	\$2,639.00		
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$317.95	\$3,179.48		
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$309.14	\$3,091.40		
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$309.14	\$3,091.40		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$309.14	\$3,091.40		
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$304.15	\$3,041.50		
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$281.05	\$2,810.50		
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT	YES		Y/month	YES	\$309.48	\$3,094.80		
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$290.41	\$2,904.10		
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$262.12	\$2,621.20		
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$487.13	\$4,871.30		
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$414.23	\$4,142.30		
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$809.58	\$8,095.80		
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$714.88	\$7,148.80		
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		Y/month	YES	\$1,036.24	\$10,362.40		
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	YES		Y/month	YES	\$1,039.40	\$10,394.00		
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$398.33	\$3,983.31		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$398.33	\$3,983.31		✓
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$437.54	\$4,375.40		
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$453.81	\$4,538.10		
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$561.19	\$5,611.90		
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$497.40	\$4,974.00		
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$745.45	\$7,454.50		
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		Y/month	YES	\$1,144.51	\$11,445.10		
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$493.06	\$4,930.60		
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$492.35	\$4,923.50		
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$584.48	\$5,844.80		
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$954.57	\$9,545.70		
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$917.75	\$9,177.50		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$1,107.24	\$11,072.40		
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$1,064.63	\$10,646.30		
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$1,279.35	\$12,793.50		
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$1,314.23	\$13,142.30		
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		Y/month	YES	\$820.40	\$8,204.04		
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		Y/month	YES	\$767.28	\$7,672.77		
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$1,024.60	\$10,246.00		
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$1,045.15	\$10,451.50		
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	YES		Y/month	YES	\$1,271.24	\$12,712.40		
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$1,212.38	\$12,123.80		
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$1,816.14	\$18,161.40		
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	\$1,026.25	\$10,262.50		
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	\$1,271.24	\$12,712.40		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	\$1,816.14	\$18,161.40		
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		Y/month	YES	\$1,042.50	\$10,424.97		
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	YES		Y/month	YES	M	M	MSRP-18% or Invoice + 20% based on documentation	✓
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	YES		NO			\$1,484.62		
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$302.50		
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	NO		NO			\$21.60		
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	YES		NO			\$156.19		
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	NO		NO			\$53.90		
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	NO		NO			\$89.88		
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$127.96		
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	YES		NO			\$541.49		
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$109.80		
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$197.24		
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	NO		NO			\$268.26		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	NO	1 per calendar year	NO			\$403.80		
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	NO	1 per calendar year	NO			\$370.78		
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	YES		NO			\$87.94		
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$145.17		
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	YES		NO			\$271.28		
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$188.81		
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$328.83		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$755.69		
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$942.99		
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$946.01		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$762.71		✓
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$909.58		
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$962.52		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$295.09		
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$362.39		
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	PA required if limit exceeded	1 per calendar year	NO			\$332.39	PA required only if more than 1 per year needed.	
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$454.34		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	PA required if limit exceeded	1 per calendar year	NO			\$369.97	PA required only if more than 1 per year needed.	
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	PA required if limit exceeded	1 per calendar year	NO			\$330.63	PA required only if more than 1 per year needed.	
L0474	TLSO, TRIPLANAR CONTROL RIGID	YES		NO			\$486.47		✓
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	YES		NO			\$964.69		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	YES		NO			\$1,073.89		
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	YES		NO			\$1,366.56		
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	YES		NO			\$1,353.74		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$913.86		
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$214.93		
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$621.62		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	PA required if limit exceeded	1 per calendar year	NO			\$402.87	PA required only if more than 1 per year needed.	
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$72.17		
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			\$195.70		
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$144.16		
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$44.60		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$63.10		
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$332.72		
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$67.89		
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$131.07		
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$830.92		
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$232.10		
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$688.57		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			\$1,143.02		
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$1,101.92		
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			\$1,067.55		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$1,101.92		
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	YES		NO			\$846.98		
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$73.91		
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$389.74		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$153.53		
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$973.32		
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$271.88		
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$1,290.74		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$1,290.74		
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	YES		NO			\$1,662.23		
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	YES		NO			\$1,814.43		
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	YES		NO			\$1,927.56		
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	YES		NO			\$1,559.32		
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	YES		NO			\$2,251.49		
L0970	TLSO, CORSET FRONT	NO		NO			\$82.06		
L0972	LSO, CORSET FRONT	NO		NO			\$83.88		
L0974	TLSO, FULL CORSET	NO		NO			\$171.40		
L0976	LSO, FULL CORSET	NO		NO			\$153.07		
L0978	AXILLARY CRUTCH EXTENSION	NO		NO			\$138.21		
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	NO		NO			\$12.53		
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	NO		NO			\$13.66		
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	NO		NO			\$43.58		
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	YES		NO			\$1,457.71		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	NO		NO			\$58.70		
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	NO		NO			\$80.20		
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	NO		NO			\$91.15		
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	NO		NO			\$60.90		
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	NO		NO			\$73.31		
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	NO		NO			\$63.48		
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	NO		NO			\$71.59		
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	NO		NO			\$73.19		
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	NO		NO			\$50.71		
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	NO		NO			\$140.90		
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	NO		NO			\$65.82		
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	NO		NO			\$116.18		
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	NO		NO			\$176.79		
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	NO		NO			\$31.35		
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	YES		NO			\$1,247.80		
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	NO		NO			\$187.88		
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	NO		NO			\$159.06		
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	NO		NO			\$408.15		
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	NO		NO			\$70.25		
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	NO		NO			\$69.16		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	NO		NO			\$71.07		
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	NO		NO			\$70.97		
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	NO		NO			\$63.28		
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	NO		NO			\$71.74		
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	YES		NO			\$1,199.37		
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	YES		NO			\$1,234.16		
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$92.52		
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$31.52		
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$103.81		
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED	NO		NO			\$123.87		
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	NO		NO			\$331.31		
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$175.69		
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	NO		NO			\$378.13		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$122.87		
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	YES		NO			\$1,010.22		
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	YES		NO			\$1,065.95		
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$715.11		
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$1,492.95		
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	YES		NO			\$1,242.04		
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	YES		NO			\$1,459.94		
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	YES		NO			\$1,078.46		
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	YES		NO			\$813.69		
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	YES		NO			\$1,184.31		
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$93.48		
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$114.79		
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$93.09		
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$77.88		
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$190.58		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$582.03		
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	YES		NO			\$714.77		
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	YES		NO			\$684.74		
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$112.80		
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	YES		NO			\$719.78		
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$692.73		
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	YES		NO			\$1,200.34		
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$723.15		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	YES		NO			\$906.34		
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$444.06		
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	YES		NO			\$545.34		
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$206.67		
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$758.55		
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$745.04		
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	YES		NO			\$801.59		
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	NO		NO			\$217.15		
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$58.97		
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	YES		NO			\$337.64		
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$98.67		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	YES		NO			\$364.37		
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$192.01		
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	NO		NO			\$251.01		
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$169.85		
L1932	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$650.05		
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	YES		NO			\$383.85		
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	YES		NO			\$704.90		
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	YES		NO			\$534.80		
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$543.82		
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	YES		NO			\$397.98		
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	YES		NO			\$588.64		
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, WITH OR WITHOUT DORSIFLEXION ASSIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$303.52		
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$263.51		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$338.57		
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$728.26		
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	YES		NO			\$2,985.10		
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	YES		NO			\$663.87		
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$838.37		
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	YES		NO			\$727.36		
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	YES		NO			\$1,560.11		
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$133.74		
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	YES		NO			\$1,332.12		
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	YES		NO			\$1,227.64		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	YES		NO			\$1,026.55		
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	NO		NO			\$131.12		
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	YES		NO			\$349.21		
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	YES		NO			\$448.19		
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	NO		NO			\$128.74		
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	YES		NO			\$274.55		
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	YES		NO			\$338.43		
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	YES		NO			\$488.18		
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	YES		NO			\$767.15		
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$364.26		
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$416.75		
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$549.09		
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	YES		NO			\$976.95		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	YES		NO			\$1,231.18		
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$579.19		
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$694.43		
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$849.11		
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	NO		NO			\$84.08		
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	NO		NO			\$65.81		
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	NO		NO			\$118.59		
L2186	QUADRILATERAL BRIM ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	NO		NO			\$131.41		
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	NO		NO			\$286.72		
L2190	WAIST BELT ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	NO		NO			\$74.47		
L2192	PELVIC BAND & BELT THIGH FLA ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	NO		NO			\$256.01		
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	NO		NO			\$34.14		
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	NO		NO			\$55.40		
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	NO		NO			\$63.60		
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	NO		NO			\$55.09		
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	YES		NO			\$70.38		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	NO		NO			\$60.04		
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	NO		NO			\$255.13		
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	NO		NO			\$143.93		
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	NO		NO			\$84.55		
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	NO		NO			\$38.56		
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	NO		NO			\$93.82		
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	YES		NO			\$348.55		
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	NO		NO			\$196.75		
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	NO		NO			\$88.33		
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$147.73		
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	YES		NO			\$281.93		
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	NO		NO			\$165.85		
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	YES		NO			\$391.38		
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	YES		NO			\$639.78		
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	NO		NO			\$37.15		
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	NO		NO			\$184.32		
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	NO		NO			\$81.13		
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	NO		NO			\$88.39		
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	NO		NO			\$96.17		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2386	ADDT. ORTHOTIC SIDE BAR	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	NO		NO			\$153.90		
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	NO		NO			\$78.59		
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	NO		NO			\$120.00		
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	NO		NO			\$84.16		
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	NO		NO			\$67.32		
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	NO		NO			\$93.78		
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	NO		NO			\$110.66		
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	NO		NO			\$110.66		
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	NO		NO			\$73.22		
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	NO		NO			\$226.51		
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	YES		NO			\$606.45		
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	YES		NO			\$330.77		
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	YES		NO			\$1,134.81		
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	YES		NO			\$611.66		
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	NO		NO			\$168.70		
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	YES		NO			\$303.55		
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	NO		NO			\$206.21		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	NO		NO			\$455.98		
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	NO		NO			\$432.25		
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	NO		NO			\$147.46		
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	NO		NO			\$174.37		
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	NO		NO			\$191.98		
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	NO		NO			\$220.18		
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	NO		NO			\$299.33		
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	YES		NO			\$1,233.21		
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	YES		NO			\$1,448.65		
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	NO		NO			\$177.79		
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	NO		NO			\$241.29		
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	NO		NO			\$86.17		
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	NO		NO			\$133.82		
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	NO		NO			\$122.48		
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	NO		NO			\$112.36		
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	NO		NO			\$60.02		
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$100.89		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	NO		NO			\$43.62		
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	YES		NO			\$110.02		
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	NO		NO			\$51.60		
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	NO		NO			\$30.34		
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	NO		NO			\$61.01		
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$76.58		
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	NO		NO			\$56.08		
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	NO		NO			\$62.35		
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	NO		NO			\$70.11		
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	NO		NO			\$39.13		
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	NO		NO			\$44.46		
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	NO		NO			\$247.24		✓
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	NO		NO			\$101.20		✓
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	NO		NO			\$122.72		✓
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	NO		NO			\$132.38		✓
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	NO		NO			\$122.12		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	NO		NO			\$139.06		✓
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	PA required if limit exceeded	2 per foot per calendar year	NO			\$53.49	PA required only if more than 2 per foot per year needed	✓
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	NO		NO			\$141.20	Purchase only	✓
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	NO		NO			\$31.99		
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	NO		NO			\$53.73		
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	YES		NO			\$33.73		
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	YES		NO			\$43.18		✓
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$30.31		✓
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	NO		NO			\$60.69		✓
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	NO		NO			\$55.49		✓
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	NO		NO			\$159.84		✓
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH	NO		NO			\$34.69		✓
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	YES		NO			\$51.28		✓
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	YES		NO			\$80.00		✓
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	YES		NO			\$73.47		✓
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	YES		NO			\$67.08		✓
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	YES		NO			\$72.41		✓
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	YES		NO			\$76.66		✓
L3208	SURGICAL BOOT, EACH, INFANT	NO		NO			\$54.31		✓
L3209	SURGICAL BOOT, EACH, CHILD	NO		NO			\$28.75		✓
L3211	SURGICAL BOOT, EACH, JUNIOR	NO		NO			\$35.60		✓
L3212	BENESCH BOOT, PAIR, INFANT	NO		NO			\$56.43		✓
L3213	BENESCH BOOT, PAIR, CHILD	NO		NO			\$61.75		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3214	BENESCH BOOT, PAIR, JUNIOR	NO		NO			\$67.08		✓
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	YES		NO			\$78.94		✓
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	YES		NO			\$118.67		✓
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	YES		NO			\$92.40		✓
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	YES		NO			\$90.80		✓
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	YES		NO			\$151.75		✓
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	YES		NO			\$111.86		✓
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	YES		NO			\$42.22		✓
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	YES		NO			\$48.57		✓
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	YES		NO			\$308.31		✓
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	YES		NO			\$231.77		✓
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	YES		NO			\$280.14		✓
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	YES		NO			\$210.21		✓
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	YES		NO			\$99.94		✓
L3254	NON-STANDARD SIZE OR WIDTH	YES		NO			\$149.07		✓
L3255	ORTH FOOT NON-STANDARD SIZE/NON-STANDARD SIZE OR LENGTH	YES		NO			\$42.59		✓
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	YES		NO			\$95.83		✓
L3260	AMBULATORY SURGICAL SURGICAL BOOT/SHOE, EACH	NO		NO			\$22.03		✓
L3265	PLASTAZOTE SANDAL, EACH	NO		NO			\$25.00		✓
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	NO		NO			\$44.00		
L3310	(RR) 0:4	NO		NO			\$61.84		
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	NO		NO			\$67.38		
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	YES		NO			\$515.21		
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	NO		NO			\$51.16		
L3334	LIFT, ELEVATION, HEEL, PER INCH	NO		NO			\$26.74		
L3340	HEEL WEDGE, SACH	NO		NO			\$59.73		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3350	HEEL WEDGE	NO		NO			\$16.05		✓
L3360	SOLE WEDGE, OUTSIDE SOLE	NO		NO			\$24.96		✓
L3370	SOLE WEDGE, BETWEEN SOLE	NO		NO			\$34.77		✓
L3380	CLUBFOOT WEDGE	NO		NO			\$34.77		
L3390	OUTFLARE WEDGE	NO		NO			\$39.04		
L3400	METATARSAL BAR WEDGE, ROCKER	NO		NO			\$28.53		✓
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	NO		NO			\$65.07		✓
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	NO		NO			\$38.33		✓
L3430	HEEL, COUNTER, PLASTIC REINFORCED	NO		NO			\$112.32		✓
L3440	HEEL, COUNTER, LEATHER REINFORCED	NO		NO			\$53.49		✓
L3450	HEEL, SACH CUSHION TYPE	NO		NO			\$73.99		✓
L3455	HEEL, NEW LEATHER, STANDARD	NO		NO			\$32.04		✓
L3460	HEEL, NEW RUBBER, STANDARD	NO		NO			\$27.02		✓
L3465	HEEL, THOMAS WITH WEDGE	NO		NO			\$41.01		✓
L3470	HEEL, THOMAS EXTENDED TO BALL	NO		NO			\$43.68		✓
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	NO		NO			\$43.68		✓
L3485	HEEL, PAD, REMOVABLE FOR SPUR	NO		NO			\$19.00		✓
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	NO		NO			\$20.50		✓
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	NO		NO			\$20.50		✓
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	NO		NO			\$22.29		✓
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	NO		NO			\$22.29		✓
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	NO		NO			\$35.66		✓
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	NO		NO			\$7.01		✓
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	NO		NO			\$18.02		✓
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	NO		NO			\$67.06		✓
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	NO		NO			\$51.04		✓
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	NO		NO			\$42.04		✓
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	NO		NO			\$30.56		✓
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	NO		NO			\$60.06		✓
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	NO		NO			\$79.08		✓
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	NO		NO			\$60.06		✓
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	NO		NO			\$79.08		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	NO		NO			\$34.03		✓
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$42.06		
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$72.21		
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	NO		NO			\$100.66		
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$623.06		
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$123.30		
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$278.76		
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$101.87		
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	YES		NO			\$508.23		
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	YES		NO			\$669.04		
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	YES		NO			\$751.88		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$335.71		
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	NO		NO			\$444.11		
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$63.37		
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$501.18		
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$1,237.83		
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$376.35		
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$175.69		
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$276.74		
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	NO		NO			\$215.77		
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	YES		NO			\$1,097.63		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	YES		NO			\$1,230.73		
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	YES		NO			\$2,505.44		
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$301.89		
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$296.41		
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$42.10		
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$67.55		
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$170.97		
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$367.58		
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$458.68		
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$62.25		
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$91.15		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$54.91		
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$75.06		
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$33.35		
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$22.09		
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$53.14		
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$72.64		
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$128.55		
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$176.79		
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$579.15		
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$603.04		
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$1,248.33		
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$217.21		
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS	YES		NO			\$878.03		
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$268.36		
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$286.46		
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	NO		NO			\$24.05		
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSS OR SO)	YES		NO			\$936.66		
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
L4010	REPLACE TRILATERAL SOCKET BRIM	YES		NO			\$527.10		
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	YES		NO			\$658.39		
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	YES		NO			\$362.50		
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	YES		NO			\$293.09		
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$235.52		
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	YES		NO			\$296.42		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$191.94		
L4060	REPLACE HIGH ROLL CUFF	NO		NO			\$228.18		
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	NO		NO			\$217.71		
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	NO		NO			\$76.74		
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	NO		NO			\$67.93		
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	NO		NO			\$76.62		
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	NO		NO			\$60.89		
L4130	REPLACE PRETIBIAL SHELL	NO		NO			\$419.07		
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	PA required if limit exceeded	\$500	NO			\$10.00		✓
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	PA required if limit exceeded	\$500	NO			\$32.03		✓
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF	NO		NO			\$75.50		
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$211.22		
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$259.40		
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$135.55		
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$109.98		
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$150.33		
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	NO		NO			\$13.13		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$129.57		
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$159.14		
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$59.63		
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	YES		NO			\$1,333.46		
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	YES		NO			\$404.82		
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	YES		NO			\$977.72		
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	YES		NO			\$1,660.43		
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	YES		NO			\$1,836.74		
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	YES		NO			\$2,112.77		
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	YES		NO			\$1,840.79		
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	YES		NO			\$2,657.36		
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	YES		NO			\$2,686.23		
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	YES		NO			\$2,921.76		
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$2,797.99		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	YES		NO			\$1,856.19		
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	YES		NO			\$2,109.89		
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$2,909.97		
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,968.93		
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,951.32		
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,921.05		
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	YES		NO			\$2,205.98		
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	YES		NO			\$4,138.17		
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	YES		NO			\$3,197.63		
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	YES		NO			\$3,824.67		
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	YES		NO			\$3,981.49		
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	YES		NO			\$1,041.72		
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO		NO			\$319.61		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	YES		NO			\$1,276.60		
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO		NO			\$384.93		
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	NO		NO			\$313.15		
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	NO		NO			\$417.21		
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	YES		NO			\$982.44		
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	YES		NO			\$1,358.73		
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	YES		NO			\$1,113.65		
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	YES		NO			\$1,100.03		
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	YES		NO			\$1,321.24		
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	YES		NO			\$1,279.19		
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	YES		NO			\$1,384.52		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	YES		NO			\$1,486.72		
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	YES		NO			\$1,545.67		
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	YES		NO			\$1,804.46		
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	YES		NO			\$2,220.69		
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	YES		NO			\$1,838.87		
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	YES		NO			\$3,248.61		
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	YES		NO			\$3,492.11		
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	YES		NO			\$1,583.72		
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	YES		NO			\$1,232.45		
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	YES		NO			\$1,926.89		
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	YES		NO			\$1,305.33		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	YES		NO			\$1,041.28		
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	NO		NO			\$432.81		
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	NO		NO			\$228.97		
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	NO		NO			\$212.67		
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	NO		NO			\$277.31		
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	NO		NO			\$278.10		
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	NO		NO			\$364.71		
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	NO		NO			\$389.97		
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	NO		NO			\$243.10		
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	NO		NO			\$343.30		
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	NO		NO			\$336.10		
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	NO		NO			\$187.58		
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	NO		NO			\$232.68		
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	NO		NO			\$194.91		
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	NO		NO			\$220.98		
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	NO		NO			\$384.95		
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	YES		NO			\$857.64		
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	NO		NO			\$489.13		
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	NO		NO			\$473.93		
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	YES		NO			\$1,190.58		
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	NO		NO			\$451.81		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	YES		NO			\$610.34		
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	NO		NO			\$419.12		
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	YES		NO			\$608.48		
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	YES		NO			\$503.62		
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	YES		NO			\$1,824.88		
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	NO		NO			\$373.43		
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	YES		NO			\$918.63		
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	NO		NO			\$333.50		
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	NO		NO			\$445.19		
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$253.68		
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$214.98		
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$288.41		
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$278.13		
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	NO		NO			\$465.50		
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	NO		NO			\$391.67		
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	NO		NO			\$53.55		
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	NO		NO			\$86.37		
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	YES		NO			\$207.57		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	NO		NO			\$432.87		
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	NO		NO			\$228.10		
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	YES		NO			\$456.19		
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	NO		NO			\$277.19		
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	NO		NO			\$377.16		
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	NO		NO			\$30.37		
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	YES		NO			\$380.15		
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	NO		NO			\$253.53		
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	YES		NO			\$853.43		
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	YES		NO			\$478.39		
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	YES		NO			\$853.43		
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	NO		NO			\$36.81		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	NO		NO			\$93.48		
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	NO		NO			\$39.08		
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	NO		NO			\$46.72		
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	NO		NO			\$74.85		
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	NO		NO			\$101.64		
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	NO		NO			\$138.77		
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	NO		NO			\$128.11		
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	NO		NO			\$141.54		
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	NO		NO			\$61.41		
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	NO		NO			\$100.41		
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	NO		NO			\$180.89		
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	YES		NO			\$2,191.70		
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	YES		NO			\$2,632.07		
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	YES		NO			\$3,329.96		
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	YES		NO			\$410.01		
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	YES		NO			\$732.61		
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	YES		NO			\$718.17		
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	YES		NO			\$946.80		
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	NO		NO			\$286.07		
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	NO		NO			\$399.82		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	NO		NO			\$335.03		
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	NO		NO			\$344.12		
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	YES		NO			\$557.52		
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	YES		NO			\$696.84		
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	YES		NO			\$736.18		
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	YES		NO			\$1,154.61		
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	YES		NO			\$1,330.67		
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	YES		NO			\$1,820.17		
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	YES		NO			\$875.78		
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	YES		NO			\$4,252.48		
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	YES		NO			\$3,211.21		
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NO		NO			\$492.30		
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$550.01		
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$1,095.08		
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	NO		NO			\$372.42		
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	YES		NO			\$557.88		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	NO		NO			\$432.41		
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	YES		NO			\$2,872.88		
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	YES		NO			\$654.45		
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	YES		NO			\$734.59		
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	YES		NO			\$1,302.61		
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	YES		NO			\$1,173.08		
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	YES		NO			\$2,415.72		
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	YES		NO			\$2,160.14		
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	YES		NO			\$1,451.50		
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	YES		NO			\$2,683.82		
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	YES		NO			\$1,386.49		
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	YES		NO			\$818.60		
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	NO		NO			\$97.86		
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	NO		NO			\$262.95		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA YES Requires Department Review		NO			\$17,521.83		
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA YES Requires Department Review		NO			\$6,217.38		
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	PA YES Requires Department Review		NO			\$13,565.30		
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	YES		NO			\$15,420.61		
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	NO		NO			\$277.04		
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	NO		NO			\$405.87		
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	NO		NO			\$342.70		
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	YES		NO			\$2,603.69		
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NO		NO			\$383.70		
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$599.95		
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$737.43		
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	NO		NO			\$485.31		
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	YES		NO			\$643.61		
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	YES		NO			\$912.85		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	YES		NO			\$2,811.03		
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	NO		NO			\$155.35		
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	NO		NO			\$183.19		
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	NO		NO			\$290.18		
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	YES		NO			\$18,285.26		
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	NO		NO			\$178.25		
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	NO		NO			\$358.62		
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	NO		NO			\$428.39		
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	NO		NO			\$223.23		
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	YES		NO			\$1,745.41		
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	YES		NO			\$2,836.17		
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	YES		NO			\$2,291.24		
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	NO		NO			\$442.22		
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	NO		NO			\$435.77		
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	NO		NO			\$218.43		
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	NO		NO			\$484.73		
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	YES		NO			\$5,564.74		
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	YES		NO			\$1,545.31		
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	YES		NO			\$1,381.13		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L6000	PARTIAL HAND, THUMB REMAINING	YES		NO			\$1,016.37		
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	YES		NO			\$1,131.05		
L6020	PARTIAL HAND, NO FINGER REMAINING	YES		NO			\$1,054.53		
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	YES		NO			\$4,766.41		
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	YES		NO			\$1,453.10		
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	YES		NO			\$2,025.24		
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	YES		NO			\$1,472.21		
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	YES		NO			\$1,561.53		
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	YES		NO			\$1,819.73		
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	YES		NO			\$1,980.21		
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	YES		NO			\$2,086.82		
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	YES		NO			\$2,785.58		
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	YES		NO			\$2,186.51		
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	YES		NO			\$2,849.88		
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	YES		NO			\$2,460.73		
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	YES		NO			\$1,344.26		
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	YES		NO			\$2,996.21		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	YES		NO			\$2,694.62		
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	YES		NO			\$1,612.38		
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	YES		NO			\$934.33		
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	YES		NO			\$1,405.68		
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	YES		NO			\$1,944.59		
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO		NO			\$307.19		
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	NO		NO			\$336.28		
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	YES		NO			\$1,774.96		
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	YES		NO			\$2,371.31		
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	YES		NO			\$2,480.88		
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	YES		NO			\$2,982.06		
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	YES		NO			\$3,348.04		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	YES		NO			\$1,278.22		
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	YES		NO			\$1,157.71		
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	YES		NO			\$1,815.60		
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	YES		NO			\$1,699.10		
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	YES		NO			\$2,232.58		
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	YES		NO			\$2,120.63		
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	NO		NO			\$143.48		
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	NO		NO			\$141.67		
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	NO		NO			\$136.06		
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	NO		NO			\$286.13		
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	NO		NO			\$146.60		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	NO		NO			\$54.32		
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	NO		NO			\$234.55		
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	YES		YES			\$2,236.32		
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	YES		NO			\$654.24		
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	YES		NO			\$2,867.06		
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	NO		NO			\$464.86		
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	NO		NO			\$366.44		
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	NO		NO			\$111.91		
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	NO		NO			\$164.86		
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	NO		NO			\$57.26		
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	NO		NO			\$134.73		
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	NO		NO			\$287.38		
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	YES		NO			\$1,903.77		
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	NO		NO			\$255.30		
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	NO		NO			\$122.71		
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	NO		NO			\$166.33		
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	NO		NO			\$307.03		
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	YES		NO			\$3,352.09		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	YES		NO			\$551.85		
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	YES		NO			\$3,457.18		
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	NO		NO			\$318.77		
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	NO		NO			\$62.66		
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	NO		NO			\$70.21		
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	NO		NO			\$35.23		
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	NO		NO			\$38.95		
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	NO		NO			\$154.58		
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	NO		NO			\$91.86		
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	NO		NO			\$106.19		
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	NO		NO			\$177.47		
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	NO		NO			\$196.22		
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	NO		NO			\$266.63		
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	YES		NO			\$602.12		
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	NO		NO			\$441.23		
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	NO		NO			\$438.57		
L6689	UPPER EXSOCKET, SHOULDER DISARTICULATION	YES		NO			\$525.45		
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	YES		NO			\$572.59		
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	NO		NO			\$265.03		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, WITH OR WITHOUT LOCKING MECHANISM, EACH	NO		NO			\$427.78		
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	YES		NO			\$2,196.10		
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	YES		NO			\$513.22		
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	YES		NO			\$427.67		
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	YES		NO			\$960.11		
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	YES		NO			\$960.11		
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, LOCK MECHANISM, EXCLUDES SOCKET INSERT	NO		NO			\$415.03		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	NO		NO			\$273.68		
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	NO		NO			\$448.97		
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	NO		NO			\$262.67		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	YES		NO			\$968.16		
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	YES		NO			\$632.92		
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	YES		NO			\$912.05		
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	NO		NO			\$467.23		
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	YES		NO			\$860.28		
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	YES		NO			\$1,085.74		
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	YES		NO			\$919.62		
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	YES		NO			\$3,355.44		
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	YES		NO			\$1,634.55		
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	YES		NO			\$1,409.09		
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	NO		NO			\$233.82		
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	NO		NO			\$147.53		
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	YES		NO			\$25,393.14		
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	YES		NO			\$3,112.30		
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	YES		NO			\$2,360.84		
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	YES		YES			\$1,534.26		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$130.10		
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	YES		NO			\$478.63		
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	YES		NO			\$1,365.87		
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	YES		NO			\$1,358.12		
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	YES		NO			\$1,161.34		
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	YES		NO			\$585.52		
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$5,105.00		
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$6,872.21		
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$5,136.66		
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$6,978.86		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$6,711.38		
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$8,200.51		
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$7,628.42		
L6955	INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$9,136.08		
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$10,246.43		
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$10,928.19		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$11,387.37		
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	YES		NO			\$12,454.12		
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES		NO			\$2,590.46		
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	YES		NO			\$4,077.12		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES		NO			\$2,643.09		
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	YES		NO			\$2,156.50		
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	YES		NO			\$1,236.40		
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	YES		NO			\$5,692.81		
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	YES		NO			\$24,740.96		
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	PA YES Requires Department Review		NO			\$29,245.58		
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	YES		NO			\$5,621.74		
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	YES		NO			\$6,766.31		
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	YES		NO			\$5,904.74		
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	YES		NO			\$7,070.40		
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	YES		NO			\$3,047.27		
L7360	SIX VOLT BATTERY, EACH	NO		NO			\$182.53		
L7362	BATTERY CHARGER, SIX VOLT, EACH	NO		NO			\$191.65		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L7364	TWELVE VOLT BATTERY, EACH	PA required if limit exceeded	2 per calendar year	NO			\$304.81	PA only required if more than 2 per year needed	
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	PA required if limit exceeded	1 per 4 calendar years	NO			\$410.59	PA only required if more than 1 per 4 years needed	
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT	NO		NO			\$296.38		
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	PA required if limit exceeded	1 per 4 calendar years	NO			\$368.37	PA only required if more than 1 per 4 years needed	
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NO		NO			\$223.71		
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	NO		NO			\$261.21		
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	NO		NO			\$268.11		
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	NO		NO			\$423.12		
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	PA required if limit exceeded	\$500	NO			\$10.00		✓
L7600	PROSTHETIC DORNNING SLEEVE, ANY MATERIAL, EACH	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	NO		NO			\$109.12		
L7900	MALE VACUUM ERECTION SYSTEM	NO		NO			\$418.65		✓
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	PA required if limit exceeded	5 per calendar year	NO			\$33.65	PA required only if more than 5 per year needed	
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	PA required if limit exceeded	5 per calendar year	NO			\$91.55	PA required only if more than 5 per year needed	
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	PA required if limit exceeded	5 per calendar year	NO			\$120.43	PA required only if more than 5 per year needed	
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	NO		NO			\$47.84	End Dated 3/31/2025	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	NO		NO			\$46.36		
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	PA required if limit exceeded	5 per calendar year	NO			\$174.40	PA required only if more than 5 per year needed	
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	PA required if limit exceeded	2 per calendar year	NO			\$252.26	PA required only if more than 2 per year needed	
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	NO		NO			\$346.58		
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	NO		NO			\$41.63		
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	YES		NO			\$2,834.00		
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	NO		NO			\$491.73		
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$592.68		
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$665.93		
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$745.84		
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$825.76		
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$742.15		
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	YES		NO			\$532.74		
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	NO		NO			\$273.03		
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	PA required if limit exceeded	\$500	NO			\$20.92		✓
L8300	TRUSS, SINGLE WITH STANDARD PAD	NO		NO			\$74.50		
L8310	TRUSS, DOUBLE WITH STANDARD PADS	NO		NO			\$114.54		
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	NO		NO			\$50.05		
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	NO		NO			\$49.59		
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	NO		NO			\$14.49		
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	NO		NO			\$16.49		
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	NO		NO			\$16.40		

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	NO		NO			\$58.17		
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	NO		NO			\$19.17		
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	NO		NO			\$21.08		
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	NO		NO			\$18.93		
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	NO		NO			\$40.11		
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	NO		NO			\$55.81		
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	NO		NO			\$49.75		
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	NO		NO			\$5.11		
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	NO		NO			\$7.04		
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	NO		NO			\$8.50		
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L8500	ARTIFICIAL LARYNX, ANY TYPE	YES		NO			\$529.27		
L8501	TRACHEOSTOMY SPEAKING VALVE	PA required if limit exceeded	6 per calendar year	NO			\$112.12		
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	NO		NO			\$27.18		
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	NO		NO			\$70.86		
L8510	VOICE AMPLIFIER	NO		NO			\$163.95		
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	NO		NO			\$47.19		
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10	NO		NO			\$1.42		
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	NO		NO			\$3.38		
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	NO		NO			\$61.19		
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH	NO		NO			\$48.05		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NO		NO			\$329.19		
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NO		NO			\$76.68		
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	NO		NO			\$66.97		
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	NO		NO			\$19.13		
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	YES		NO			\$6,281.98		
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH	NO		NO			\$0.45		
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	NO		NO			\$0.24		
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	NO		NO			\$47.21		
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	NO		NO			\$136.38		
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH	NO		NO			\$184.66		
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	YES		NO			\$6,279.07		
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	YES		NO			\$1,128.41		
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	YES		NO			\$163.32		
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	YES		NO			\$1,683.79		
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	YES		NO			\$2,388.81		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	YES		YES			\$923.36		
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	NO		NO			\$12.69		
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH	NO		NO			\$209.01		
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$10.00		✓
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$10.00		✓
S5501	HOME INFUSION THERAPY, 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), PER DIEM	NO		NO			\$10.00		✓
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (USE THIS CODE FOR INTERIM MAINTENANCE OF VASCULAR ACCESS NOT CURRENTLY IN USE)	NO		NO			\$10.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER PATENCY OR DECLOTTING	NO		NO			\$10.00		✓
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	NO		NO			\$35.00		✓
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	PA required if limit exceeded	4 per calendar month for members under 21	NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$20.00		✓
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9326, S9327 OR S9328)	NO		NO			\$50.00		✓
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$25.00		✓
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$25.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)	NO		NO			\$50.00		✓
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$45.00		✓
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$12.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$12.00		✓
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$12.00		✓
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$12.00		✓
S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G., EPOPROSTENOL); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$45.00		✓
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$45.00		✓
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G., IMIGLUCERASE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFLIXIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$60.00		✓
S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$45.00		✓

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$45.00		✓
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HOME INFUSION CODES S9365-S9368 USING DAILY VOLUME SCALES)	NO		NO			\$100.00		✓
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$100.00		✓
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$110.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$110.00		✓
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$110.00		✓
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$25.00		✓
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G., HEPARIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE FOR FLUSHING OF INFUSION DEVICES WITH HEPARIN TO MAINTAIN PATENCY)	NO		NO			\$25.00		✓
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HYDRATION THERAPY CODES S9374-S9377 USING DAILY VOLUME SCALES)	NO		NO			\$40.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$40.00		✓
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH HOME INFUSION CODES FOR HOURLY DOSING SCHEDULES S9497-S9504)	NO		NO			\$50.00		✓
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 3 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$60.00		✓
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 24 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 8 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$60.00		✓

HCPDS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$60.00		✓
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$60.00		✓
S9537	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G., ERYTHROPOIETIN, G-CSF, GM-CSF); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$15.00		✓
S9538	HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (BLOOD PRODUCTS, DRUGS, AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$35.00		✓
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$10.00		✓
S9558	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$10.00		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9559	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$10.00		✓
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$20.00		✓
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB OR OTHER MONOCLONAL ANTIBODY FOR RSV, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$15.00		
S9590	HOME THERAPY, IRRIGATION THERAPY (E.G., STERILE IRRIGATION OF AN ORGAN OR ANATOMICAL CAVITY); INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	NO		NO			\$20.00		
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.78		✓
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.81		✓
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.86		✓
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.86		✓

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.76		✓
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.95		✓
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.98		✓
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.98		✓
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.73		✓
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.73		✓
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.87		✓
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.87		✓
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.75		✓
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	PA required if limit exceeded	192 per calendar month	NO			\$0.89		✓
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$1.07		✓
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	PA required if limit exceeded	6 per calendar year	NO			\$21.00		
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	PA required if limit exceeded	6 per calendar year	NO			\$16.00		

HCPES	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	PA required if limit exceeded	150 per calendar month	NO			\$0.43		✓
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	PA required if limit exceeded	150 per calendar month	NO			\$0.43		✓
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH	PA required if limit exceeded	192 per calendar month	NO			\$1.54		✓
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH	PA required if limit exceeded	180 per calendar month	NO			\$1.35		
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	YES		NO			\$686.64		
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	NO		NO			\$46.57		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	NO		NO			\$301.62		
V2626	REDUCTION OF OCULAR PROSTHESIS	NO		NO			\$191.36		
V2627	SCLERAL COVER SHELL	YES		NO			\$1,095.59		
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	NO		NO			\$250.49		
V2629	PROSTHETIC EYE, OTHER TYPE	YES		NO			\$125.00		✓