## 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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		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
99601	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, 2 HOURS OR LESS	NO		NO			\$90.00		
99601	HOME INFUSION OR SPECIALTY DRUG	NO		NO			\$90.00		✓
99602	ADMINISTRATION, PER VISIT, EACH ADDITIONAL HOUR	NO		NO			\$45.00		<b>√</b>
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		<b>√</b>
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	NO		NO			\$36.67		✓
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	NO		NO			М	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	MODD 400/ and have been cook	
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	NO		NO			М	MSRP-18% or Invoice + 20% based on documentation	✓
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	NO		NO			М	MSRP-18% or Invoice + 20% based on documentation	✓

		Purchase	KT Wiediedie	IVISEA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	SUPPLIES FOR MAINTENANCE OF NON-								
	INSULIN DRUG INFUSION CATHETER, PER								
A4221	WEEK (LIST DRUGS SEPARATELY)	NO		NO			\$19.71		
	INFUSION SUPPLIES FOR EXTERNAL DRUG						<b>V</b> 1011 1		
	INFUSION PUMP, PER CASSETTE OR BAG								
A4222	(LIST DRUGS SEPARATELY)	NO		NO			\$37.38		
	FUSION SUPPLIES NOT USED WITH EXTERNAL								
	INFUSION PUMP, PER CASSETTE OR BAG								
A4223	(LIST DRUGS SEPARATELY)	NO		NO			\$4.83		✓
	SUPPLIES FOR MAINTENANCE OF INSULIN								
A4224	INFUSION CATHETER, PER WEEK	NO		NO			\$19.71		
	SUPPLIES FOR EXTERNAL INSULIN INFUSION								
	PUMP, SYRINGE TYPE CARTRIDGE, STERILE,								
A4225	EACH	NO		NO			\$2.64		
	SUPPLIES FOR MAINTENANCE OF INSULIN								
	INFUSION PUMP WITH DOSAGE RATE								
	ADJUSTMENT USING THERAPEUTIC							MSRP-18% or Invoice + 20%	
A4226	CONTINUOUS GLUCOSE SENSING, PER WEEK	NO		NO			М	based on documentation	✓
								Effective date 7/1/2023 for 2	
								boxes (10 per box) per month -	
			2 boxes (10					PA required if more than 2	
	INFUSION SET FOR EXTERNAL INSULIN PUMP,	PA required if	per box) per				<b>A</b>	boxes	
A4230	NON NEEDLE CANNULA TYPE	limit exceeded	month	NO			\$115.50	\$115.50 is per box	✓
								Effective date 7/1/2023 for 2	
	INCLICION CET COD EVTEDNAL INCLILIA DUMP	D	2 boxes (10					boxes (10 per box) per month -	
A 4004	INFUSION SET FOR EXTERNAL INSULIN PUMP,	PA required if	per box) per	NO			Ф <b>7</b> 2 20	PA required if more than 2	
A4231	NEEDLE TYPE	limit exceeded	month	NO			\$73.30	boxes	✓
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC	NO		NO			\$2.54		<b>✓</b>
H4232		NO		NO			<b>Φ2.54</b>		<b>V</b>
	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY								
	NECESSARY HOME BLOOD GLUCOSE								
A4233	MONITOR OWNED BY PATIENT, EACH	NO		NO			\$0.51		
A4233	REPLACEMENT BATTERY, ALKALINE, J CELL,	140		140			ψ0.51		
	FOR USE WITH MEDICALLY NECESSARY HOME								
	BLOOD GLUCOSE MONITOR OWNED BY								
A4234	PATIENT, EACH	NO		NO			\$2.36		
7201	REPLACEMENT BATTERY, LITHIUM, FOR USE	. 10					ΨΞ.00		
	WITH MEDICALLY NECESSARY HOME BLOOD								
	GLUCOSE MONITOR OWNED BY PATIENT,								
A4235	EACH	NO		NO			\$1.00		
	REPLACEMENT BATTERY, SILVER OXIDE, FOR						*		
	USE WITH MEDICALLY NECESSARY HOME								
	BLOOD GLUCOSE MONITOR OWNED BY								
A4236	PATIENT, EACH	NO		NO			\$1.16		
	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON-								
	IMPLANTED CONTINUOUS GLUCOSE MONITOR								
	(CGM), INCLUDES ALL SUPPLIES AND								
	ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF								
A4238	SERVICE	NO		NO	NO		\$268.76		

		Purchase			Rental				Medicare
Hopon	Parasitudian	PA	Limite	Dontal	PA	Rental	Purchase	Martan	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE,								
	NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES								
	AND ACCESSORIES, 1 MONTH SUPPLY = 1								
A4239	UNIT OF SERVICE	NO		NO			\$255.01		
A4244	ALCOHOL OR PEROXIDE, PER PINT	NO		NO			\$0.99		
							<b>^-</b>		
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	NO	0 ===	NO			\$5.78		
	BETADINE OR IODINE SWABS/WIPES, PER		2 per calendar						
A4247	BOX	NO	month	NO			\$45.16		
			2 per	_			,	Coverage through pharmacy	
	URINE TEST OR REAGENT STRIPS OR	PA required if	calendar					except when Medicare	
A4250	TABLETS (100 TABLETS OR STRIPS)	limit exceeded	month	NO			\$15.00	Primary	✓
								Coverage through pharmacy	
								except when Medicare Primary	
	BLOOD KETONE TEST OR REAGENT STRIP,							MSRP-18% or Invoice + 20%	
A4252	EACH	NO		NO			М	based on documentation	✓
	BLOOD GLUCOSE TEST OR REAGENT STRIPS		4 per					Coverage through pharmacy	
	FOR HOME BLOOD GLUCOSE MONITOR, PER	PA required if	calendar					except when Medicare	
A4253	50 STRIPS= 1 UNIT	limit exceeded	month	NO			\$8.32	Primary	
	NORMAL, LOW AND HIGH CALIBRATOR							Coverage through pharmacy except when Medicare	
A4256	SOLUTION / CHIPS	NO		NO			\$3.38	Primary	
				_			,	Coverage through pharmacy	
	SPRING-POWERED DEVICE FOR LANCET,							except when Medicare	
A4258	EACH	NO		NO			\$2.12	Primary	
		DA required if	2 per calendar					Coverage through pharmacy	
A4259	LANCETS, PER BOX OF 100	PA required if limit exceeded	month	NO			\$1.42	except when Medicare Primary	
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	NO	monu	NO			\$1.39	Timary	✓
A4265	PARAFFIN, PER POUND	NO		NO			\$3.24		
	ADHESIVE SKIN SUPPORT ATTACHMENT FOR								
A / 222	USE WITH EXTERNAL BREAST PROSTHESIS,	NO		No.			0.4 = 0		
A4280	EACH	NO		NO			\$4.76	MSRP-18% or Invoice + 20%	
A4281	REPLACEMENT BREASTPUMP TUBE	NO		NO			М	based on documentation	✓
717201	THE EXCEMENT BREACH OWN TODE	140		110			IVI	MSRP-18% or Invoice + 20%	
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	NO		NO			М	based on documentation	✓
	CAP FOR BREAST PUMP BOTTLE,							MSRP-18% or Invoice + 20%	
A4283	REPLACEMENT	NO		NO			M	based on documentation	<u>√</u>
	BREAST SHIELD AND SPLASH PROTECTOR							MSRP-18% or Invoice + 20%	
A4284	FOR USE WITH BREAST PUMP, REPLACEMENT	NO		NO			М	based on documentation	✓
7 1720-	POLYCARBONATE BOTTLE FOR USE WITH			1,0			·VI	MSRP-18% or Invoice + 20%	
A4285	BREAST PUMP, REPLACEMENT	NO		NO			М	based on documentation	✓
	LOCKING RING FOR BREAST PUMP,							MSRP-18% or Invoice + 20%	
A4286	REPLACEMENT	NO		NO			M	based on documentation	✓

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
ПСРСЗ	Description	required	Lillius	Kentai	required	FIICE	FIICE	Notes	list
	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW							MSRP-18% or Invoice + 20%	
A4305	RATE OF 50 ML OR GREATER PER HOUR	NO		NO			M	based on documentation	✓
	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW							MSRP-18% or Invoice + 20%	
A4306	RATE OF LESS THAN 50 ML PER HOUR	NO		NO			M	based on documentation	✓
	INSERTION TRAY WITHOUT DRAINAGE BAG		1 per						
A 4040	AND WITHOUT CATHETER (ACCESSORIES	PA required if	calendar	NO			<b>#</b> 0.40		
A4310	ONLY)	limit exceeded	month	NO			\$6.48		
	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE,								
	TWO-WAY LATEX WITH COATING (TEFLON,		1 per						
	SILICONE, SILICONE ELASTOMER OR	PA required if	calendar						
A4311	HYDROPHILIC, ETC.)	limit exceeded	month	NO			\$14.16		
	INSERTION TRAY WITHOUT DRAINAGE BAG						,		
	WITH INDWELLING CATHETER, FOLEY TYPE,								
A4312	TWO-WAY, ALL SILICONE	NO		NO			\$16.88		
	INSERTION TRAY WITHOUT DRAINAGE BAG								
A 4040	WITH INDWELLING CATHETER, FOLEY TYPE,	NO		NO			<b>#47.07</b>		
A4313	THREE-WAY, FOR CONTINUOUS IRRIGATION	NO		NO			\$17.67		
	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-								
A4314	WAY LATEX WITH COATING	NO		NO			\$24.12		
7(4014	INSERTION TRAY WITH DRAINAGE BAG WITH	140		140			ΨΣτ.12		
	INDWELLING CATHETER, FOLEY TYPE, TWO-								
A4315	WAY, ALL SILICONE	NO		NO			\$25.17		
	INSERTION TRAY WITH DRAINAGE BAG WITH								
	INDWELLING CATHETER, FOLEY TYPE, THREE-								
A4316	WAY, FOR CONTINUOUS IRRIGATION	NO		NO			\$27.09		
	IDDIOATION TRAVIAUTU DUI D OD DIOTON	DA no motor diff	9 per					DA no suctional and a few and the suc	
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	PA required if limit exceeded	calendar month	NO			\$5.08	PA required only if more than 9 per calendar month needed.	
A4320	STRINGE, ANT FORFOSE	IIIIIII exceeded	9 per	INO			φ5.06	9 per calendar month needed.	
		PA required if	calendar					PA required only if more than	
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	limit exceeded	month	NO			\$2.85	9 per calendar month needed.	
			2 per						
	MALE EXTERNAL CATHETER WITH INTEGRAL	PA required if	calendar					PA required only if more than	
A4326	COLLECTION CHAMBER, ANY TYPE, EACH	limit exceeded	month	NO			\$10.29	2 per calendar month needed.	
A 4227	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH	NO		NO			\$42.FG		
A4327	FEMALE EXTERNAL URINARY COLLECTION	NO		NO			\$42.56		
A4328	DEVICE; POUCH, EACH	NO		NO			\$9.87		
25	PERIANAL FECAL COLLECTION POUCH WITH						<b>43.3.</b>		
A4330	ADHESIVE, EACH	NO		NO			\$6.82		
	EXTENSION DRAINAGE TUBING, ANY TYPE,								
	ANY LENGTH, WITH CONNECTOR/ADAPTOR,								
A 4004	FOR USE WITH URINARY LEG BAG OR	NO		NO			<b>CO 04</b>		
A4331	UROSTOMY POUCH, EACH	NO		NO			\$3.04		
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	NO		NO			\$0.12		
777002	E/ (OI)	110		110	l		Ψυ. 12		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	URINARY CATHETER ANCHORING DEVICE,	-							
	ADHESIVE SKIN ATTACHMENT, EACH	NO		NO			\$2.10		
	URINARY CATHETER ANCHORING DEVICE,								
A4334	LEG STRAP, EACH	NO		NO			\$4.71		
	INDWELLING CATHETER; FOLEY TYPE, TWO-	PA required if	31 per calendar						
	WAY LATEX WITH COATING EACH	limit exceeded	month	NO			\$11.70		
111000				110			<b>V</b> 100 C		
	INDWELLING CATHETER; SPECIALTY TYPE,								
	(E.G., COUDE, MUSHROOM, WING, ETC.), EACH	NO	0.4	NO			\$26.07		
	INDWELLING CATHETER, FOLEY TYPE, TWO- WAY, ALL SILICONE OR POLYURETHTHANE,	PA required if	31 per calendar						
	EACH	limit exceeded	month	NO			\$15.28		
71.011		mint oncooded	111011111	110			ψ.σ.Ξσ		
	INDWELLING CATHETER; FOLEY TYPE, THREE								
	WAY FOR CONTINUOUS IRRIGATION, EACH	NO		NO			\$18.69		
	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	NO		NO			\$2.02		
	INTERMITTENT URINARY CATHETER;	NO		140			Ψ2.02		
	STRAIGHT TIP, WITH OR WITHOUT COATING							Not billable with codes A4352	
	(TEFLON, SILICONE, SILICONE ELASTOMER,							and A4353 on same date of	
A4351	OR HYDROPHILIC, ETC.), EACH	NO		NO			\$1.47	service and vice versa.	
	INTERMITTENT URINARY CATHETER; COUDE								
	(CURVED) TIP, WITH OR WITHOUT COATING							Not billable with codes A4352	
	(TEFLON, SILICONE, SILICONE ELASTOMERIC,							and A4353 on same date of	
	OR HYDROPHILIC, ETC.), EACH	NO		NO			\$5.20	service and vice versa.	
			124 per					Not billable with codes A4352	
	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	PA required if limit exceeded	calendar month	NO			\$6.67	and A4353 on same date of service and vice versa.	
	INSERTION SUPPLIES INSERTION TRAY WITH DRAINAGE BAG BUT	IIIIII exceeded	HIOHUI	NO			φ0.07	service and vice versa.	
	WITHOUT CATHETER	NO		NO			\$11.25		
	IRRIGATION TUBING SET FOR CONTINUOUS								
	BLADDER IRRIGATION THROUGH A THREE-	NO		NO			<b>#0.50</b>		
	WAY INDWELLING FOLEY CATHETER, EACH EXTERNAL URETHRAL CLAMP OR	NO	4 per	NO			\$8.50		
	COMPRESSION DEVICE (NOT TO BE USED FOR	PA required if	calendar						
A4356	CATHETER CLAMP), EACH	limit exceeded	year	NO			\$43.52		
	BEDSIDE DRAINAGE BAG, DAY OR NIGHT,		4 per						
	WITH OR WITHOUT ANTI-REFLUX DEVICE,	PA required if	calendar				<b>4-</b>	PA required only if more than	
	WITH OR WITHOUT TUBE, EACH	limit exceeded	month	NO			\$7.86	4 per month needed	
	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH								
	STRAPS, EACH	NO		NO			\$5.39		
	DISPOSABLE EXTERNAL URETHRAL CLAMP								
	OR COMPRESSION DEVICE, WITH PAD AND/OR						4-		
A4360	POUCH, EACH	NO	C r = 1	NO			\$0.51		
		PA required if	6 per calendar						
A4361	OSTOMY FACEPLATE, EACH	limit exceeded	year	NO			\$18.37		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	2000114001		20 per	11011001	roquirou .		7 1100		
	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT;	PA required if	calendar						
A4362	EACH	limit exceeded	month	NO			\$3.17		
	OSTOMY CLAMP, ANY TYPE, REPLACEMENT								
A4363	ONLY, EACH	NO		NO			\$2.01		
A 4264	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER	NO		NO			<b>\$2.02</b>		
A4364	OZ	NO	1 per	NO			\$2.93		
		PA required if	calendar						
A4366	OSTOMY VENT, ANY TYPE, EACH	limit exceeded	month	NO			\$1.30		
			1 per						
		PA required if	calendar				4		
A4367	OSTOMY BELT, EACH	limit exceeded	month	NO			\$7.35		
A4368	OSTOMY FILTER, ANY TYPE, EACH OSTOMY SKIN BARRIER, LIQUID (SPRAY,	NO		NO			\$0.26		
A4369	BRUSH, ETC.), PER OZ	NO		NO			\$2.42		
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	NO		NO			\$3.65		
	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR						·		
	EQUIVALENT, STANDARD WEAR, WITH BUILT-								
A4372	IN CONVEXITY, EACH	NO		NO			\$4.18		
	OSTOMY SKIN BARRIER, WITH FLANGE								
A4373	(SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	NO		NO			\$6.28		
A4373	OSTOMY POUCH, DRAINABLE, WITH	INO		NO			φ0.20		
A4375	FACEPLATE ATTACHED, PLASTIC, EACH	NO		NO			\$17.18		
	OSTOMY POUCH, DRAINABLE, WITH								
A4376	FACEPLATE ATTACHED, RUBBER, EACH	NO		NO			\$47.58		
A 4077	OSTOMY POUCH, DRAINABLE, FOR USE ON	NO		NO			<b>#</b> 4.00		
A4377	FACEPLATE, PLASTIC, EACH OSTOMY POUCH, DRAINABLE, FOR USE ON	NO		NO			\$4.29		
A4378	FACEPLATE, RUBBER, EACH	NO		NO			\$30.75		
71.010	OSTOMY POUCH, URINARY, WITH FACEPLATE						φσσσ		
A4379	ATTACHED, PLASTIC, EACH	NO		NO			\$15.02		
	OSTOMY POUCH, URINARY, WITH FACEPLATE						0.05		
A4380	ATTACHED, RUBBER, EACH	NO		NO			\$37.33		
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	NO		NO			\$4.61		
A-301	OSTOMY POUCH, URINARY, FOR USE ON	140		140			ψτ.01		
A4382	FACEPLATE, HEAVY PLASTIC, EACH	NO		NO			\$24.62		
	OSTOMY POUCH, URINARY, FOR USE ON								
A4383	FACEPLATE, RUBBER, EACH	NO		NO			\$28.19		
A 400 4	OSTOMY FACEPLATE EQUIVALENT, SILICONE	NO		NO			<b>\$0.00</b>		
A4384	RING, EACH OSTOMY SKIN BARRIER, SOLID 4 X 4 OR	NO		NO			\$9.62		
	EQUIVALENT, EXTENDED WEAR, WITHOUT								
A4385	BUILT-IN CONVEXITY, EACH	NO		NO			\$5.10		
	OSTOMY POUCH, CLOSED, WITH BARRIER								
	ATTACHED, WITH BUILT-IN CONVEXITY (1								
A4387	PIECE), EACH	NO		NO			\$2.53		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
1101 00	OSTOMY POUCH, DRAINABLE, WITH	. cquii ou		11011001			7 1100		
	EXTENDED WEAR BARRIER ATTACHED, (1								
A4388	PIECE), EACH	NO		NO			\$4.36		
	OSTOMY POUCH, DRAINABLE, WITH BARRIER						*		
	ATTACHED, WITH BUILT-IN CONVEXITY (1								
A4389	PIECE), EACH	NO		NO			\$6.22		
	MY POUCH, DRAINABLE, WITH EXTENDED								
A 4200	WEAR BARRIER ATTACHED, WITH BUILT-IN	NO		NO			<b>CO 61</b>		
A4390	CONVEXITY (1 PIECE), EACH OSTOMY POUCH, URINARY, WITH EXTENDED	NO		NO			\$9.61		
A4391	WEAR BARRIER ATTACHED (1 PIECE), EACH	NO		NO			\$7.07		
714001	OSTOMY POUCH, URINARY, WITH STANDARD	140		140			Ψί.οι		
	WEAR BARRIER ATTACHED, WITH BUILT-IN								
A4392	CONVEXITY (1 PIECE), EACH	NO		NO			\$8.18		
	OSTOMY POUCH, URINARY, WITH EXTENDED								
	WEAR BARRIER ATTACHED, WITH BUILT-IN								
A4393	CONVEXITY (1 PIECE), EACH	NO		NO			\$9.04		
	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH,								
A4394	PER FLUID OUNCE	NO		NO			\$2.58		
714004	OSTOMY DEODORANT FOR USE IN OSTOMY	140		140			Ψ2.00		
A4395	POUCH, SOLID, PER TABLET	NO		NO			\$0.05		
	OSTOMY BELT WITH PERISTOMAL HERNIA								
A4396	SUPPORT	NO		NO			\$40.48		
			4 per						
A 4200	OCTOMY IDDICATION CUIDDLY, DAG. FACU	PA required if	calendar	NO			¢40 F6		
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	limit exceeded	year 4 per	INO			\$12.56		
	OSTOMY IRRIGATION SUPPLY;	PA required if	calendar						
A4399	CONE/CATHETER, WITH OR WITHOUT BRUSH	limit exceeded	year	NO			\$10.93		
			1 per						
		PA required if	calendar						
A4400	OSTOMY IRRIGATION SET	limit exceeded	month	NO			\$46.76		
			4						
		PA required if	4 ounces per calendar						
A4402	LUBRICANT, PER OUNCE 10Z=1 UNIT	limit exceeded	month	NO			\$1.36		
7.1702	202.437.441,1 214 00/102 102-1 0/1/1	Oxocodou	10 per	1,0			<b>\$1.00</b>		
		PA required if	calendar						
A4404	OSTOMY RING, EACH	limit exceeded	month	NO			\$1.36		
	OSTOMY SKIN BARRIER, NON-PECTIN BASED,								
A4405	PASTE, PER OUNCE	NO		NO			\$3.40		
A 4 4 0 G	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	NO		NO			¢5.74		
A4406	FASTE, PER OUNCE	NO		INU			\$5.74		
	OSTOMY SKIN BARRIER, WITH FLANGE								
	(SOLID, FLEXIBLE, OR ACCORDION),								
	EXTENDED WEAR, WITH BUILT-IN CONVEXITY,								
A4407	4 X 4 INCHES OR SMALLER, EACH	NO		NO			\$8.76		

		Purchase			Rental	D(a)	Dl.		Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED								
	WEAR, WITH BUILT-IN CONVEXITY, LARGER								
A4408	THAN 4 X 4 INCHES, EACH	NO		NO			\$9.87		
	OSTOMY SKIN BARRIER, WITH FLANGE								
	(SOLID, FLEXIBLE OR ACCORDION), EXTENDED								
	WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4								
A4409	INCHES OR SMALLER, EACH	NO		NO			\$6.22		
	OSTOMY SKIN BARRIER, WITH FLANGE								
	(SOLID, FLEXIBLE OR ACCORDION), EXTENDED								
A4410	WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES,	NO		NO			\$9.04		
74410	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR	NO		140			Ψ3.04		
	EQUIVALENT, EXTENDED WEAR, WITH BUILT-								
A4411	IN CONVEXITY, EACH	NO		NO			\$5.10		
	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT,								
A4412	FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	NO		NO			\$2.70		
74412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT,	NO		INO			Ψ2.10		
	FOR USE ON A BARRIER WITH FLANGE (2								
A4413	PIECE SYSTEM), WITH FILTER, EACH	NO		NO			\$6.41		
	OTOMY OWN BARRIER WITH ELANOF (OOLID								
	STOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN								
A4414	CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	NO		NO			\$5.44		
	TOMY SKIN BARRIER, WITH FLANGE (SOLID,	,,,,					¥5222		
	FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN								
	CONVEXITY, LARGER THAN 4 X 4 INCHES,			NO			00.44		
A4415	EACH	NO	60 per	NO			\$6.41		
	OSTOMY POUCH, CLOSED, WITH BARRIER	PA required if	calendar						
A4416	ATTACHED, WITH FILTER (1 PIECE), EACH	limit exceeded	month	NO			\$2.75		
	OSTOMY POUCH, CLOSED, WITH BARRIER		60 per						
A 4 4 4 7	ATTACHED, WITH BUILT-IN CONVEXITY, WITH	PA required if	calendar	NO			<b>40.70</b>		
A4417	FILTER (1 PIECE), EACH	limit exceeded	month	NO			\$3.72		
	OSTOMY POUCH, CLOSED; WITHOUT BARRIER	PA required if	60 per calendar						
A4418	ATTACHED, WITH FILTER (1 PIECE), EACH	limit exceeded	month	NO			\$1.81		
	OSTOMY POUCH, CLOSED; FOR USE ON		60 per						
	BARRIER WITH NON-LOCKING FLANGE, WITH	PA required if	calendar	No.			<b>4.</b> – <i>i</i>		
A4419	FILTER (2 PIECE), EACH	limit exceeded	month	NO			\$1.74		
	TOMY POUCH, CLOSED; FOR USE ON BARRIER	PA required if	60 per calendar						
A4420	WITH LOCKING FLANGE (2 PIECE), EACH	limit exceeded	month	NO			\$1.86		
	` ` `							MSRP-18% or Invoice + 20%	
A4421	OSTOMY SUPPLY; MISCELLANEOUS	YES		NO			M	based on documentation	✓

		Purchase			Rental				Medicare
HODOO	Description	PA	Limite	Dentel	PA	Rental	Purchase	Natas	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	OSTOMY ABSORBENT MATERIAL								
	(SHEET/PAD/CRYSTAL PACKET) FOR USE IN							MCDD 400/ or laveled + 200/	
A4422	OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	NO		NO			М	MSRP-18% or Invoice + 20% based on documentation	
74422	OSTOMY POUCH, CLOSED; FOR USE ON	INO	60 per	NO			IVI	based on documentation	
	BARRIER WITH LOCKING FLANGE, WITH	PA required if	calendar						
A4423	FILTER (2 PIECE), EACH	limit exceeded	month	NO			\$1.86		
			60 per						
	OSTOMY POUCH, DRAINABLE, WITH BARRIER	PA required if	calendar						
A4424	ATTACHED, WITH FILTER (1 PIECE), EACH	limit exceeded	month	NO			\$4.75		
		5	60 per						
A 4 4 0 F	OSTOMY POUCH, DRAINABLE, WITH BARRIER	PA required if	calendar	NO			<b>#0.50</b>		
A4425	ATTACHED, WITH FILTER (1 PIECE), EACH	limit exceeded	month	NO			\$3.58		
	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	PA required if	60 per calendar						
A4426	SYSTEM), EACH	limit exceeded	month	NO			\$2.73		
711720	OSTOMY POUCH, DRAINABLE; FOR USE ON	Oxocodou	60 per	,,			Ψ2.10		
	BARRIER WITH LOCKING FLANGE, WITH	PA required if	calendar						
A4427	FILTER (2 PIECE SYSTEM), EACH	limit exceeded	month	NO			\$2.78		
	OSTOMY POUCH, URINARY, WITH EXTENDED		60 per						
	WEAR BARRIER ATTACHED, WITH FAUCET-	PA required if	calendar						
A4428	TYPE TAP WITH VALVE (1 PIECE), EACH	limit exceeded	month	NO			\$6.51		
	OMY POUCH, URINARY, WITH BARRIER								
	ATTACHED, WITH BUILT-IN CONVEXITY, WITH	DA manusima dif	60 per						
A4429	FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	PA required if limit exceeded	calendar month	NO			\$8.25		
A4429	OSTOMY POUCH, URINARY, WITH EXTENDED	IIIIII exceeded	monu	INO			φ0.23		
	WEAR BARRIER ATTACHED, WITH BUILT-IN		60 per						
	CONVEXITY, WITH FAUCET-TYPE TAP WITH	PA required if	calendar						
A4430	VALVE (1 PIECE), EACH	limit exceeded	month	NO			\$8.52		
	OSTOMY POUCH, URINARY; WITH BARRIER		60 per						
	ATTACHED, WITH FAUCET-TYPE TAP WITH	PA required if	calendar						
A4431	VALVE (1 PIECE), EACH	limit exceeded	month	NO			\$6.22		
	OSTOMY POUCH, URINARY; FOR USE ON		00						
	BARRIER WITH NON-LOCKING FLANGE, WITH	DA roguina d'é	60 per						
A4432	FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	PA required if limit exceeded	calendar month	NO			\$3.59		
M443Z	OSTOMY POUCH, URINARY; FOR USE ON	mini exceeded	60 per	INO			φυ.υθ		
	BARRIER WITH LOCKING FLANGE (2 PIECE),	PA required if	calendar						
A4433	EACH	limit exceeded	month	NO			\$3.34		
	OMY POUCH, URINARY; FOR USE ON BARRIER		60 per						
	WITH LOCKING FLANGE, WITH FAUCET-TYPE	PA required if	calendar						
A4434	TAP WITH VALVE (2 PIECE), EACH	limit exceeded	month	NO			\$3.76		
	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT,		60 per						
A 4 4 0 E	WITH EXTENDED WEAR BARRIER (ONE-PIECE	PA required if	calendar	NO			ΦE 04	PA required only if more than	
A4435	SYSTEM), WITH OR WITHOUT FILTER, EACH	limit exceeded	month	NO			\$5.01	60 per month needed	
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	NO		NO			\$0.09		
A4400	IIIVOLIEO	140		NO			ψ0.09		

		Durchasa			Rental				Madiaara
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			М	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			М	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			М	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	✓

Hobos	December	Purchase PA		Partal.	Rental PA	Rental	Purchase	Name	Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	LITHIUM ION BATTERY, RECHARGEABLE, FOR							MSRP-18% or Invoice + 20%	
A4601	NON-PROSTHETIC USE, REPLACEMENT	YES		NO			М	based on documentation	<u>√</u>
	TUBING WITH INTEGRATED HEATING								
A 400 4	ELEMENT FOR USE WITH POSITIVE AIRWAY	NO		NO			<b>#00.55</b>		
A4604	PRESSURE DEVICE	NO		NO			\$38.55		
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	NO		NO			\$14.76		
A4603	STSTEM, EACH	NO	4 per	NO			Φ14.76		
	OXYGEN PROBE FOR USE WITH OXIMETER		calendar						
A4606	DEVICE, REPLACEMENT	NO	month	NO			\$15.99		✓
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	NO	month	NO			\$52.63		
711000	TERY, HEAVY DUTY; REPLACEMENT FOR						ψ0 <u>2</u> .00		
A4611	PATIENT OWNED VENTILATOR	NO		NO			\$174.26		✓
	BATTERY CABLES; REPLACEMENT FOR								
A4612	PATIENT-OWNED VENTILATOR	NO		NO			\$65.00		✓
	BATTERY CHARGER; REPLACEMENT FOR								
A4613	PATIENT-OWNED VENTILATOR	NO		NO			\$137.96		✓
	PEAK EXPIRATORY FLOW RATE METER, HAND								
A4614	HELD	NO		NO			\$22.75		
A4618	BREATHING CIRCUITS	NO		NO			\$8.51		
A4619	FACE TENT	NO		NO			\$1.27		
		5	31 per						
A 4000	TRACHECCTORAY INDIED CANDILLIA	PA required if	calendar	NO			ФE 04		
A4623	TRACHEOSTOMY, INNER CANNULA	limit exceeded	month	NO			\$5.31		
	TRACHEAL SUCTION CATHETER, ANY TYPE	PA required if	91 per calendar						
A4624	OTHER THAN CLOSED SYSTEM, EACH	limit exceeded	month	NO			\$2.14		
74024	OTTER THAN GEOGED OTOTEM, EAGIT	IIIIII CXCCCGCG	1 per	140			Ψ2.14		
	TRACHEOSTOMY CARE KIT FOR NEW	PA required if	calendar						
A4625	TRACHEOSTOMY	limit exceeded	month	NO			\$6.61		
			2 per	-			*		
		PA required if	calendar						
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	limit exceeded	month	NO			\$2.59		
	SPACER, BAG OR RESERVOIR, WITH OR								
	WITHOUT MASK, FOR USE WITH METERED								
A4627	DOSE INHALER	NO		NO			\$38.00		✓
	ORAL AND/OR OROPHARYNGEAL SUCTION						4-		
A4628	CATHETER, EACH	NO		NO			\$3.58		
A 4000	TRACHEOSTOMY CARE KIT FOR ESTABLISHED	NO		NO			0.4.40		
A4629	TRACHEOSTOMY	NO		NO			\$4.42		
	DEDI ACEMENT DATTEDITO MEDICALLY								
	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL								
A4630	STIMULATOR, OWNED BY PATIENT	NO		NO			\$5.98		
A4030	REPLACEMENT BULB FOR THERAPEUTIC	INO		INO			ψυ.συ	MSRP-18% or Invoice + 20%	
A4634	LIGHT BOX. TABLETOP MODEL	YES		NO			М	based on documentation	✓
7.1001	UNDERARM PAD, CRUTCH, REPLACEMENT,	0					.**	22230 CH GOGGHOHAGON	
A4635	EACH	NO		NO			\$4.89		
	REPLACEMENT, HANDGRIP, CANE, CRUTCH,								
A4636	OR WALKER, EACH	NO		NO			\$3.01		

		Purchase		I WISEA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	REPLACEMENT, TIP, CANE, CRUTCH, WALKER,								
A4637	EACH.	NO		NO			\$1.67		
	REPLACEMENT PAD FOR USE WITH								
	MEDICALLY NECESSARY ALTERNATING								
A4640	PRESSURE PAD OWNED BY PATIENT	NO		NO			\$49.45		
								MSRP-18% or Invoice + 20%	
A4649	SURGICAL SUPPLY; MISCELLANEOUS	YES		NO			M	based on documentation	✓
	PERITONEAL DIALYSIS CATHETER							MSRP-18% or Invoice + 20%	
A4653	ANCHORING DEVICE, BELT, EACH	NO		NO			M	based on documentation	✓
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	NO		NO			\$11.29		
	SPHYGMOMANOMETER/BLOOD PRESSURE								
A4660	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		
								Age limitation 3 years and up	
								MSRP-18% or Invoice + 20%	
A4927	GLOVES, NON-STERILE, PER 100	NO		NO			M	based on documentation	✓
								Must have diagnosis of	
								COVID-19 - for patients and	
A4928	SURGICAL MASK, PER 20	NO		NO			\$12.00	caregivers only	✓
								Age limitation 3 years and up	
								MSRP-18% or Invoice + 20%	
A4930	GLOVES, STERILE, PER PAIR	NO		NO			M	based on documentation	✓
			60 per						
	OSTOMY POUCH, CLOSED; WITH BARRIER	PA required if	calendar						
A5051	ATTACHED (1 PIECE), EACH	limit exceeded	month	NO			\$1.86		
			60 per						
	OSTOMY POUCH, CLOSED; WITHOUT BARRIER	PA required if	calendar						
A5052	ATTACHED (1 PIECE), EACH	limit exceeded	month	NO			\$1.35		
			60 per						
	OSTOMY POUCH, CLOSED; FOR USE ON	PA required if	calendar						
A5053	FACEPLATE, EACH	limit exceeded	month	NO			\$1.41		
			60 per						
	OSTOMY POUCH, CLOSED; FOR USE ON	PA required if	calendar						
A5054	BARRIER WITH FLANGE (2 PIECE), EACH	limit exceeded	month	NO			\$1.42		
			31 per						
		PA required if	calendar						
A5055	STOMA CAP	limit exceeded	month	NO			\$1.37		
	OSTOMY POUCH, DRAINABLE, WITH								
	EXTENDED WEAR BARRIER ATTACHED, WITH						<b>A.</b>		
A5056	FILTER, (1 PIECE), EACH	NO		NO			\$5.72		
	OSTOMY POUCH, DRAINABLE, WITH								
	EXTENDED WEAR BARRIER ATTACHED, WITH		31 per						
	BUILT IN CONVEXITY, WITH FILTER, (1 PIECE),	PA required if	calendar						
A5057	EACH	limit exceeded	month	NO			\$10.66		
			20 per						
	OSTOMY POUCH, DRAINABLE; WITH BARRIER	PA required if	calendar				<b>A5</b>		
A5061	ATTACHED, (1 PIECE),	limit exceeded	month	NO		<u> </u>	\$3.70		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
			20 per						
	OSTOMY POUCH, DRAINABLE; WITHOUT	PA required if	calendar						
A5062	BARRIER ATTACHED (1 PIECE), EACH	limit exceeded	month	NO			\$2.12		
	OSTOMY POUCH, DRAINABLE; FOR USE ON	D4 : 1:/	20 per						
A5063	BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	PA required if limit exceeded	calendar month	NO			\$2.29		
A5005	EACH	IIIIII exceeded	20 per	NO			\$2.29		
	OSTOMY POUCH, URINARY; WITH BARRIER	PA required if	calendar						
A5071	ATTACHED (1 PIECE), EACH	limit exceeded	month	NO			\$4.15		
	, , ,		20 per						
	osTOMY POUCH, URINARY; WITHOUT BARRIER	PA required if	calendar						
A5072	ATTACHED (1 PIECE), EACH	limit exceeded	month	NO			\$3.36		
	COTOLNY POLICIA LIBINA DV. TOD MOTOLO	D4	20 per						
A 5070	OSTOMY POUCH, URINARY; FOR USE ON	PA required if	calendar	NO			¢2.04		
A5073	BARRIER WITH FLANGE (2 PIECE), EACH	limit exceeded	month	NO			\$3.04		
		PA required if	31 per calendar						
A5081	STOMA PLUG OR SEAL, ANY TYPE	limit exceeded	month	NO			\$2.97		
7.0001			1 per				Ψ2.0.		
	CONTINENT DEVICE; CATHETER FOR	PA required if	calendar						
A5082	CONTINENT STOMA	limit exceeded	month	NO			\$9.64		
	CONTINENT DEVICE, STOMA ABSORPTIVE								
A5083	COVER FOR CONTINENT STOMA	NO		NO			\$0.50		
		DA no surino dif	10 per						
A5093	OSTOMY ACCESSORY; CONVEX INSERT	PA required if limit exceeded	calendar month	NO			\$1.86		
A3093	BEDSIDE DRAINAGE BOTTLE WITH OR	IIIIII exceeded	4 per	140			ψ1.00		
	WITHOUT TUBING, RIGID OR EXPANDABLE,	PA required if	calendar						
A5102	EACH	limit exceeded	year	NO			\$21.53		
	URINARY SUSPENSORY WITH LEG BAG, WITH								
A5105	OR WITHOUT TUBE, EACH	NO		NO			\$33.88		
	URINARY DRAINAGE BAG, LEG OR ABDOMEN,								
A E 4 4 0	LATEX, WITH OR WITHOUT TUBE, WITH	NO		NO			¢22.00		
A5112	STRAPS, EACH LEG STRAP; LATEX, REPLACEMENT ONLY,	NO		NO			\$33.02		
A5113	PER SET	NO		NO			\$3.81		
7.0110			1 per				<b>\$3.01</b>		
	LEG STRAP; FOAM OR FABRIC, REPLACEMENT	PA required if	calendar						
A5114	ONLY, PER SET	limit exceeded	month	NO			\$7.24		
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	NO		NO			\$0.20		
			20 per						
A 5 4 0 4	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT,	PA required if	calendar	NO			Φ <b>7</b> 40		
A5121	EACH	limit exceeded	month	NO			\$7.12		
	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT,	PA required if	20 per calendar						
A5122	EACH	limit exceeded	month	NO			\$12.26		
710122	27.0.1	min caccaca	10 per	140			ψ12.20		
	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM	PA required if	calendar						
A5126	PAD	limit exceeded	month	NO			\$1.07		
A5126				NO			\$1.07		

		Purchase		I WISLATEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
			1 per						
	APPLIANCE CLEANER, INCONTINENCE AND	PA required if	calendar						
A5131	OSTOMY APPLIANCES, PER 16 OZ.	limit exceeded	month	NO			\$15.11		
	PERCUTANEOUS CATHETER/TUBE								
	ANCHORING DEVICE, ADHESIVE SKIN								
A5200	ATTACHMENT	NO		NO			\$10.78		
								2 per shoe per calendar year	
	DIADETIC CLICE FOR DENCITY INCERT DED	DA as audio d'i	2 per					Prior authorization required	
A5500	DIABETIC SHOE FOR DENSITY INSERT, PER SHOE	PA required if limit exceeded	calendar	NO			\$55.72	only if more than 2 per calendar year needed.	
A5500	SHUE	iiiiii exceeded	year	INO			φυυ.12	2 per shoe per calendar year	
			2 per					Prior authorization required	
		PA required if	calendar					only if more than 2 per	
A5501	DIABETIC CUSTOM MOLDED SHOE, PER SHOE	limit exceeded	year	NO			\$167.13	calendar year needed.	
	·						·	2 per shoe per calendar year	
			2 per					Prior authorization only if	
	DIABETIC SHOE W/ROLLER/ROCKER, PER	PA required if	calendar					more than 2 per calendar year	
A5503	SHOE	limit exceeded	year	NO			\$24.79	needed.	
			_					2 per shoe per calendar year	
		DA service dif	2 per					Prior authorization required	
A5504	DIADETIC CHOE WITH WEDGE DED CHOE	PA required if	calendar	NO			<b>CO470</b>	only if more than 2 per	
A5504	DIABETIC SHOE WITH WEDGE, PER SHOE	limit exceeded	year	NO			\$24.79	calendar year needed.  2 per shoe per calendar year	
			2 per					Prior authorization only if	
	DIABETIC SHOES W/METATARSAL BAR,PER	PA required if	calendar					more than 2 per calendar year	
A5505	SHOE	limit exceeded	year	NO			\$24.79	needed.	
								2 per shoe per calendar year	
			2 per					Prior authorization required	
		PA required if	calendar					only if more than 2 per	
A5506	DIABETIC SHOE W/OFF SET HEEL, PER SHOE	limit exceeded	year	NO			\$24.79	calendar year needed.	
								2 per shoe per calendar year	
		DA required if	2 per					Prior authorization required	
A5507	MODIFICATION DIABETIC SHOE, PER SHOE	PA required if limit exceeded	calendar vear	NO			\$24.79	only if more than 2 per calendar year needed.	
ASSUT	INIODII IOA HON DIADE HO SHOE, PER SHOE	iiiiii exceeded	year	INO			φ <b>24.</b> 19	2 per shoe per calendar year	
	FOR DIABETICS ONLY, DELUXE FEATURE OF		2 per					Prior authorization required	
	OFF-THE-SHELF DEPTH-INLAY SHOE OR	PA required if	calendar					only if more than 2 per	
A5508	CUSTOM-MOLDED SHOE, PER SHOE	limit exceeded	year	NO			\$32.00	calendar year needed.	✓
	FOR DIABETICS ONLY, DIRECT FORMED,		•						
	COMPRESSION MOLDED TO PATIENT'S FOOT							2 per shoe per calendar year	
	WITHOUT EXTERNAL HEAT SOURCE,		2 per					Prior authorization required	
	MULTIPLE-DENSITY INSERT(S)	PA required if	calendar					only if more than 2 per	
A5510	PREFABRICATED, PER SHOE	limit exceeded	year	NO			\$32.00	calendar year needed.	✓

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
псгсз	<u>'</u>	required	Lillins	Kentai	required	FIICE	FIICE	Notes	list
	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		6 per					Prior authorization required	
	DUROMETER (OR HIGHER), PREFABRICATED,	PA required if	calendar					only if more than 6 per	
A5512	EACH	limit exceeded	year	NO			\$22.73	calendar year needed.	
	FOR BUARETION ON A COUNTY OF THE COUNTY OF T								
	FOR DIABETICS ONLY, MULTIPLE DENSITY								
	INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH								
	PATIENT'S FOOT, NCLUDING ARCH, BASE								
	LAYER MINIMUM OF 3/16 INCH MATERIAL OF								
	SHORE A 35 DUROMETER (OR HIGHER),		6 per					Prior authorization required	
	INCLUDES ARCH FILLER AND OTHER SHAPING	PA required if	calendar					only if more than 6 per	
A5513	MATERIAL, CUSTOM FABRICATED, EACH	limit exceeded	year	NO			\$32.00	calendar year needed.	
	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		6 per					Prior authorization required	
	ARCH FILLER AND OTHER SHAPING MATERIAL,	PA required if	calendar					only if more than 6 per	
A5514	CUSTOM FABRICATED, EACH	limit exceeded	year	NO			\$44.56	calendar year needed.	
10010	COLLAGEN BASED WOUND FILLER, DRY	NO		NO			<b>CO4.77</b>		
A6010	FORM, STERILE, PER GRAM OF COLLAGEN COLLAGEN BASED WOUND FILLER,	NO		NO			\$24.77		
A6011	GEL/PASTE, PER GRAM OF COLLAGEN	NO		NO			\$1.82		
7,0011	COLLAGEN DRESSING, STERILE, SIZE 16 SQ.	140		110			Ψ1.02		
A6021	IN. OR LESS, EACH	NO		NO			\$21.02		
	COLLAGEN DRESSING, STERILE, SIZE MORE								
	THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO								
A6022	48 SQ. IN., EACH	NO		NO			\$20.05		
	COLLAGEN DRESSING, STERILE, SIZE MORE								
A6023	THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	NO		NO			\$181.51		
A0023	COLLAGEN DRESSING WOUND FILLER,	INO		INO			φισι.σι		
A6024	STERILE, PER 6 INCHES	NO		NO			\$5.90		
	GEL SHEET FOR DERMAL OR EPIDERMAL								
	APPLICATION, (E.G., SILICONE, HYDROGEL,							MSRP-18% or Invoice + 20%	
A6025	OTHER), EACH	NO		NO			M	based on documentation	✓
A6154	WOUND POUCH, EACH	NO		NO			\$13.71		

		Purchase		I WISEA Fee SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ALGINATE OR OTHER FIBER GELLING	•			•				
	DRESSING, WOUND COVER, STERILE, PAD								
A6196	SIZE 16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$7.01		
710100	ALGINATE OR OTHER FIBER GELLING						ψ		
	DRESSING, WOUND COVER, STERILE, PAD								
	SIZE MORE THAN 16 SQ. IN. BUT LESS THAN								
A6197	OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$15.68		
	ALGINATE OR OTHER FIBER GELLING								
	DRESSING, WOUND COVER, STERILE, PAD								
A6198	SIZE MORE THAN 48 SQ. IN., EACH DRESSING	NO		NO			\$5.78		
	ALGINATE OR OTHER FIBER GELLING								
40400	DRESSING, WOUND FILLER, STERILE, PER 6	NO		NO			05.44		
A6199	INCHES	NO		NO			\$5.44		
	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE								
A6203	BORDER, EACH DRESSING	NO		NO			\$3.19		
A0203	COMPOSITE DRESSING, STERILE, PAD SIZE	INO		INO			ψυ. 19		
	MORE THAN 16 SQ. IN. BUT LESS THAN OR								
	EQUAL TO 48 SQ. IN., WITH ANY SIZE								
A6204	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$5.94		
	CONTACT LAYER, STERILE, 16 SQ. IN. OR								
A6206	LESS, EACH DRESSING	NO		NO			\$8.02		
	CONTACT LAYER, STERILE, MORE THAN 16								
	SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.								
A6207	IN., EACH DRESSING	NO		NO			\$7.00		
	FOAM DRESSING, WOUND COVER, STERILE,								
4.0000	PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	NO		NO			Ф <del>7</del> 4 4		
A6209	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$7.14		
	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS								
	THAN OR EQUAL TO 48 SQ. IN., WITHOUT								
A6210	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$19.00		
1132.10	FOAM DRESSING, WOUND COVER, STERILE,						Ţ.3.00		
	PAD SIZE MORE THAN 48 SQ. IN., WITHOUT								
A6211	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$28.01		
	FOAM DRESSING, WOUND COVER, STERILE,								
	PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE								
A6212	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$9.25		
	FOAM DRESSING, WOUND COVER, STERILE,								
	PAD SIZE MORE THAN 16 SQ. IN. BUT LESS								
A6242	THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE	NO		NO			¢11.05		
A6213	ADHESIVE BORDER, EACH DRESSING FOAM DRESSING, WOUND COVER, STERILE,	NO		NO			\$11.25		
	PAD SIZE MORE THAN 48 SQ. IN., WITH ANY								
A6214	SIZE ADHESIVE BORDER, EACH DRESSING	NO		NO			\$9.82		
7.5214	FOAM DRESSING, WOUND FILLER, STERILE,			1,0			Ψ0.02		
A6215	PER GRAM	NO		NO			\$0.05		
	GAUZE, NON-IMPREGNATED, NON-STERILE,						,		
	PAD SIZE 16 SQ. IN. OR LESS, WITHOUT								
A6216	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.05		

		Durchage	KI Wiedicale	I WISEA FEE SC					Medicare
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Bypass list
	GAUZE, NON-IMPREGNATED, NON-STERILE,								
	PAD SIZE MORE THAN 16 SQ. IN. BUT LESS								
	THAN OR EQUAL TO 48 SQ. IN., WITHOUT							MSRP-18% or Invoice + 20%	
A6217	ADHESIVE BORDER, EACH DRESSING	NO		NO			М	based on documentation	
	GAUZE, NON-IMPREGNATED, NON-STERILE,								
	PAD SIZE MORE THAN 48 SQ. IN., WITHOUT								
A6218	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$1.04		
	GAUZE, NON-IMPREGNATED, STERILE, PAD								
	SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE								
A6219	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.91		
	GAUZE, NON-IMPREGNATED, STERILE, PAD								
	SIZE MORE THAN 16 SQ. IN. BUT LESS THAN								
	OR EQUAL TO 48 SQ. IN., WITH ANY SIZE								
A6220	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.46		
	GAUZE, IMPREGNATED WITH OTHER THAN								
	WATER, NORMAL SALINE, OR HYDROGEL,								
	STERILE, PAD SIZE 16 SQ. IN. OR LESS,								
	WITHOUT ADHESIVE BORDER, EACH								
A6222	DRESSING	NO		NO			\$2.03		
	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.,								
A6223	WITHOUT ADHESIVE BORDER, EACH	NO		NO			¢2.20		
A0223	DRESSING GAUZE, IMPREGNATED WITH OTHER THAN	NO		NO			\$2.30		
	WATER, NORMAL SALINE, OR HYDROGEL,								
	STERILE, PAD SIZE MORE THAN 48 SQ. IN.,								
	WITHOUT ADHESIVE BORDER, EACH								
A6224	DRESSING	NO		NO			\$3.44		
710224	GAUZE, IMPREGNATED, WATER OR NORMAL	110		110			ψ0.44		
	SALINE, STERILE, PAD SIZE 16 SQ. IN. OR								
	LESS, WITHOUT ADHESIVE BORDER, EACH								
A6228	DRESSING	NO		NO			\$3.95		
	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								
A6229	DRESSING	NO		NO			\$3.44		
	GAUZE, IMPREGNATED, HYDROGEL, FOR								
	DIRECT WOUND CONTACT, STERILE, PAD SIZE								
A6231	16 SQ. IN. OR LESS, EACH DRESSING	NO		NO			\$4.46		
	GAUZE, IMPREGNATED, HYDROGEL, FOR								
	DIRECT WOUND CONTACT, STERILE, PAD SIZE								
	GREATER THAN 16 SQ. IN., BUT LESS THAN OR						<b>A</b>		
A6232	EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$6.57		
	GAUZE, IMPREGNATED, HYDROGEL, FOR								
4.0000	DIRECT WOUND CONTACT, STERILE, PAD SIZE	NO		NO			<b>#40.00</b>		
A6233	MORE THAN 48 SQ. IN., EACH DRESSING	NO		NO			\$18.30		

		Durchasa	•	I WISLA FEE SC			Medicare		
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	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		
	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	No		No					
A6238	DRESSING HYDROCOLLOID DRESSING, WOUND FILLER,	NO NO		NO NO			\$21.74		
A6240 A6241	PASTE, STERILE, PER OUNCE HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	NO		NO			\$11.68 \$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		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	HYDROGEL DRESSING, WOUND COVER,	•							
	STERILE, PAD SIZE MORE THAN 48 SQ. IN.,								
	WITH ANY SIZE ADHESIVE BORDER, EACH								
A6247	DRESSING	NO		NO			\$22.68		
	HYDROGEL DRESSING, WOUND FILLER, GEL,								
A6248	PER FLUID OUNCE	NO		NO			\$15.49		
	SKIN SEALANTS, PROTECTANTS,		2 per						
4.0050	MOISTURIZERS, OINTMENTS, ANY TYPE, ANY	NO	calendar	NO			<b>#00.07</b>		
A6250	SIZE	NO	month	NO			\$22.87		
	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR								
	LESS, WITHOUT ADHESIVE BORDER, EACH								
A6251	DRESSING	NO		NO			\$1.90		
7.0201	SPECIALTY ABSORPTIVE DRESSING, WOUND	110		110			Ψ1.55		
	COVER, STERILE, PAD SIZE MORE THAN 16								
	SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.								
	IN., WITHOUT ADHESIVE BORDER, EACH								
A6252	DRESSING	NO		NO			\$3.10		
	SPECIALTY ABSORPTIVE DRESSING, WOUND								
	COVER, STERILE, PAD SIZE MORE THAN 48								
	SQ. IN., WITHOUT ADHESIVE BORDER, EACH						***		
A6253	DRESSING	NO		NO			\$6.05		
	SPECIALTY ABSORPTIVE DRESSING, WOUND								
	COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,								
A6254	EACH DRESSING	NO		NO			\$1.16		
710201	SPECIALTY ABSORPTIVE DRESSING, WOUND	110		110			Ψιιιο		
	COVER, STERILE, PAD SIZE MORE THAN 16								
	SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.								
	IN., WITH ANY SIZE ADHESIVE BORDER, EACH								
A6255	DRESSING	NO		NO			\$2.89		
	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR								
A6257	LESS, EACH DRESSING	NO		NO			\$1.46		
	TRANSPARENT FILM, STERILE, MORE THAN 16								
A6258	SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	NO		NO			\$4.10		
A0206	TRANSPARENT FILM, STERILE, MORE THAN 48	INU		INU			φ4.10		
A6259	SQ. IN., EACH DRESSING	NO		NO			\$10.43		
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	NO		NO			\$26.84		
,	WOUND FILLER, GEL/PASTE, PER FLUID						,		
A6261	OUNCE, NOT OTHERWISE SPECIFIED	NO		NO			\$0.55		
	WOUND FILLER, DRY FORM, PER GRAM, NOT								
A6262	OTHERWISE SPECIFIED	NO		NO			\$2.11		
	GAUZE, IMPREGNATED, OTHER THAN WATER,								
4.0000	NORMAL SALINE, OR ZINC PASTE, STERILE,	NO		NO			04.55		
A6266	ANY WIDTH, PER LINEAR YARD	NO		NO			\$1.83		
	GAUZE, NON-IMPREGNATED, STERILE, PAD								
A6402	SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO		NO			\$0.12		
A040Z	DUNDER, EAUT DRESSING	INU	<u> </u>	INU		<u> </u>	φυ. IZ		

		Purchase	KT Wiculcale		Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	GAUZE, NON-IMPREGNATED, STERILE, PAD								
	SIZE MORE THAN 16 SQ. IN. LESS THAN OR								
	EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE								
A6403	BORDER, EACH DRESSING	NO		NO			\$0.41		
	GAUZE, NON-IMPREGNATED, STERILE, PAD	<u>-</u>		_			* -		
	SIZE MORE THAN 48 SQ. IN., WITHOUT								
A6404	ADHESIVE BORDER, EACH DRESSING	NO		NO			\$2.06		
	PACKING STRIPS, NON-IMPREGNATED,			_					
	STERILE, UP TO 2 INCHES IN WIDTH, PER								
A6407	LINEAR YARD	NO		NO			\$1.50		
A6410	EYE PAD, STERILE, EACH	NO		NO			\$0.41		
								MSRP-18% or Invoice + 20%	
A6412	EYE PATCH, OCCLUSIVE, EACH	NO		NO			М	based on documentation	✓
	PADDING BANDAGE, NON-ELASTIC, NON-								
	WOVEN/NON-KNITTED, WIDTH GREATER THAN								
	OR EQUAL TO THREE INCHES AND LESS THAN								
A6441	FIVE INCHES, PER YARD	NO		NO			\$0.54		
	CONFORMING BANDAGE, NON-ELASTIC,						·		
	KNITTED/WOVEN, NON-STERILE, WIDTH LESS								
A6442	THAN THREE INCHES, PER YARD	NO		NO			\$0.14		
	,			_			* -		
	CONFORMING BANDAGE, NON-ELASTIC,								
	KNITTED/WOVEN, NON-STERILE, WIDTH								
	GREATER THAN OR EQUAL TO THREE INCHES								
A6443	AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$0.23		
7.6	CONFORMING BANDAGE, NON-ELASTIC,						ψο.20		
	KNITTED/WOVEN, NON-STERILE, WIDTH								
	GREATER THAN OR EQUAL TO 5 INCHES, PER								
A6444	YARD	NO		NO			\$0.45		
	CONFORMING BANDAGE, NON-ELASTIC,						<b>V</b> 51 10		
	KNITTED/WOVEN, STERILE, WIDTH LESS THAN								
A6445	THREE INCHES, PER YARD	NO		NO			\$0.26		
	CONFORMING BANDAGE, NON-ELASTIC,						,		
	KNITTED/WOVEN, STERILE, WIDTH GREATER								
	THAN OR EQUAL TO THREE INCHES AND LESS								
A6446	THAN FIVE INCHES, PER YARD	NO		NO			\$0.33		
	CONFORMING BANDAGE, NON-ELASTIC,								
	KNITTED/WOVEN, STERILE, WIDTH GREATER								
A6447	THAN OR EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$0.54		
	LIGHT COMPRESSION BANDAGE, ELASTIC,								
	KNITTED/WOVEN, WIDTH LESS THAN THREE								
A6448	INCHES, PER YARD	NO		NO			\$0.93		
	LIGHT COMPRESSION BANDAGE, ELASTIC,								
	KNITTED/WOVEN, WIDTH GREATER THAN OR								
	EQUAL TO THREE INCHES AND LESS THAN								
A6449	FIVE INCHES, PER YARD	NO		NO			\$1.40		
	LIGHT COMPRESSION BANDAGE, ELASTIC,						,		
	KNITTED/WOVEN, WIDTH GREATER THAN OR								
A6450	EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$1.56		
				.,,			7		

		Purchase PA		I WISLATEC SC	Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	HIGH COMPRESSION BANDAGE, ELASTIC,								
	KNITTED/WOVEN, LOAD RESISTANCE								
	GREATER THAN OR EQUAL TO 1.35 FOOT								
	POUNDS AT 50% MAXIMUM STRETCH, WIDTH								
A6452	GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	NO		NO			\$4.73		
A0452	SELF-ADHERENT BANDAGE, ELASTIC, NON-	NO		NO			φ4.73		
	KNITTED/NON-WOVEN, WIDTH LESS THAN								
A6453	THREE INCHES, PER YARD	NO		NO			\$0.49		
70400	SELF-ADHERENT BANDAGE, ELASTIC, NON-	110		140			ψ0.43		
	KNITTED/NON-WOVEN, WIDTH GREATER THAN								
	OR EQUAL TO THREE INCHES AND LESS THAN								
A6454	FIVE INCHES, PER YARD	NO		NO			\$0.62		
7.0.01	SELF-ADHERENT BANDAGE, ELASTIC, NON-						¥5.52		
	KNITTED/NON-WOVEN, WIDTH GREATER THAN								
A6455	OR EQUAL TO FIVE INCHES, PER YARD	NO		NO			\$1.11		
	ZINC PASTE IMPREGNATED BANDAGE, NON-						·		
	ELASTIC, KNITTED/WOVEN, WIDTH GREATER								
	THAN OR EQUAL TO THREE INCHES AND LESS								
A6456	THAN FIVE INCHES, PER YARD	NO		NO			\$1.02		
	TUBULAR DRESSING WITH OR WITHOUT								
A6457	ELASTIC, ANY WIDTH, PER LINEAR YARD	NO		NO			\$0.91		
	COMPRESSION BURN GARMENT, BODYSUIT							MSRP-18% or Invoice + 20%	
A6501	(HEAD TO FOOT), CUSTOM FABRICATED	YES		NO			M	based on documentation	
	COMPRESSION BURN GARMENT, CHIN STRAP,							MSRP-18% or Invoice + 20%	
A6502	CUSTOM FABRICATED	YES		NO			M	based on documentation	
	COMPRESSION BURN GARMENT, FACIAL							MSRP-18% or Invoice + 20%	
A6503	HOOD, CUSTOM FABRICATED	YES		NO			M	based on documentation	
40504	COMPRESSION BURN GARMENT, GLOVE TO	\/F0		NO				MSRP-18% or Invoice + 20%	
A6504	WRIST, CUSTOM FABRICATED	YES		NO			M	based on documentation	
ACEOE	COMPRESSION BURN GARMENT, GLOVE TO	YES		NO			N4	MSRP-18% or Invoice + 20%	
A6505	ELBOW, CUSTOM FABRICATED	YES		NO			М	based on documentation MSRP-18% or Invoice + 20%	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	YES		NO			М	based on documentation	
A0300	COMPRESSION BURN GARMENT, FOOT TO	TES		INO			IVI	MSRP-18% or Invoice + 20%	
A6507	KNEE LENGTH, CUSTOM FABRICATED	YES		NO			М	based on documentation	
7,0307	COMPRESSION BURN GARMENT, FOOT TO	120		140			IVI	MSRP-18% or Invoice + 20%	
A6508	THIGH LENGTH, CUSTOM FABRICATED	YES		NO			М	based on documentation	
7.0000	COMPRESSION BURN GARMENT, UPPER			.,,			·VI	2000 on accumonation	
	TRUNK TO WAIST INCLUDING ARM OPENINGS							MSRP-18% or Invoice + 20%	
A6509	(VEST), CUSTOM FABRICATED	YES		NO			М	based on documentation	
,,,,,	COMPRESSION BURN GARMENT, TRUNK,								
	INCLUDING ARMS DOWN TO LEG OPENINGS							MSRP-18% or Invoice + 20%	
A6510	(LEOTARD), CUSTOM FABRICATED	YES		NO			М	based on documentation	
	COMPRESSION BURN GARMENT, LOWER								
	TRUNK INCLUDING LEG OPENINGS (PANTY),							MSRP-18% or Invoice + 20%	
A6511	CUSTOM FABRICATED	YES		NO			М	based on documentation	
	COMPRESSION BURN GARMENT, NOT							MSRP-18% or Invoice + 20%	
A6512	OTHERWISE CLASSIFIED	YES		NO			M	based on documentation	✓

		Purchase		IVISEA I CC SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	COMPRESSION BURN MASK, FACE AND/OR								
	NECK, PLASTIC OR EQUAL, CUSTOM							MSRP-18% or Invoice + 20%	
A6513	FABRICATED	YES		NO			M	based on documentation	
	GRADIENT COMPRESSION STOCKING, BELOW							MSRP-18% or Invoice + 20%	
A6530	KNEE, 18-30 MMHG, EACH	YES		NO			M	based on documentation	✓
	GRADIENT COMPRESSION STOCKING, BELOW	\/=0							
A6531	KNEE, 30-40 MMHG, EACH	YES		NO			\$38.94		
A 6 F 2 2	GRADIENT COMPRESSION STOCKING, BELOW	YES		NO			\$74.58		
A6532	KNEE, 40-50 MMHG, EACH GRADIENT COMPRESSION STOCKING, THIGH	150		NO			\$74.56	MSRP-18% or Invoice + 20%	
A6534	LENGTH, 30-40 MMHG, EACH	YES		NO			М	based on documentation	<b>√</b>
7,0004	ELIVOTTI, 30 40 MINITO, EAGIT	120		NO			IVI	based on documentation	<u> </u>
			2 per leg						
	GRADIENT COMPRESSION WRAP, NON-	PA required if	per calendar						
A6545	ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	limit exceeded	year	NO			\$94.17	LT/RT modifier	
	GRADIENT COMPRESSION GARMENT, NOT								
	OTHERWISE SPECIFIED, FOR DAYTIME USE,							MSRP-18% or Invoice + 20%	
A6549	EACH	YES		NO			M	based on documentation	✓
	WOUND CARE SET, FOR NEGATIVE								
	PRESSURE WOUND THERAPY ELECTRICAL								
	PUMP, INCLUDES ALL SUPPLIES AND								
A6550	ACCESSORIES	NO		NO			\$21.94		
47000	CANISTER, DISPOSABLE, USED WITH SUCTION						<b>#</b> 0.00		
A7000	PUMP, EACH CANISTER, NON-DISPOSABLE, USED WITH	NO		NO			\$8.20		
A 7004	SUCTION PUMP, EACH	NO		NO			<b>07.00</b>		
A7001 A7002	TUBING, USED WITH SUCTION PUMP, EACH	NO		NO			\$27.96 \$3.11		
A7002	ADMINISTRATION SET, WITH SMALL VOLUME	INO		INO			φυ. 11		
	NONFILTERED PNEUMATIC NEBULIZER,								
A7003	DISPOSABLE	NO		NO			\$1.47		
7 11 000	SMALL VOLUME NONFILTERED PNEUMATIC						****		
A7004	NEBULIZER, DISPOSABLE	NO		NO			\$1.24		
_	ADMINISTRATION SET, WITH SMALL VOLUME								
	NONFILTERED PNEUMATIC NEBULIZER, NON-								
A7005	DISPOSABLE	NO		NO			\$11.73		
	ADMINISTRATION SET, WITH SMALL VOLUME								
A7006	FILTERED PNEUMATIC NEBULIZER	NO		NO			\$7.47		
	LARGE VOLUME NEBULIZER, DISPOSABLE,								
A7007	UNFILLED, USED WITH AEROSOL	NO		NO			<b>\$2.06</b>		
A7007	COMPRESSOR  LARGE VOLUME NEBULIZER, DISPOSABLE,	NO		NO			\$3.06		
	PREFILLED, USED WITH AEROSOL								
A7008	COMPRESSOR	NO		NO			\$8.94		
A7 000	RESERVOIR BOTTLE, NON-DISPOSABLE, USED	140		110			ψυ.υ-		
	WITH LARGE VOLUME ULTRASONIC								
A7009	NEBULIZER	NO		NO			\$57.28		
	CORRUGATED TUBING, DISPOSABLE, USED						751		
A7010	WITH LARGE VOLUME NEBULIZER, 100 FEET	NO		NO			\$15.76		
	WATER COLLECTION DEVICE, USED WITH								
A7012	LARGE VOLUME NEBULIZER	NO		NO			\$2.89		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	FILTER, DISPOSABLE, USED WITH AEROSOL								
A7013	COMPRESSOR OR ULTRASONIC GENERATOR	NO		NO			\$0.57		
	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC								
A7014	GENERATOR	NO		NO			\$3.20		
7.1.011				110			ψ0.20		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	NO		NO			\$1.28		
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	NO		NO			\$6.53		
7.1.010	NEBULIZER, DURABLE, GLASS OR			110			ψ0.00		
	AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT								
A7017	USED WITH OXYGEN WATER, DISTILLED, USED WITH LARGE	NO		NO			\$143.36		
A7018	VOLUME NEBULIZER, 1000 ML	NO		NO			\$0.31		
	INTERFACE FOR COUGH STIMULATING								
A7020	DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	NO		NO			\$16.07		
A7020	SUPPLIES AND ACCESSORIES FOR LUNG	NO		INO			\$10.07		
	EXPANSION AIRWAY CLEARANCE,								
	CONTINUOUS HIGH FREQUENCY								
A7021	OSCILLATION, AND NEBULIZATION DEVICE (E.G., HANDSET, NEBULIZER KIT, BIOFILTER)	NO		NO			\$128.91		
							***		
	HIGH FREQUENCY CHEST WALL OSCILLATION								
A7025	SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	YES		NO			\$53.22		
711 020	TATILITY OF THE EQUILITY, EACH	120		110			ψου.22		
	HIGH FREQUENCY CHEST WALL OSCILLATION								
A7026	SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	YES		NO			\$35.17		
A1020	COMBINATION ORAL/NASAL MASK, USED WITH			140			ψ55.17		
	CONTINUOUS POSITIVE AIRWAY PRESSURE						<b>.</b>		
A7027	DEVICE, EACH ORAL CUSHION FOR A7027 COMBINATION	NO		NO			\$120.01		
	ORAL/NASAL MASK, REPLACEMENT ONLY,								
A7028	EACH	YES		NO			\$33.56		
	NASAL PILLOWS FOR A7027 COMBINATION								
A7029	ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	YES		NO			\$15.00		
711020		. 20	1 per	.,,			<b>\$13.00</b>		
	FULL FACE MASK USED WITH POSITIVE	PA required if	calendar				000		
A7030	AIRWAY PRESSURE DEVICE, EACH	limit exceeded	year 1 per	NO			\$86.33		
	FACE MASK INTERFACE, REPLACEMENT FOR	PA required if	calendar						
A7031	FULL FACE MASK, EACH	limit exceeded	month	NO			\$33.48		
	CUSHION FOR USE ON NASAL MASK	PA required if	2 per calendar						
A7032	INTERFACE, REPLACEMENT ONLY, EACH	limit exceeded	month	NO			\$18.78		
A1032	INTERCACE, REFEACEWENT ONLT, EACH	mini exceeded	HOHUI	INU			φ10.70		

		Dunahaaa	KT Wicarcare	I WISEA FEE SU					Madiaana
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
			12 per						
	PILLOW FOR USE ON NASAL CANNULA TYPE	PA required if	calendar						
A7033	INTERFACE, REPLACEMENT ONLY, PAIR	limit exceeded	year	NO			\$15.12		
	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE	PA required if	4 per calendar						
A7034	DEVICE, WITH OR WITHOUT HEAD STRAP	limit exceeded	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		
			2 per						
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	calendar month	NO			\$11.54	PA required only if more than 2 per month needed	
717 007	TREGOORE BEVIOL	IIIIII CXCCCCCC	2 per	140			Ψ11.04	2 per menur needed	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	PA required if limit exceeded	calendar month	NO			\$2.01		
			2 per						
	FILTER, NON DISPOSABLE, USED WITH	PA required if	calendar						
A7039	POSITIVE AIRWAY PRESSURE DEVICE	limit exceeded	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		
A1043	WATER CHAMBER FOR HUMIDIFIER, USED	NO	2 per	NO			Ψ11.42		
A7046	WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	PA required if limit exceeded	calendar month	NO			\$13.29		
	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE,		1 per calendar				<b>.</b>		
A7048	FOR USE WITH IMPLANTED CATHETER, EACH	NO	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		
ATOUZ	FILTER HOLDER OR FILTER CAP, REUSABLE,	INU		INU			φ41.01		
A7503	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		
717000	THE CONTROL OF THE VICE LANDING	1,0		110	l		ψ-7ΤΟ	1	

		Purchase		I WISLAT CC SC	Rental				Medicare
невсе	Deceyintian	PA	Limita	Dontal	PA	Rental	Purchase	Natao	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADHESIVE DISC FOR USE IN A HEAT AND								
	MOISTURE EXCHANGE SYSTEM AND/OR WITH								
A7506	TRACHEOSTOMA VALVE, ANY TYPE EACH	NO		NO			\$0.32		
A1300	FILTER HOLDER AND INTEGRATED FILTER	NO		140			ψ0.32		
	WITHOUT ADHESIVE, FOR USE IN A								
	TRACHEOSTOMA HEAT AND MOISTURE								
A7507	EXCHANGE SYSTEM, EACH	NO		NO			\$2.49		
	HOUSING AND INTEGRATED ADHESIVE, FOR						·		
	USE IN A TRACHEOSTOMA HEAT AND								
	MOISTURE EXCHANGE SYSTEM AND/OR WITH								
A7508	A TRACHEOSTOMA VALVE, EACH	NO		NO			\$2.74		
	FILTER HOLDER AND INTEGRATED FILTER								
	HOUSING, AND ADHESIVE, FOR USE AS A								
	TRACHEOSTOMA HEAT AND MOISTURE								
A7509	EXCHANGE SYSTEM, EACH	NO		NO			\$1.34		
	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-								
47500	CUFFED, POLYVINYLCHLORIDE (PVC),	110		NO			0.47.40		
A7520	SILICONE OR EQUAL, EACH	NO		NO			\$47.48		✓
	TRACHEOSTOMY/LARYNGECTOMY TUBE,								
A7521	CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	NO		NO			\$37.64		
AISZI	TRACHEOSTOMY/LARYNGECTOMY TUBE,	INO	2 per	NO			φ37.04		
	STAINLESS STEEL OR EQUAL (STERILIZABLE	PA required if	calendar						
A7522	AND REUSABLE), EACH	limit exceeded	month	NO			\$58.00		
	, , , , , , , , , , , , , , , , , , , ,						400.00		
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	NO		NO			\$61.92		
			1 per						
		PA required if	calendar						
A7525	TRACHEOSTOMY MASK, EACH	limit exceeded	month	NO			\$1.66		
			31 per						
_	TRACHEOSTOMY TUBE COLLAR/HOLDER,	PA required if	calendar						
A7526	EACH	limit exceeded	month	NO			\$2.70		
A 7.507	TRACHEOSTOMY/LARYNGECTOMY TUBE	NO		NO			<b>#0.00</b>		
A7527	PLUG/STOP, EACH HELMET, PROTECTIVE, SOFT,	NO		NO			\$3.22		
	PREFABRICATED, INCLUDES ALL								
A8000	COMPONENTS AND ACCESSORIES	YES		NO			\$161.02		
7.0000	HELMET, PROTECTIVE, HARD,	120		140			Ψ101.02		
	PREFABRICATED, INCLUDES ALL								
A8001	COMPONENTS AND ACCESSORIES	YES		NO			\$161.02		
	HELMET, PROTECTIVE, SOFT, CUSTOM						,		
	FABRICATED, INCLUDES ALL COMPONENTS							MSRP-18% or Invoice + 20%	
A8002	AND ACCESSORIES	YES		NO			M	based on documentation	
	HELMET, PROTECTIVE, HARD, CUSTOM								
	FABRICATED, INCLUDES ALL COMPONENTS							MSRP-18% or Invoice + 20%	
A8003	AND ACCESSORIES	YES		NO			M	based on documentation	
	SOFT INTERFACE FOR HELMET,							MSRP-18% or Invoice + 20%	
A8004	REPLACEMENT ONLY	YES		NO			M	based on documentation	

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	EXTERNAL AMBULATORY INSULIN DELIVERY		12 per						
40074	SYSTEM, DISPOSABLE, EACH, INCLUDES ALL	PA required if	calendar	NO			40.00		
A9274	SUPPLIES AND ACCESSORIES	limit exceeded	month	NO			43.00 each		✓
	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE								
	MEDICAL EQUIPMENT INTERSTITIAL		31 per						
	CONTINUOUS GLUCOSE MONITORING	PA required if	calendar						
A9276	SYSTEM, ONE UNIT = 1 DAY SUPPLY	limit exceeded	month	NO			\$12.95		✓
	TRANSMITTER; EXTERNAL, FOR USE WITH								
	NON-DURABLE MEDICAL EQUIPMENT		2 per						
	INTERSTITIAL CONTINUOUS GLUCOSE		calendar						
A9277	MONITORING SYSTEM	YES	year	NO			\$639.50		✓
	RECEIVER (MONITOR); EXTERNAL, FOR USE								
	WITH NON-DURABLE MEDICAL EQUIPMENT		1 per						
A9278	INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	YES	calender year	NO			\$559.20		✓
A9210	WONT ON O STOTEW	123	yeai	NO			ψ559.20	*Only payable when Medicare	· ·
								is primary	
								MSRP-18% or Invoice + 20%	
A9285	INVERSION/EVERSION CORRECTION DEVICE	*	*	*	*	*	М	based on documentation	✓
								Age limitation 3 years and up	
								MSRP-18% or Invoice + 20%	
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR N	NO		NO			M	based on documentation	✓
40000	MISCELLANEOUS DME SUPPLY OR	VEC		NO				MSRP-18% or Invoice + 20%	✓
A9999	ACCESSORY, NOT OTHERWISE SPECIFIED ENTERAL FEEDING SUPPLY KIT; SYRINGE	YES		NO			M	based on documentation	<b>V</b>
	FED, PER DAY, INCLUDES BUT NOT LIMITED								
	TO FEEDING/FLUSHING SYRINGE,		1 per						
	ADMINISTRATION SET TUBING, DRESSINGS,	PA required if	calendar					MSRP-18% or Invoice + 20%	
B4034	TAPE UNIT=31 KITS	limit exceeded	month	NO			\$173.60	based on documentation	
	ENTERAL FEEDING SUPPLY KIT; PUMP FED,								
	PER DAY, INCLUDES BUT NOT LIMITED TO								
	FEEDING/FLUSHING SYRINGE,								
D 4005	ADMINISTRATION SET TUBING, DRESSINGS,	NO		NO			<b>#</b> 220 77		
B4035	TAPE UNIT=31 KITS ENTERAL FEEDING SUPPLY KIT: GRAVITY FED.	NO		NO			\$330.77		
	PER DAY, INCLUDES BUT NOT LIMITED TO								
	FEEDING/FLUSHING SYRINGE,		1 per						
	ADMINISTRATION SET TUBING, DRESSINGS,		calendar						
B4036	TAPE UNIT=31 KITS	NO	month	NO			\$226.61		
	NASOGASTRIC TUBING WITH STYLET-								
B4081	ENTERAL	NO		NO			\$19.78		
	NASOGASTRIC TUBING WITHOUT STYLET-								
B4082	ENTERAL STOMACH TURE LEVINE TYPE	NO		NO			\$14.73		
B4083	ENTERAL-STOMACH TUBE - LEVINE TYPE GASTROSTOMY/JEJUNOSTOMY TUBE,	NO		NO			\$2.39		
B4087	STANDARD, ANY MATERIAL, ANY TYPE, EACH	NO		NO			\$30.58		✓
D4001	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-	INO		INO			φυσιοσ		·
B4088	PROFILE, ANY MATERIAL, ANY TYPE, EACH	NO		NO			\$110.00		

		Purchase		I WISLA I EE SC	Rental				Medicare
HCPCS	Description	PA PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
			180 ounces						
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	PA required if limit exceeded	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	<b>✓</b>
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	<b>✓</b>
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	YES		NO			М	MSRP-18% or Invoice + 20% based on documentation	<b>✓</b>
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	YES		NO			М	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			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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			М	MSRP-18% or Invoice + 20% based on documentation	<b>~</b>
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	<b>√</b>
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			М	MSRP-18% or Invoice + 20% based on documentation	<b>~</b>

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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	<b>√</b>
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			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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				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	<b>√</b>
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				MSRP-18% or Invoice + 20% based on documentation	<b>✓</b>
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				MSRP-18% or Invoice + 20% based on documentation	<b>√</b>

		Purchase	KT Wieuicaic				Medicare		
HCPCS	Description	PA PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	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			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
54101	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	120		NO			. WI	MSRP-18% or Invoice + 20%	·
B4162	FEEDING TUBE, 100 CALORIES = 1 UNIT PARENTERAL NUTRITION SOLUTION, NOT	YES		NO			М	based on documentation	✓
B4185	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	
D4490	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51	VES		NO			¢402.00		
B4189 B4193	GRAMS OF PROTEIN - PREMIX  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 NO			\$193.80 \$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	

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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- PREMIX	YES		NO			М	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-PREMIX	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- PREMIX	YES		NO			М	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			М	MSRP-18% or Invoice + 20% based on documentation	✓
B9999	NOC FOR PARENTERAL SUPPLIES	YES		NO			М	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		

		Purchase	KT Wicarcare	Rental Rental						
HCPCS	Description	PA PA required	Limits	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			
	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK									
E0116	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			М	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 E0157	SEAT ATTACHMENT, WALKER CRUTCH ATTACHMENT, WALKER, EACH	NO NO		NO NO			\$15.68 \$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			

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	SITZ TYPE BATH OR EQUIPMENT, PORTABLE,								
	USED WITH OR WITHOUT COMMODE, WITH								
E0161	FAUCET ATTACHMENT/S	NO		NO			\$27.47		
E0162	SITZ BATH CHAIR	NO		NO			\$173.04		
	COMMODE CHAIR, MOBILE OR STATIONARY,						¥ 11 0 10 1		
E0163	WITH FIXED ARMS	NO		NO			\$63.48		
20.00	COMMODE CHAIR, MOBILE OR STATIONARY,						φουσ		
E0165	WITH DETACHABLE ARMS	NO		NO			\$177.70		
			1 per				ψ		
	PAIL OR PAN FOR USE WITH COMMODE	PA required if	calendar						
E0167	CHAIR, REPLACEMENT ONLY	limit exceeded	vear	NO			\$12.30		
20.07	COMMODE CHAIR, EXTRA WIDE AND/OR	min executed	y ca.				<b>ψ.2.00</b>		
	HEAVY DUTY, STATIONARY OR MOBILE, WITH								
E0168	OR WITHOUT ARMS, ANY TYPE, EACH	NO		NO			\$136.02		
20100	COMMODE CHAIR WITH INTEGRATED SEAT	110		.,,			Ψ100.02		
E0170	LIFT MECHANISM, ELECTRIC, ANY TYPE	NO		NO			\$176.61		
20110	COMMODE CHAIR WITH INTEGRATED SEAT						ψσ.σ.		
E0171	LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	NO		NO			\$231.36		
-	SEAT LIFT MECHANISM PLACED OVER OR ON	_		_			, , , , ,	MSRP-18% or Invoice + 20%	
E0172	TOP OF TOILET, ANY TYPE	YES		NO			М	based on documentation	✓
LOTIZ	FOOT REST, FOR USE WITH COMMODE CHAIR,	120		140			IVI	based on documentation	·
E0175	EACH	NO		NO			\$63.36		
20173	POWERED PRESSURE REDUCING MATTRESS	110		140			ψ05.50		
	OVERLAY/PAD, ALTERNATING, WITH PUMP,								
E0181	INCLUDES HEAVY DUTY	NO		NO			\$230.40		
20101	PUMP FOR ALTERNATING PRESSURE PAD,	110		140			Ψ200.40		
E0182	FOR REPLACEMENT ONLY	NO		NO			\$212.90		
E0184	DRY PRESSURE MATTRESS	NO		NO			\$187.35		
20.0.	GEL OR GEL-LIKE PRESSURE PAD FOR						ψ.σσσ		
	MATTRESS, STANDARD MATTRESS LENGTH								
E0185	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		
7.22	POSITIONING CUSHION/PILLOW/WEDGE, ANY	-					,		
	SHAPE OR SIZE, INCLUDES ALL COMPONENTS								
E0190	AND ACCESSORIES	NO		NO			\$26.47		✓
E0191	HEEL OR ELBOW PROTECTOR, EACH	NO		NO			\$9.56		
	POWERED AIR FLOTATION BED (LOW AIR						•		
E0193	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		
	AIR PRESSURE PAD FOR MATTRESS,								
E0197	STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$180.18		
	WATER PRESSURE PAD FOR MATTRESS,								
E0198	STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$211.98		
	DRY PRESSURE PAD FOR MATTRESS,								
E0199	STANDARD MATTRESS LENGTH AND WIDTH	NO		NO			\$35.90		

		Purchase		I WISLA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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			М	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	4 4	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 TOILET RAIL, EACH	NO NO		NO NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0243	TOILET RAIL, EACH	PA required if limit exceeded	1 per 5 calendar years	NO			\$36.38 45.49		
E0246	TRANSFER TUB RAIL ATTACHMENT	NO	<b>y</b> = ==	NO			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	NO		NO			M	MSRP-18% or Invoice + 20% based on documentation	✓
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	NO		NO			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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		

		Purchase	KT Wiedicare	I MSEA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	HOSPITAL BED, VARIABLE HEIGHT, HI-LO,	\/=0							
E0255	WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$75.89	\$758.90		
	HOSPITAL BED, VARIABLE HEIGHT, HI-LO,								
E0050	WITH ANY TYPE SIDE RAILS, WITHOUT	VEC		V/ma a math	VEC	<b>#</b> CO CO	<b>#</b> 000 00		
E0256	MATTRESS	YES		Y/month	YES	\$68.69	\$686.90		
	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND								
E0260	FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$73.71	\$737.10		
E0200	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND	TES		T/IIIOIIIII	TES	φ/3./1	Φ/3/.10		
	FOOT ADJUSTMENT), WITH ANY TYPE SIDE								
E0261	RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$72.22	\$722.20		
L0201	HOSPITAL BED, TOTAL ELECTRIC (HEAD,	120		1711101101	TLO	Ψ12.22	Ψ1 ΖΖ.ΖΟ		
	FOOT AND HEIGHT ADJUSTMENTS), WITH ANY								
E0265	TYPE SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$179.17	\$1,791.70		
20200	HOSPITAL BED, TOTAL ELECTRIC (HEAD,	120		17111011011	120	Ψ17 3.17	Ψ1,731.70		
	FOOT AND HEIGHT ADJUSTMENTS), WITH ANY								
E0266	TYPE SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$155.90	\$1,559.00		
	HOSPITAL BED, INSTITUTIONAL TYPE			17111011111	. 20	ψ.σσ.σσ	ψ.,σσσ.σσ		
	INCLUDES: OSCILLATING, CIRCULATING AND								
E0270	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		
			1 per						
		PA required if	calendar					PA required only if more than	
E0275	BED PAN, STANDARD, METAL OR PLASTIC	limit exceeded	year	NO			\$13.31	1 per year needed.	
			1 per						
		PA required if	calendar						
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	limit exceeded	year	NO			\$11.10		
			1 per 5						
	POWERED PRESSURE-REDUCING AIR		calendar						
E0277	MATTRESS	YES	years	Y/month	YES	\$244.93	\$2,449.30		
E0280	BED CRADLE, ANY TYPE	NO		NO			\$29.38		
=	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE	\/=o			\/=o	000 = /	0007.46		
E0290	RAILS, WITH MATTRESS	YES		Y/month	YES	\$68.74	\$687.40		
F0004	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE	VEO		V/m 11-	VEO	<b>#</b> FO 00	<b>#</b> 500.00		
E0291	RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$52.33	\$523.30		
F0202	HOSPITAL BED, VARIABLE HEIGHT, HI-LO,	VEC		V/manth	YES	Ф <b>7</b> 0 00	¢700.00		
E0292	WITHOUT SIDE RAILS, WITH MATTRESS	YES		Y/month	TES	\$72.83	\$728.30		
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$61.07	\$610.70		
L0293	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND	IES		1711101101	153	φυ1.07	φυ τυ. / υ		
	FOOT ADJUSTMENT), WITHOUT SIDE RAILS,								
E0294	WITH MATTRESS	YES		Y/month	YES	\$75.97	\$759.70		
L0254	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND	120		1/11/01/01	120	Ψ10.01	Ψ100.10		
	FOOT ADJUSTMENT), WITHOUT SIDE RAILS,								
E0295	WITHOUT MATTRESS	YES		Y/month	YES	\$75.81	\$758.10		
	HOSPITAL BED, TOTAL ELECTRIC (HEAD,	5		.,	0	<b>4.3.01</b>	ψ. 30.10		
	FOOT AND HEIGHT ADJUSTMENTS), WITHOUT								
E0296	SIDE RAILS, WITH MATTRESS	YES		Y/month	YES	\$139.79	\$1,397.90		
	,								

		Purchase		I WISEA I CC SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	HOSPITAL BED, TOTAL ELECTRIC (HEAD,								
F0007	FOOT AND HEIGHT ADJUSTMENTS), WITHOUT	\/F0		N/ //	\/F0	<b>044040</b>	<b>M4 404 00</b>		
E0297	SIDE RAILS, WITHOUT MATTRESS	YES		Y/month	YES	\$112.16	\$1,121.60		
	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP								
E0300	ENCLOSURE	NO		YES	Y/6 months	\$311.50	NO		
L0300	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE,	110		120	170 111011113	Ψ511.50	110		
	WITH WEIGHT CAPACITY GREATER THAN 350								
	POUNDS, BUT LESS THAN OR EQUAL TO 600								
	POUNDS, WITH ANY TYPE SIDE RAILS,								
E0301	WITHOUT MATTRESS	YES		Y/month	YES	\$203.09	\$2,030.90		
	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA								
	WIDE, WITH WEIGHT CAPACITY GREATER								
F0000	THAN 600 POUNDS, WITH ANY TYPE SIDE	\/F0		VE0	VE0	<b>#</b> 507.00	<b>#F 070 00</b>		
E0302	RAILS, WITHOUT MATTRESS	YES		YES	YES	\$587.82	\$5,878.20		
	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								
E0303	MATTRESS	YES		Y/month	YES	\$200.41	\$2,004.10		
	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA						, ,		
	WIDE, WITH WEIGHT CAPACITY GREATER								
	THAN 600 POUNDS, WITH ANY TYPE SIDE								
E0304	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		
E0245	BED ACCESSORY: BOARD, TABLE, OR	NO		NO			<b>CO. 54</b>		,
E0315	SUPPORT DEVICE, ANY TYPE	NO		NO			\$9.54		<b>√</b>
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	YES		Y/month	YES	\$22.25	\$222.56		
E0310	OSE WITH HOSPITAL BED, ANT TIPE	TES	1 per	T/IIIOIIIII	TES	\$22.25	\$222.50		
		PA required if	calendar						
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	limit exceeded	year	NO			\$8.60		
			1 per				·		
		PA required if	calendar					PA required if more than 1 per	
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	limit exceeded	year	NO			\$9.21	year needed	
	HOSPITAL BED, PEDIATRIC, MANUAL, 360								
	DEGREE SIDE ENCLOSURES, TOP OF								
	HEADBOARD, FOOTBOARD AND SIDE RAILS		1 per 5					MODD 4004	
F0220	UP TO 24 INCHES ABOVE THE SPRING,	VEC	calendar	V/m = = +1=	VEC	N.4	N 4	MSRP-18% or Invoice + 20%	,
E0328	INCLUDES MATTRESS	YES	years	Y/month	YES	M	М	based on documentation	<b>~</b>
	HOSPITAL BED, PEDIATRIC, ELECTRIC OR								
	SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD,								
	FOOTBOARD AND SIDE RAILS UP TO 24		1 per 5						
	INCHES ABOVE THE SPRING, INCLUDES		calendar					MSRP-18% or Invoice + 20%	
E0329	MATTRESS	YES	years	Y/month	YES	М	М	based on documentation	✓
	NONPOWERED ADVANCED PRESSURE		•						
	REDUCING OVERLAY FOR MATTRESS,								
E0371	STANDARD MATTRESS LENGTH AND WIDTH	YES		Y/month	YES	\$244.93	\$2,449.30		

		Purchase			Rental				Medicare
невее	Description	PA	Limito	Bontol	PA	Rental	Purchase	Natao	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
F0070	POWERED AIR OVERLAY FOR MATTRESS,	\/F0		W/m = m th	VEO	0044.00	<b>CO 440 00</b>		
E0372	STANDARD MATTRESS LENGTH AND WIDTH NONPOWERED ADVANCED PRESSURE	YES		Y/month	YES	\$244.93	\$2,449.30		
E0373	REDUCING MATTRESS	YES		Y/month	YES	\$244.93	\$2,449.30		
20070	STATIONARY COMPRESSED GASEOUS	TEO		17111011111	120	Ψ244.00	Ψ2,443.30		
	OXYGEN SYSTEM, RENTAL; INCLUDES								
	CONTAINER, CONTENTS, REGULATOR,								
	FLOWMETER, HUMIDIFIER, NEBULIZER,								
E0424	CANNULA OR MASK, AND TUBING	NO		Y/month	Y/12 month	\$89.32	NO	Rental only - no purchase	
	PORTABLE GASEOUS OXYGEN SYSTEM,								
	RENTAL; INCLUDES PORTABLE CONTAINER,								
F0424	REGULATOR, FLOWMETER, HUMIDIFIER,	NO		V/manth	V/10 month	<b>\$20.06</b>	NO	Dontal only no numbers	
E0431	CANNULA OR MASK, AND TUBING	NO		Y/month	Y/12 month	\$20.96	NO	Rental only - no purchase	
	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								
E0433	SUPPLY RESERVOIR AND CONTENTS GAUGE			Y/month	Y/12 month	\$45.26	NO		
	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL;								
	INCLUDES PORTABLE CONTAINER, SUPPLY								
	RESERVOIR, HUMIDIFIER, FLOWMETER,								
	REFILL ADAPTOR, CONTENTS GAUGE,								
E0434	CANNULA OR MASK, AND TUBING			Y/month	Y/12 month	\$45.26	NO		
	STATIONARY LIQUID OXYGEN SYSTEM,								
	RENTAL; INCLUDES CONTAINER, CONTENTS,								
E0439	REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING	NO		Y/month	Y/12 month	\$89.32	NO	Rental only - no purchase	
L0433	PORTABLE OXYGEN CONTENTS, GASEOUS, 1	NO		17111011111	1/12 111011111	φ09.32	NO	Rental Only - no purchase	
E0443	MONTH'S SUPPLY = 1 UNIT	NO		Y/month		\$53.49	NO	Rental only - no purchase	
	PORTABLE OXYGEN CONTENTS, LIQUID, 1			.,		<b>\$55.10</b>		- I - I - I - I - I - I - I - I - I - I	
E0444	MONTH'S SUPPLY = 1 UNIT	NO		Y/month		\$53.49	NO	Rental only - no purchase	
	OXIMETER DEVICE FOR MEASURING BLOOD							MSRP-18% or Invoice + 20%	
E0445	OXYGEN LEVELS NON-INVASIVELY	YES		Y/month	YES	M	M	based on documentation	✓
	PORTABLE OXYGEN CONTENTS, LIQUID, 1								
	MONTH'S SUPPLY = 1 UNIT, PRESCRIBED								
F0447	AMOUNT AT REST OR NIGHTTIME EXCEEDS 4	NO		V/m = m tla		¢67.00	NO	Dontol only no resultant	
E0447	LITERS PER MINUTE (LPM)	NO		Y/month		\$67.80	NO	Rental only - no purchase	
F0455	OXYGEN TENT, EXCLUDING CROUP OR	NO		V/manth	V/12 month	¢470.00	NO	Dontol only no nurshs	✓
E0455 E0457	PEDIATRIC TENTS CHEST SHELL (CUIRASS)	NO YES		Y/month Y/month	Y/12 month YES	\$170.00 \$58.79	NO \$587.89	Rental only - no purchase	<b>✓</b>
E0457	CHEST WRAP	YES		Y/month	YES	\$41.39	\$413.90		<b>∨</b>
L0403	OTEOT WIVE	120		1/11/01/01	120	Ψ-1.03	Ψ-10.30		•
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	YES		Y/month	YES	\$278.78	\$2,787.80		
	HOME VENTILATOR, ANY TYPE, USED WITH								
	INVASIVE INTERFACE, (E.G., TRACHEOSTOMY							Effective 6/1/2023 for Rental	
E0465	TUBE)			Y/month	YES	\$1,333.66	NO	Only - continuous	

		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	HOME VENTILATOR, ANY TYPE, USED WITH								
E0466	NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	NO		Y/month	YES	\$1,333.66	NO	Rental only - no purchase	
	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								
E0467	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	1 per 5	Y/month	YES	\$431.13	\$4,311.30		
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	PA required if limit exceeded	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.	

		Purchase	KT WIEUICAIC	Rental				Medicare	
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	OSCILLATORY POSITIVE EXPIRATORY								
E0484	PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	NO		NO			\$29.54		
	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE								
	OR NON-ADJUSTABLE, PREFABRICATED,							MSRP-18% or Invoice + 20%	
E0485	INCLUDES FITTING AND ADJUSTMENT	YES		NO			M	based on documentation	
	ORAL DEVICE/APPLIANCE USED TO REDUCE								
	UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE								
E0486	OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			M	MSRP-18% or Invoice + 20% based on documentation	
20400	SPIROMETER, ELECTRONIC, INCLUDES ALL	120		140			101	MSRP-18% or Invoice + 20%	
E0487	ACCESSORIES	NO		NO			М	based on documentation	✓
	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC								
	VALVES; INTERNAL OR EXTERNAL POWER								
E0500	SOURCE	NO		Y/month	YES	\$148.55	NO		
	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT							must purchase/rent E0562 in	
E0560	OR OXYGEN DELIVERY	NO		Y/month	NO	\$16.26	\$162.60	order to purchase/rent item	
	HUMIDIFIER, NON-HEATED, USED WITH								
E0561	POSITIVE AIRWAY PRESSURE DEVICE	NO	1 per 24	Y/month	NO	\$7.39	\$73.95		
	HUMIDIFIER, HEATED, USED WITH POSITIVE	PA required if	calendar					Cannot bill with E0560 in	
E0562	AIRWAY PRESSURE DEVICE	limit exceeded	months	Y/month	NO	\$14.47	\$144.66	same month	
	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED								
E0565	OR CYLINDER DRIVEN	YES		Y/month	YES	\$49.61	\$496.10		
			1 per 4	.,,,,,,		<b>*</b> 10101	<b>,</b> 100110		
F0570	NEDULIZED WITH COMPRESSOR	PA required if	calendar	NO			£400.00	PA required only if more than	
E0570	NEBULIZER, WITH COMPRESSOR  AEROSOL COMPRESSOR, ADJUSTABLE	limit exceeded	years 1 per 4	NO			\$128.88	1 per 4 years needed	
	PRESSURE, LIGHT DUTY FOR INTERMITTENT	PA required if	calendar					PA required only if more than	
E0572	USE	limit exceeded	years	NO			\$304.70	1 per 4 years needed	
	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME	PA required if	1 per 4 calendar					PA required only if more than	
E0574	NEBULIZER	limit exceeded	years	NO			\$322.10	1 per 4 years needed	
		DA magning diff	1 per 4					DA required only if your it	
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	PA required if limit exceeded	calendar years	Y/month	YES	\$98.32	\$983.20	PA required only if more than 1 per 4 years needed	
	NEBULIZER, DURABLE, GLASS OR		1 per 4	.,	0	ψ03.0 <u>L</u>	Ψ030. <b>L</b> 0		
F0500	AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR	PA required if	calendar	NO			<b>#464.64</b>	PA required only if more than	
E0580	USE WITH REGULATOR OR FLOWMETER	limit exceeded	years 1 per 4	NO			\$121.31	1 per 4 years needed	
		PA required if	calendar					PA required only if more than	
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER		years	NO			\$335.50	1 per 4 years needed	

		Durchasa	KI Wicarcare	I WISEA Fee SC					Medicare
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	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	j	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	М	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	М	М	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		
E0638	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	YES		Y/month	YES	\$155.86	\$853.57 \$1,558.60		<b>V</b>

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	STANDING FRAME/TABLE SYSTEM, MULTI-								
	POSITION (E.G., THREE-WAY STANDER), ANY								
	SIZE INCLUDING PEDIATRIC, WITH OR							MSRP-18% or Invoice + 20%	
E0641	WITHOUT WHEELS	YES		NO			M	based on documentation	✓
	STANDING FRAME/TABLE SYSTEM, MOBILE								
=====	(DYNAMIC STANDER), ANY SIZE INCLUDING	\/=0						MSRP-18% or Invoice + 20%	,
E0642	PEDIATRIC	YES		NO			M	based on documentation	✓
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	YES		Y/month	YES	\$90.49	\$904.90		
E0030	PNEUMATIC COMPRESSOR, SEGMENTAL	TES		T/IIIOIIIII	TES	\$90.49	φ904.90		
	HOME MODEL WITHOUT CALIBRATED								
E0651	GRADIENT PRESSURE	YES		Y/month	YES	\$128.32	\$1,283.20		
20001	PNEUMATIC COMPRESSOR, SEGMENTAL	120		17111011111	120	Ψ120.02	Ψ1,200.20		
	HOME MODEL WITH CALIBRATED GRADIENT								
E0652	PRESSURE	YES		Y/month	YES	\$668.31	\$6,683.13		
	NON-SEGMENTAL PNEUMATIC APPLIANCE								
	FOR USE WITH PNEUMATIC COMPRESSOR,								
E0655	HALF ARM	NO		NO			\$93.23		
	SEGMENTAL PNEUMATIC APPLIANCE FOR USE						4		
E0656	WITH PNEUMATIC COMPRESSOR, TRUNK	YES		Y/month	YES	\$7.07	\$70.70		
F0057	SEGMENTAL PNEUMATIC APPLIANCE FOR USE	VEC		V/	VEC	ФС C4	CCC 44		<b>√</b>
E0657	WITH PNEUMATIC COMPRESSOR, CHEST NON-SEGMENTAL PNEUMATIC APPLIANCE	YES		Y/month	YES	\$6.64	\$66.41		· ·
	FOR USE WITH PNEUMATIC COMPRESSOR,								
E0660	FULL LEG	NO		NO			\$152.83		
20000	NON-SEGMENTAL PNEUMATIC APPLIANCE	110		140			Ψ102.00		
	FOR USE WITH PNEUMATIC COMPRESSOR,								
E0665	FULL ARM	NO		NO			\$131.06		
	NON-SEGMENTAL PNEUMATIC APPLIANCE								
	FOR USE WITH PNEUMATIC COMPRESSOR,								
E0666	HALF LEG	NO		NO			\$132.11		
	SEGMENTAL PNEUMATIC APPLIANCE FOR USE								
E0667	WITH PNEUMATIC COMPRESSOR, FULL LEG	NO		NO			\$309.75		
	SECMENTAL DISLIMATIC ADDITANCE FOR LICE								
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	NO		NO			\$422.74		
L0000	WITH TINLOWATIC COWFRESSOR, FULL ARM	INU		INU			φ <del>4</del> ∠∠./ 4		
	SEGMENTAL PNEUMATIC APPLIANCE FOR USE								
E0669	WITH PNEUMATIC COMPRESSOR, HALF LEG	NO		NO			\$174.86		
	SEGMENTAL PNEUMATIC APPLIANCE FOR USE						,		
	WITH PNEUMATIC COMPRESSOR,								
E0670	INTEGRATED, 2 FULL LEGS AND TRUNK	YES		NO			\$1,537.92		
	SEGMENTAL GRADIENT PRESSURE								
E0671	PNEUMATIC APPLIANCE, FULL LEG	NO		NO			\$397.36		
<b>F</b> 0.3=0	SEGMENTAL GRADIENT PRESSURE	NO		NO			0000 ==		
E0672	PNEUMATIC APPLIANCE, FULL ARM	NO		NO			\$308.75		
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	NO		NO			\$256.56		
E00/3	FINLUIVIATIO AFFLIAINOE, MALF LEG	INU		INU			Φ∠30.30		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	PNEUMATIC COMPRESSION DEVICE, HIGH								
	PRESSURE, RAPID INFLATION/DEFLATION								
	CYCLE, FOR ARTERIAL INSUFFICIENCY								
E0675	(UNILATERAL OR BILATERAL SYSTEM)	NO		Y/month	YES	\$307.64	NO		
	INTERMITTENT LIMB COMPRESSION DEVICE							11000 1004	
F0676	(INCLUDES ALL ACCESSORIES), NOT	VEC		V/month	YES	N4	N4	MSRP-18% or Invoice + 20%	<b>√</b>
E0676 E0705	OTHERWISE SPECIFIED TRANSFER DEVICE, ANY TYPE, EACH	YES NO		Y/month NO	TES	M	M \$48.00	based on documentation	<b>V</b>
20703	TRANSCUTANEOUS ELECTRICAL NERVE	110		140			ψ+0.00		
	STIMULATION (TENS) DEVICE, TWO LEAD,								
E0720	LOCALIZED STIMULA	YES		Y/month	YES	\$7.02	\$70.20		
						·	·		
	TRANSCUTANEOUS ELECTRICAL NERVE								
	STIMULATION (TENS) DEVICE, FOUR OR MORE								
E0730	LEADS, FOR MULTIPLE NERVE STIMULATION	YES		Y/month	YES	\$6.21	\$62.10		
	FORM FITTING CONDUCTIVE GARMENT FOR								
	DELIVERY OF TENS OR NMES (WITH								
E0704	CONDUCTIVE FIBERS SEPARATED FROM THE	NO		NO			<b>#00.00</b>		
E0731	PATIENT'S SKIN BY LAYERS OF FABRIC) NEUROMUSCULAR STIMULATOR FOR	NO		NO			\$89.39		
E0744	SCOLIOSIS	YES		Y/month	YES	\$87.60	\$876.00		
L0744	NEUROMUSCULAR STIMULATOR, ELECTRONIC	ILO		17111011111	TLO	ψ07.00	ψ070.00		
E0745	SHOCK UNIT	YES		Y/month	YES	\$125.08	\$1,250.80		
	OSTEOGENESIS STIMULATOR, ELECTRICAL,	. = -	1 per 5	.,,,,,,	. = -	<b></b>	<b>*</b> 1,=00100		
	NON-INVASIVE, OTHER THAN SPINAL		calendar						
E0747	APPLICATIONS	YES	years	NO			\$4,650.78		
			1 per 5						
	OSTEOGENESIS STIMULATOR, ELECTRICAL,		calendar						
E0748	NON-INVASIVE, SPINAL APPLICATIONS	YES	years	NO			\$5,436.08		
	COTECOENEDIO CTIMULI ATOR LOW		1 per 5						
F0760	OSTEOGENESIS STIMULATOR, LOW	VEC	calendar	NO			¢4 547 07		
E0760	INTENSITY ULTRASOUND, NON-INVASIVE TRANSCUTANEOUS ELECTRICAL JOINT	YES	years	NO			\$4,517.27		
	STIMULATION DEVICE SYSTEM, INCLUDES ALL								
E0762	ACCESSORIES	YES		NO			\$857.90		
23.02	FUNCTIONAL NEUROMUSCULAR	5					<del>+</del> + + + + + + + + + + + + + + + + + +		
	STIMULATION, TRANSCUTANEOUS								
	STIMULATION OF SEQUENTIAL MUSCLE								
	GROUPS OF AMBULATION WITH COMPUTER								
	CONTROL, USED FOR WALKING BY SPINAL								
	CORD INJURED, ENTIRE SYSTEM, AFTER								
E0764	COMPLETION OF TRAINING PROGRAM	YES		NO			\$8,141.75		
	ELECTRICAL STIMULATION OR								
E0760	ELECTROMAGNETIC WOUND TREATMENT	NO		V/month	YES	М	NO		
E0769	DEVICE, NOT OTHERWISE CLASSIFIED FUNCTIONAL ELECTRICAL STIMULATOR,	NO		Y/month	TES	IVI	NO		V
	TRANSCUTANEOUS STIMULATION OF NERVE								
	AND/OR MUSCLE GROUPS, ANY TYPE,								
	COMPLETE SYSTEM, NOT OTHERWISE							MSRP-18% or Invoice + 20%	
E0770	SPECIFIED	YES		Y/month	YES	М	М	based on documentation	✓

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	2000		1 per 5	110111011	104000	1 1100	11100	110.000	
			calendar						
E0776	IV POLE	NO	years	Y/month	NO	\$11.64	\$116.42		
	AMBULATORY INFUSION PUMP, MECHANICAL,								
E0780	REUSABLE, FOR INFUSION LESS THAN 8 HOU	NO		NO			\$9.92		
	AMBULATORY INFUSION PUMP, SINGLE OR		4 5						
	MULTIPLE CHANNELS, ELECTRIC OR BATTERY		1 per 5						
E0781	OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	YES	calendar years	Y/month	YES	\$301.20	\$3,012.00		
20701	INFUSION PUMP. IMPLANTABLE, NON-	120	years	17111011111	120	ψ501.20	ψ5,012.00		
	PROGRAMMABLE (INCLUDES ALL		1 per 5						
	COMPONENTS, E.G., PUMP, CATHETER,		calendar						
E0782	CONNECTORS, ETC.)	YES	years	Y/month	YES	\$369.97	\$3,699.70		
	INFUSION PUMP SYSTEM, IMPLANTABLE,								
	PROGRAMMABLE (INCLUDES ALL								
	COMPONENTS, E.G., PUMP, CATHETER,	\/=0					<b>A-</b>	covered only in a hospital that	
E0783	CONNECTORS, ETC.)	YES	4 5	NO			\$7,337.00	does not bill Medicaid	
	EVTERNAL AMRIJI ATORY INFLICION RUMR		1 per 5 calendar						
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	YES	years	Y/month	YES	\$543.08	\$5,430.80		
20704	EXTERNAL AMBULATORY INFUSION PUMP,	TLO	years	17111011111	120	ψυ-υ.υυ	ψυ,+υυ.υυ		
	INSULIN, DOSAGE RATE ADJUSTMENT USING								
	THERAPEUTIC CONTINUOUS GLUCOSE							MSRP-18% or Invoice + 20%	
E0787	SENSING	NO		NO			M	based on documentation	✓
	PARENTERAL INFUSION PUMP, STATIONARY,								
E0791	SINGLE OR MULTI-CHANNEL	YES		Y/month	YES	\$357.82	\$3,578.20		
	TRACTION FRAME, ATTACHED TO						<b>.</b>		
E0840	HEADBOARD, CERVICAL TRACTION	NO		NO			\$87.01		
	TRACTION EQUIPMENT, CERVICAL, FREE-								
	STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN								
E0849	MANDIBLE	YES		Y/month	YES	\$72.01	\$720.10		
230-10	TRACTION STAND, FREE STANDING,	120		17111011111		ψι 2.01	ψ. <u>2</u> 0.10		
E0850	CERVICAL TRACTION	NO		NO			\$100.51		
	CERVICAL TRACTION EQUIPMENT NOT								
E0855	REQUIRING ADDITIONAL STAND OR FRAME	YES		Y/month	YES	\$70.23	\$702.30		
	CERVICAL TRACTION DEVICE, WITH						<b>.</b>		
E0856	INFLATABLE AIR BLADDER(S)	NO		NO			\$123.22		
E0060	TRACTION EQUIPMENT, OVERDOOR,	NO		NO			ΦE4 0E		
E0860	CERVICAL TRACTION FRAME, ATTACHED TO	NO		NO			\$51.85		
	FOOTBOARD, EXTREMITY TRACTION, (E.G.,								
E0870	BUCK'S)	NO		NO			\$162.52		
_ 33. 0	TRACTION STAND, FREE STANDING,						Ţ.5 <b>2.52</b>		
E0880	EXTREMITY TRACTION	NO		NO			\$175.40		
	TRACTION FRAME, ATTACHED TO								
E0890	FOOTBOARD, PELVIC TRACTION	NO		NO			\$167.05		
Force	TRACTION STAND, FREE STANDING, PELVIC	NO		NO			0.470.01		
E0900	TRACTION, (E.G., BUCK'S)	NO		NO			\$179.04		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	TRAPEZE BARS, A/K/A PATIENT HELPER,								
E0910	ATTACHED TO BED, WITH GRAB BAR	NO		Y/month	NO	\$13.17	\$131.70		
	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT								
	WEIGHT CAPACITY GREATER THAN 250								
E0911	POUNDS, ATTACHED TO BED, WITH GRAB BAR	NO		Y/month	NO	\$47.63	\$476.30		
	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT								
	WEIGHT CAPACITY GREATER THAN 250								
	POUNDS, FREE STANDING, COMPLETE WITH								
E0912	GRAB BAR	YES		Y/month	YES	\$97.04	\$970.40		
	FRACTURE FRAME, ATTACHED TO BED,								
E0920	INCLUDES WEIGHTS	YES		Y/month	YES	\$64.49	\$644.90		
	FRACTURE FRAME, FREE STANDING,								
E0930	INCLUDES WEIGHTS	YES		Y/month	YES	\$37.15	\$371.50		
	CONTINUOUS PASSIVE MOTION EXERCISE								
E0935	DEVICE FOR USE ON KNEE ONLY	NO	21 days	Y/day	YES	\$31.78	NO		
	TRAPEZE BAR, FREE STANDING, COMPLETE								
E0940	WITH GRAB BAR	NO		Y/month	NO	\$25.17	\$251.70		
	GRAVITY ASSISTED TRACTION DEVICE, ANY								
E0941	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		
======	FRACTURE, FRAME, DUAL WITH CROSS BARS,	\/=0			\/=0				
E0946	ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	YES		Y/month	YES	\$70.27	\$702.70		
E00.47	FRACTURE FRAME, ATTACHMENTS FOR	\/F0		N/ (1	\/F0	001-0	<b>#0.47.00</b>		
E0947	COMPLEX PELVIC TRACTION	YES		Y/month	YES	\$84.73	\$847.30		
F00.40	FRACTURE FRAME, ATTACHMENTS FOR	VE0.		M/m mulb	V/E0	004.00	<b>#040.00</b>		
E0948	COMPLEX CERVICAL TRACTION	YES NO		Y/month	YES	\$81.93	\$819.30		
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	NO		NO			\$73.80		
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR	NO		NO			\$12.77		
E0951	WITHOUT ANKLE STRAP, EACH TOE LOOP/HOLDER, ANY TYPE, EACH	NO NO		NO NO			\$12.77		<b>√</b>
E095Z	WHEELCHAIR ACCESSORY, LATERAL THIGH	INU		INU			φ14.40		<b>V</b>
	OR KNEE SUPPORT, ANY TYPE INCLUDING								
E0953	FIXED MOUNTING HARDWARE, EACH	NO		YES		\$7.29	\$72.90		✓
L0933	WHEELCHAIR ACCESSORY, FOOT BOX, ANY	INO		ILO		ψ1.23	ψ12.30		,
	TYPE, INCLUDES ATTACHMENT AND								
E0954	MOUNTING HARDWARE, EACH FOOT	NO		YES		\$5.09	\$50.68		<b>√</b>
20004	WHEELCHAIR ACCESSORY, HEADREST,	110		1.20		ψ0.00	ψ00.00		,
	CUSHIONED, ANY TYPE, INCLUDING FIXED								
E0955	MOUNTING HARDWARE, EACH	YES		NO			\$150.20		✓
	WHEELCHAIR ACCESSORY, LATERAL TRUNK	120		140			ψ100.20		
	OR HIP SUPPORT, ANY TYPE, INCLUDING								
E0956	FIXED MOUNTING HARDWARE, EACH	YES		NO			\$78.72		✓
	WHEELCHAIR ACCESSORY, MEDIAL THIGH	0					Ţ. 3.7 <u>Z</u>		
	SUPPORT, ANY TYPE, INCLUDING FIXED								
E0957	MOUNTING HARDWARE, EACH	YES		NO			\$124.51		✓
							Ţ . <u>_</u>		

		Purchase PA		I WISLATEC SC	Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM								
E0958	DRIVE ATTACHMENT, EACH	YES		Y/month	YES	\$41.74	\$417.40		✓
	MANUAL WHEELCHAIR ACCESSORY, ADAPTER								
E0959	FOR AMPUTEE, EACH	NO		NO			\$39.79		✓
	WHEELCHAIR ACCESSORY, SHOULDER								
	HARNESS/STRAPS OR CHEST STRAP,								
E0960	INCLUDING ANY TYPE MOUNTING HARDWARE	NO		NO			\$73.33		✓
	WHEELCHAIR ACCESSORY, SHOULDER								
	HARNESS/STRAPS OR CHEST STRAP,								
E0961	INCLUDING ANY TYPE MOUNTING HARDWARE	NO		Y/month	NO	\$1.92	\$19.23		✓
F0000	MANUAL WHEELCHAIR ACCESSORY,	NO		M/m mulb	NO	<b>#</b> 0.00	<b>#00.47</b>		,
E0966	HEADREST EXTENSION, EACH	NO		Y/month	NO	\$6.22	\$62.17		<b>√</b>
	MANUAL WHEELCHAIR ACCESSORY, HAND								
E0067	RIM WITH PROJECTIONS, ANY TYPE,	NO		V/month	NO	¢5 01	\$59.12		✓
E0967 E0968	REPLACEMENT ONLY, EACH COMMODE SEAT, WHEELCHAIR	YES		Y/month Y/month	NO YES	\$5.91 \$14.58	\$145.80		V /
E0969	NARROWING DEVICE, WHEELCHAIR	NO NO		Y/month	NO NO	\$14.84	\$148.35		<b>√</b>
L0909	WHEELCHAIR NO. 2 FOOTPLATES, EXCEPT	NO		1/111011111	INO	φ14.04	φ140.55		v
E0970	FOR ELEVATING LEG REST	NO		Y/month	NO	\$3.92	\$39.17		<b>√</b>
L0370	MANUAL WHEELCHAIR ACCESSORY, ANTI-	110		17111011011	110	ψ5.52	ψ55.17		,
E0971	TIPPING DEVICE, EACH	NO		Y/month	NO	\$3.00	\$29.94		✓
20071	WHEELCHAIR ACCESSORY, ADJUSTABLE	110		17111011111	110	ψ0.00	Ψ20.01		
	HEIGHT, DETACHABLE ARMREST, COMPLETE								
E0973	ASSEMBLY, EACH	NO		Y/month	NO	\$5.51	\$55.12		✓
	MANUAL WHEELCHAIR ACCESSORY, ANTI-				-	,	, , ,		
E0974	ROLLBACK DEVICE, EACH	NO		Y/month	NO	\$6.96	\$69.57		✓
	WHEELCHAIR ACCESSORY, POSITIONING								
E0978	BELT/SAFETY BELT/PELVIC STRAP, EACH	NO		NO			\$24.17		✓
E0980	SAFETY VEST, WHEELCHAIR	NO		NO			\$31.62		✓
	WHEELCHAIR ACCESSORY, SEAT								
E0981	UPHOLSTERY, REPLACEMENT ONLY, EACH	NO		NO			\$39.44		✓
	WHEELCHAIR ACCESSORY, BACK								
E0982	UPHOLSTERY, REPLACEMENT ONLY, EACH	NO		NO			\$43.67		✓
	MANUAL WHEELCHAIR ACCESSORY, POWER								
	ADD-ON TO CONVERT MANUAL WHEELCHAIR								
F0000	TO MOTORIZED WHEELCHAIR, JOYSTICK	VE0		M/ss south	VE0	<b>#</b> 000 40	<b>#0.004.00</b>		<b>√</b>
E0983	CONTROL	YES		Y/month	YES	\$262.43	\$2,624.30		V
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	NO		Y/month	NO	¢10.27	\$192.70		✓
L0903	MANUAL WHEELCHAIR ACCESSORY, PUSH-	INU		1/111011111	INU	\$19.27	φ192.70		· ·
E0986	RIM ACTIVATED POWER ASSIST SYSTEM	YES		Y/month	YES	\$595.12	\$5,951.20		<b>√</b>
2000	WHEELCHAIR ACCESSORY, ELEVATING LEG	120		17111011111	120	ψ000.12	ψο,σστ.20		,
E0990	REST, COMPLETE ASSEMBLY, EACH	NO		Y/month	NO	\$7.27	\$72.72		✓
	MANUAL WHEELCHAIR ACCESSORY, SOLID	.,,		.,		ψ	<b>4.22</b>		
E0992	SEAT INSERT	NO		NO			\$78.57		✓
E0994	WHEELCHAIR ARM REST EACH	NO		NO			\$16.87		✓
	WHEELCHAIR ACCESSORY, CALF REST/PAD,								
E0995	REPLACEMENT ONLY, EACH	NO		NO			\$25.12		✓
	WHEELCHAIR ACCESSORY, POWER SEATING								
E1002	SYSTEM, TILT ONLY	YES		NO			\$3,992.50		✓

		Purchase		I WISEAT CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
ПСРСЗ	· ·	required	Lillits	Rentai	required	FIICE	Filce	Notes	list
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR								
E1003	REDUCTION	YES		NO			\$4,580.20		✓
2.000	WHEELCHAIR ACCESSORY, POWER SEATING						ψ.,σσσ. <u>=</u> σ		
	SYSTEM, RECLINE ONLY, WITH MECHANICAL								
E1004	SHEAR REDUCTION	YES		NO			\$5,045.30		✓
	WHEELCHAIR ACCESSORY, POWER SEATING								
E4005	SYSTEM, RECLINE ONLY, WITH POWER SHEAR	VE0.		NO			ΦE 504 50		
E1005	REDUCTION WHEELCHAIR ACCESSORY, POWER SEATING	YES		NO			\$5,504.50		✓
	SYSTEM, COMBINATION TILT AND RECLINE,								
E1006	WITHOUT SHEAR REDUCTION	YES		NO			\$6,775.60		✓
	WHEELCHAIR ACCESSORY, POWER SEATING						<b>40,</b> 1100		
	SYSTEM, COMBINATION TILT AND RECLINE,								
E1007	WITH MECHANICAL SHEAR REDUCTION	YES		NO			\$8,602.50		✓
	WHEELCHAIR ACCESSORY, POWER SEATING								
E4000	SYSTEM, COMBINATION TILT AND RECLINE,	VEC		NO			¢0.704.70		✓
E1008	WITH POWER SHEAR REDUCTION WHEELCHAIR ACCESSORY, ADDITION TO	YES		NO			\$8,764.70		<b>V</b>
	POWER SEATING SYSTEM, MECHANICALLY								
	LINKED LEG ELEVATION SYSTEM, INCLUDING							MSRP-18% or Invoice + 20%	
E1009	PUSHROD AND LEG REST, EACH	YES		NO			М	based on documentation	✓
	WHEELCHAIR ACCESSORY, ADDITION TO								
	POWER SEATING SYSTEM, POWER LEG								
E4040	ELEVATION SYSTEM, INCLUDING LEG REST,	VEC		NO			¢4 470 40		,
E1010	PAIR	YES		NO			\$1,179.40		✓
	MODIFICATION TO PEDIATRIC SIZE								
	WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE							MSRP-18% or Invoice + 20%	
E1011	(NOT TO BE DISPENSED WITH INITIAL CHAIR)	YES		NO			М	based on documentation	✓
	WHEELCHAIR ACCESSORY, ADDITION TO								
	POWER SEATING SYSTEM, CENTER MOUNT								
	POWER ELEVATING LEG REST/PLATFORM,	\/=0			\/=o				
E1012	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		✓
L1014	SHOCK ABSORBER FOR MANUAL	INO		INO			φ∠3∠.11		<b>v</b>
E1015	WHEELCHAIR, EACH	NO		NO			\$126.57		✓
_1010	SHOCK ABSORBER FOR POWER			.,0			<b></b>		
E1016	WHEELCHAIR, EACH	NO		NO			\$104.27		✓
	HEAVY DUTY SHOCK ABSORBER FOR HEAVY								
=	DUTY OR EXTRA HEAVY DUTY POWER							MSRP-18% or Invoice + 20%	
E1018	WHEELCHAIR, EACH	NO		NO			M	based on documentation	✓
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	NO		Y/month	NO	\$22.03	\$220.29		✓
L 1020	WHEELCHAIR ACCESSORY, MANUAL	INO		1711101101	NO	ΨΖΖ.03	Ψ220.23		<b>*</b>
	SWINGAWAY, RETRACTABLE OR REMOVABLE							Maximum of 6 units per MUE	
E1028	MOUNTING HARDWARE, OTHER	NO		NO			\$138.60	edit	✓
	WHEELCHAIR ACCESSORY, VENTILATOR								
E1029	TRAY, FIXED	NO		NO			\$389.50		✓

		Purchase	KI Wiediedie	I WISEA Fee SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	WHEELCHAIR ACCESSORY, VENTILATOR								
E1030	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		<b>√</b>
		_				,	, , , , , , , , , , , , , , , , , , , ,		
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		<b>√</b>
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	YES		Y/month	YES	\$88.29	\$882.90		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		✓

		Purchase			Rental				Medicare
HCPCS	Description	PA	Limits	Dontol	PA	Rental Price	Purchase Price	Neteo	Bypass
псесъ	'	required	Limits	Rental	required	Price	Price	Notes	list
	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR,								
E1089	FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$97.74	\$977.40		<b>√</b>
E1009	DETACHABLE FOOTREST	TES		T/IIIOIIIII	TES	φ97.74	φ977.40		V
	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR,								
	DETACHABLE ARMS DESK OR FULL LENGTH,								
E1090	SWING AWAY DETACHABLE FOOT RESTS	YES		Y/month	Y/6 months	\$128.27	\$1,282.70		✓
	WIDE HEAVY DUTY WHEEL CHAIR,								
	DETACHABLE ARMS (DESK OR FULL LENGTH),								
	SWING AWAY DETACHABLE ELEVATING LEG								
E1092	RESTS	YES		Y/month	YES	\$110.61	\$1,106.10		✓
	WIDE HEAVY DUTY WHEELCHAIR,								
	DETACHABLE ARMS DESK OR FULL LENGTH								
E1093	ARMS, SWING AWAY DETACHABLE FOOTRESTS	YES		V/month	YES	<b>0424 44</b>	¢4 244 40		_
E1093	SEMI-RECLINING WHEELCHAIR, FIXED FULL	YES		Y/month	YES	\$131.44	\$1,314.40		V
	LENGTH ARMS, SWING AWAY DETACHABLE								
E1100	ELEVATING LEG RESTS	YES		Y/month	YES	\$84.42	\$844.20		✓
	SEMI-RECLINING WHEELCHAIR, DETACHABLE			7,777,077,07		<b>40</b> 11 12	<b>4</b> 011120		
	ARMS (DESK OR FULL LENGTH) ELEVATING								
E1110	LEG REST	YES		Y/month	YES	\$82.66	\$826.60		✓
	STANDARD WHEELCHAIR, FIXED FULL LENGTH								
	ARMS, FIXED OR SWING AWAY DETACHABLE								
E1130	FOOTRESTS	NO		Y/month	NO	\$44.11	\$441.10		✓
	WHEELCHAIR, DETACHABLE ARMS, DESK OR								
E1140	FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	YES		Y/month	YES	\$58.42	\$584.20		<b>/</b>
L1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR	123		17111011111	TEG	ψ30.42	ψ504.20		•
	FULL LENGTH SWING AWAY DETACHABLE								
E1150	ELEVATING LEGRESTS	YES		Y/month	YES	\$98.90	\$989.00		✓
	WHEELCHAIR, FIXED FULL LENGTH ARMS,								
	SWING AWAY DETACHABLE ELEVATING								
E1160	LEGRESTS	YES		Y/month	YES	\$79.51	\$795.10		✓
=	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES	\/=0			\/=o				,
E1161	TILT IN SPACE	YES		Y/month	YES	\$330.58	\$3,305.80		✓
	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS. SWING AWAY DETACHABLE								
E1170	ELEVATING LEGRESTS	YES		Y/month	YES	\$85.45	\$854.50		<b>/</b>
21170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH	120		17111011111	120	ψου.το	Ψ004.00		
E1171	ARMS, WITHOUT FOOTRESTS OR LEGREST	YES		Y/month	YES	\$65.18	\$651.80		✓
	AMPUTEE WHEELCHAIR, DETACHABLE ARMS								
	(DESK OR FULL LENGTH) WITHOUT								
E1172	FOOTRESTS OR LEGREST	YES		Y/month	YES	\$79.65	\$796.50		✓
	AMPUTEE WHEELCHAIR, DETACHABLE ARMS								
E4400	(DESK OR FULL LENGTH) SWING AWAY	VE0.		V/	VE0	<b>#</b> 00.05	#000 F0		
E1180	DETACHABLE FOOTRESTS	YES		Y/month	YES	\$96.95	\$969.50		✓
	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY								
E1190	DETACHABLE ELEVATING LEGRESTS	YES		Y/month	YES	\$112.01	\$1,120.10		<b>√</b>
	DE L'ANDEL ELEVATINO LEGICEOTO	0	1	17111011011	0	Ψ1.2.01	Ψ1,120.10		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
1101 03	HEAVY DUTY WHEELCHAIR, FIXED FULL	required	Lillits	Rentai	required	TITCE	TITLE	Notes	list
	LENGTH ARMS, SWING AWAY DETACHABLE								
E1195	ELEVATING LEGRESTS	YES		Y/month	YES	\$120.19	\$1,201.90		✓
	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH								
E1200	ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$80.14	\$801.40		✓
	WHEELCHAIR; SPECIALLY SIZED OR							11000 1001	
E1220	CONSTRUCTED, (INDICATE BRAND NAME,	YES		Y/month	YES	М	M	MSRP-18% or Invoice + 20% based on documentation	,
E1220	MODEL NUMBER, IF ANY) AND JUSTIFICATION WHEELCHAIR WITH FIXED ARM, FOOTRESTS	NO		Y/month	NO	\$38.63	\$386.30	based on documentation	<u>√</u>
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS  WHEELCHAIR WITH FIXED ARM, ELEVATING	INO		T/IIIOIIIII	NO	φ36.03	\$300.30		
E1222	LEGRESTS	YES		Y/month	YES	\$55.12	\$551.20		✓
:	WHEELCHAIR WITH DETACHABLE ARMS,	0		17111011111	0	<b>400</b>	φσσ2σ		<u> </u>
E1223	FOOTRESTS	YES		Y/month	YES	\$60.19	\$601.90		✓
	WHEELCHAIR WITH DETACHABLE ARMS,								
E1224	ELEVATING LEGRESTS	YES		Y/month	YES	\$65.99	\$659.90		✓
	WHEELCHAIR ACCESSORY, MANUAL SEMI-								
	RECLINING BACK, (RECLINE GREATER THAN								
E4005	15 DEGREES, BUT LESS THAN 80 DEGREES),	VE0		M/m m th	VE0	<b>#</b> 40.04	<b>#</b> 400.40		✓
E1225	EACH WHEELCHAIR ACCESSORY, MANUAL FULLY	YES		Y/month	YES	\$43.24	\$432.40		
	RECLINING BACK, (RECLINE GREATER THAN								
E1226	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		✓
	WHEELCHAIR, PEDIATRIC SIZE, NOT							MSRP-18% or Invoice + 20%	
E1229	OTHERWISE SPECIFIED	YES		Y/month	YES	М	M	based on documentation	✓
	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN- SPACE, RIGID, ADJUSTABLE, WITH SEATING							MSRP-18% or Invoice + 20%	
E1231	SYSTEM	YES		Y/month	YES	М	M	based on documentation	✓
	EELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE,			. 2					
	FOLDING, ADJUSTABLE, WITH SEATING								
E1232	SYSTEM	YES		Y/month	YES	\$298.80	\$2,988.00		✓
	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-								
E1233	SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$309.57	\$3,095.70		✓
L 1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-	120		1/11/01/11	120	ψυυσιστ	ψυ,υσυ.τυ		•
	SPACE, FOLDING, ADJUSTABLE, WITHOUT								
E1234	SEATING SYSTEM	YES		Y/month	YES	\$269.52	\$2,695.20		✓
	WHEELCHAIR, PEDIATRIC SIZE, RIGID,								
E1235	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		✓
L1230	WHEELCHAIR, PEDIATRIC SIZE, RIGID,	ILO		1/111011111	ILO	φ∠∠ο.ઝ <i>1</i>	φ2,209.70		<u> </u>
E1237	ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$230.95	\$2,309.50		✓
	WHEELCHAIR, PEDIATRIC SIZE, FOLDING,					,			
E1238	ADJUSTABLE, WITHOUT SEATING SYSTEM	YES		Y/month	YES	\$228.97	\$2,289.70		✓

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	LIGHTWEIGHT WHEELCHAIR, DETACHABLE								
	ARMS, (DESK OR FULL LENGTH) SWING AWAY								
E1240	DETACHABLE, ELEVATING LEGREST	YES		Y/month	YES	\$83.77	\$837.70		✓
	LIGHTWEIGHT WHEELCHAIR, FIXED FULL								
=	LENGTH ARMS, SWING AWAY DETACHABLE	\/=0			\/=0				,
E1250	FOOTREST	YES		Y/month	YES	\$61.80	\$618.00		✓
	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY								
E1260	DETACHABLE FOOTREST	YES		Y/month	YES	\$75.79	\$757.90		✓
L 1200	LIGHTWEIGHT WHEELCHAIR, FIXED FULL	120		17111011111	120	ψ13.13	Ψ101.00		,
	LENGTH ARMS, SWING AWAY DETACHABLE								
E1270	ELEVATING LEGRESTS	YES		Y/month	YES	\$72.25	\$722.50		✓
	HEAVY DUTY WHEELCHAIR, DETACHABLE								
	ARMS (DESK OR FULL LENGTH) ELEVATING								
E1280	LEGRESTS	YES		Y/month	YES	\$125.58	\$1,255.80		✓
	HEAVY DUTY WHEELCHAIR, FIXED FULL								
E1285	LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	YES		Y/month	YES	\$98.07	\$980.70		✓
L1203	HEAVY DUTY WHEELCHAIR, DETACHABLE	ILO		1/111011111	ILO	\$90.07	φ900.70		· · ·
	ARMS (DESK OR FULL LENGTH) SWING AWAY								
E1290	DETACHABLE FOOTREST	YES		Y/month	YES	\$114.02	\$1,140.20		✓
	HEAVY DUTY WHEELCHAIR, FIXED FULL				, = 0	<b>*</b> * * * * * * * * * * * * * * * * * *	<b>4</b> 1,110120		
E1295	LENGTH ARMS, ELEVATING LEGREST	YES		Y/month	YES	\$98.78	\$987.80		✓
	SPECIAL WHEELCHAIR SEAT HEIGHT FROM								
E1296	FLOOR	YES		Y/month	YES	\$39.98	\$399.82		✓
	SPECIAL WHEELCHAIR SEAT DEPTH, BY								
E1297	UPHOLSTERY	YES		Y/month	YES	\$9.61	\$95.95		✓
F4000	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR	\/F0		V// //	\/F0	<b>0.40.50</b>	<b>*</b> 405.00		
E1298	WIDTH, BY CONSTRUCTION	YES		Y/month	YES	\$40.53	\$405.30	MSRP-18% or Invoice + 20%	✓
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	YES		Y/month	YES	М	М	based on documentation	✓
E1353	OXYGEN SUPPLIES REGULATOR	YES		YES	ILO	\$9.97	\$99.74	based on documentation	<u> </u>
21000	OXYGEN ACCESSORY, WHEELED CART FOR	120		120		φοιοι	φου.		
	PORTABLE CYLINDER OR PORTABLE								
	CONCENTRATOR, ANY TYPE, REPLACEMENT							MSRP-18% or Invoice + 20%	
E1354	ONLY, EACH	YES		Y/month	YES	М	M	based on documentation	✓
E1355	OXYGEN SUPPLIES STAND/RACK	NO		NO			\$22.40		✓
	OXYGEN ACCESSORY, BATTERY								
	PACK/CARTRIDGE FOR PORTABLE							MCDD 400/ or lawaisa i COO/	
E1356	CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY. EACH	YES		Y/month	YES	N.A	N.4	MSRP-18% or Invoice + 20%	_
E1330	OXYGEN ACCESSORY, BATTERY CHARGER	150		1/IIIOHIN	150	M	M	based on documentation	<b>√</b>
	FOR PORTABLE CONCENTRATOR, ANY TYPE.							MSRP-18% or Invoice + 20%	
E1357	REPLACEMENT ONLY, EACH	YES		Y/month	YES	М	М	based on documentation	✓
	OXYGEN ACCESSORY, DC POWER ADAPTER	-			-				
	FOR PORTABLE CONCENTRATOR, ANY TYPE,							MSRP-18% or Invoice + 20%	
E1358	REPLACEMENT ONLY, EACH	YES		Y/month	YES	М	M	based on documentation	✓
	IMMERSION EXTERNAL HEATER FOR								
E1372	NEBULIZER	NO		NO			\$127.32		✓

		Purchase		I WISLA FEE SC	Rental				
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
1101 00	2000 inplient	roquirou	2	Homai	roquirou	1 1100	11100	110100	1101
	OXYGEN CONCENTRATOR, SINGLE DELIVERY								
	PORT, CAPABLE OF DELIVERING 85 PERCENT								
	OR GREATER OXYGEN CONCENTRATION AT								
E1390	THE PRESCRIBED FLOW RATE	NO		Y/month	YES	\$89.32	NO		✓
	OXYGEN CONCENTRATOR, DUAL DELIVERY								
	PORT, CAPABLE OF DELIVERING 85 PERCENT								
E4204	OR GREATER OXYGEN CONCENTRATION AT	NO		V/m o mth	VEC	<b>#00.00</b>	NO		
E1391	THE PRESCRIBED FLOW RATE, EACH PORTABLE OXYGEN CONCENTRATOR,	NO		Y/month	YES	\$89.32	NO		✓
E1392	RENTAL	NO		Y/month	YES	\$45.26	NO		✓
E 1002	DURABLE MEDICAL EQUIPMENT,	110		17111011111	120	Ψ10.20	110	MSRP-18% or Invoice + 20%	
E1399	MISCELLANEOUS	YES		NO			М	based on documentation	✓
	OXYGEN AND WATER VAPOR ENRICHING								
E1405	SYSTEM WITH HEATED DELIVERY	NO		Y/month	YES	\$99.28	NO		✓
	OXYGEN AND WATER VAPOR ENRICHING								
E1406	SYSTEM WITHOUT HEATED DELIVERY	NO		Y/month	YES	\$75.88	NO Table 04		<b>√</b>
E1700	JAW MOTION REHABILITATION SYSTEM REPLACEMENT CUSHIONS FOR JAW MOTION	YES		Y/month	YES	\$32.99	\$329.91		<b>√</b>
E1701	REHABILITATION SYSTEM, PKG. OF 6	NO		NO			\$10.15		✓
LITOI	REPLACEMENT MEASURING SCALES FOR JAW	110		140			ψ10.13		,
	MOTION REHABILITATION SYSTEM, PKG. OF								
E1702	200	NO		NO			\$20.92		✓
	DYNAMIC ADJUSTABLE ELBOW								
	EXTENSION/FLEXION DEVICE, INCLUDES SOFT						<b>.</b>		
E1800	INTERFACE MATERIAL	YES		Y/month	YES	\$145.49	\$1,454.90		✓
	STATIC PROGRESSIVE STRETCH/PATIENT								
	ACTUALIZED SERIAL STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH								
	OR WITHOUT RANGE OF MOTION								
	ADJUSTMENT, INCLUDES ALL COMPONENTS								
E1801	AND ACCESSORIES	YES		Y/month	YES	\$180.25	\$1,802.50		✓
	DYNAMIC ADJUSTABLE FOREARM								
=	PRONATION/SUPINATION DEVICE, INCLUDES	\/=0							,
E1802	SOFT INTERFACE MATERIAL	YES		NO	NO		\$3,998.30		✓
	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE								
E1805	MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
	STATIC PROGRESSIVE STRETCH WRIST	. 20		17111011111	. 20	ψ.:co.co	ψ1,000.00		
	DEVICE, FLEXION AND/OR EXTENSION, WITH								
	OR WITHOUT RANGE OF MOTION								
	ADJUSTMENT, INCLUDES ALL COMPONENTS								
E1806	AND ACCESSORIES	YES		Y/month	YES	\$148.01	\$1,480.10		✓
	DYNAMIC ADJUSTABLE KNEE EXTENSION /								
E1810	FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	YES		Y/month	YES	\$147.97	\$1,479.70		1
E1010	IVIATERIAL	150	L	r/monun	IEO	\$147.97	φ1,479.7U		v

		Purchase		I WISEA I CC SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	STATIC PROGRESSIVE STRETCH/PATIENT								
	ACTUALIZED SERIAL STRETCH KNEE DEVICE,								
	EXTENSION AND/OR FLEXION, WITH OR								
	WITHOUT RANGE OF MOTION ADJUSTMENT,								
	INCLUDES ALL COMPONENTS AND								
E1811	ACCESSORIES	YES		Y/month	YES	\$187.38	\$1,873.80		✓
	DYNAMIC ADJUSTABLE ANKLE								
	EXTENSION/FLEXION DEVICE, INCLUDES SOFT								
E1815	INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
	STATIC PROGRESSIVE STRETCH/PATIENT								
	ACTUALIZED SERIAL STRETCH ANKLE DEVICE,								
	FLEXION AND/OR EXTENSION, WITH OR								
	WITHOUT RANGE OF MOTION ADJUSTMENT,								
E4046	INCLUDES ALL COMPONENTS AND ACCESSORIES	YES		Y/month	YES	\$400.2C	¢4 002 c0		✓
E1816	STATIC PROGRESSIVE STRETCH/PATIENT	150		1/monun	TES	\$190.36	\$1,903.60		V
	ACTUALIZED SERIAL STRETCH/PATIENT								
	PRONATION / SUPINATION DEVICE, WITH OR								
	WITHOUT RANGE OF MOTION ADJUSTMENT,								
	INCLUDES ALL COMPONENTS AND								
E1818	ACCESSORIES	YES		Y/month	YES	\$194.32	\$1,943.20		✓
2.0.0	REPLACEMENT SOFT INTERFACE MATERIAL,			1711011111		\$10 HG2	ψ.,σ.σ.Ξσ		
	DYNAMIC ADJUSTABLE EXTENSION/FLEXION								
E1820	DEVICE	NO		NO			\$114.22		✓
	DYNAMIC ADJUSTABLE FINGER								
	EXTENSION/FLEXION DEVICE, INCLUDES SOFT								
E1825	INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
	DYNAMIC ADJUSTABLE TOE								
	EXTENSION/FLEXION DEVICE, INCLUDES SOFT								
E1830	INTERFACE MATERIAL	YES		Y/month	YES	\$150.06	\$1,500.60		✓
	DYNAMIC ADJUSTABLE SHOULDER FLEXION /								
E4040	ABDUCTION / ROTATION DEVICE, INCLUDES	110		N// //	\/F0	050470	110		,
E1840	SOFT INTERFACE MATERIAL	NO		Y/month	YES	\$534.73	NO		✓
E2000	GASTRIC SUCTION PUMP, HOME MODEL,	YES		V/month	YES	Ф <b>7</b> О 4О	\$724.20		✓
E2000	PORTABLE OR STATIONARY, ELECTRIC	150		Y/month	TES	\$72.42	\$724.20		<b>V</b>
								Coverage will be through	
			1 per 4					pharmacy for diagnosis codes	
	BLOOD GLUCOSE MONITOR WITH		calendar					related to diabetes, other dx	
E2100	INTEGRATED VOICE SYNTHESIZER	YES	years	NO			\$898.64	through DME per regulation	✓
	ADJUNCTIVE, NON-IMPLANTED CONTINUOUS	0	jeaie				ψοσοίο 1		
E2102	GLUCOSE MONITOR OR RECEIVER	NO		YES	NO	\$22.90	\$229.03		
	NON-ADJUNCTIVE, NON-IMPLANTED						•		
	CONTINUOUS GLUCOSE MONITOR OR								
E2103	RECEIVER	NO		YES	NO	\$28.12	\$281.13		
	MANUAL WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME, WIDTH								
	GREATER THAN OR EQUAL TO 20 INCHES AND								
E2201	LESS THAN 24 INCHES	NO		NO			\$332.78		✓

		Purchase		INISEATEC SC	Rental	5 (1			Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	MANUAL WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME WIDTH, 24-27								
E2202	INCHES	NO		NO			\$444.87		✓
	MANUAL WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME DEPTH, 20 TO								
E2203	LESS THAN 22 INCHES	NO		NO			\$440.20		✓
	MANUAL WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME DEPTH, 22 TO 25								
E2204	INCHES	YES		NO			\$752.58		✓
	MANUAL WHEELCHAIR ACCESSORY, HANDRIM								
	WITHOUT PROJECTIONS (INCLUDES								
	ERGONOMIC OR CONTOURED), ANY TYPE,								
E2205	REPLACEMENT ONLY, EACH	NO		NO			\$32.67		✓
	MANUAL WHEELCHAIR ACCESSORY, WHEEL								
F0000	LOCK ASSEMBLY, COMPLETE, REPLACEMENT						<b>#</b> 00.00		
E2206	ONLY, EACH	NO		NO			\$36.63		<b>√</b>
F2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	NO		Y/month	NO	Φ4.4E	¢44.47		<b>√</b>
E2207	WHEELCHAIR ACCESSORY, CYLINDER TANK	NO		Y/MONUI	NO	\$4.15	\$41.47		V
E2208	CARRIER, EACH	NO		Y/month	NO	\$7.73	\$77.25		✓
L2200	ACCESSORY, ARM TROUGH, WITH OR	NO		1/111011111	NO	Ψ1.13	Ψ11.23		,
E2209	WITHOUT HAND SUPPORT, EACH	NO		Y/month	NO	\$7.87	\$78.68		✓
LZZOO	WHEELCHAIR ACCESSORY, BEARINGS, ANY	140		17111011111	140	Ψ1.01	Ψ10.00		,
E2210	TYPE, REPLACEMENT ONLY, EACH	NO		NO			\$5.05		✓
	MANUAL WHEELCHAIR ACCESSORY,						40.00		
	PNEUMATIC PROPULSION TIRE, ANY SIZE,								
E2211	EACH	NO		NO			\$32.86		✓
	MANUAL WHEELCHAIR ACCESSORY, TUBE						•		
	FOR PNEUMATIC PROPULSION TIRE, ANY								
E2212	SIZE, EACH	NO		NO			\$5.63		✓
	MANUAL WHEELCHAIR ACCESSORY, INSERT								
	FOR PNEUMATIC PROPULSION TIRE								
E2213	(REMOVABLE), ANY TYPE, ANY SIZE, EACH	NO		NO			\$27.93		✓
	MANUAL WHEELCHAIR ACCESSORY,								
E2214	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NO		NO			\$29.27		✓
	MANUAL WHEELCHAIR ACCESSORY, TUBE								
50045	FOR PNEUMATIC CASTER TIRE, ANY SIZE,	NO		NO			<b>#</b> 0.40		
E2215	EACH MANUAL WHEELCHAIR ACCESSORY, FOAM	NO		NO			\$9.19		✓
F0040	,	NO		NO			¢47.04		
E2216	FILLED PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$47.04		<b>√</b>
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	NO		NO			\$41.63		✓
EZZII	MANUAL WHEELCHAIR ACCESSORY, FOAM	INU		INU			Ф41.03		V
E2218	PROPULSION TIRE, ANY SIZE, EACH	NO		NO			\$47.04		<b>√</b>
LZZIO	MANUAL WHEELCHAIR ACCESSORY, FOAM	INO		INO			ψτ1.04		,
E2219	CASTER TIRE, ANY SIZE, EACH	NO		NO			\$34.03		✓
LLLIJ	MANUAL WHEELCHAIR ACCESSORY, SOLID	140		NO			Ψ04.00		
	(RUBBER/PLASTIC) PROPULSION TIRE, ANY								
E2220	SIZE. REPLACEMENT ONLY. EACH	NO		NO			\$23.19		✓
	J, D. (J.   D.	.,0	Ļ				Ψ <u></u> 20.10		

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
1101 00	'	required	Lillito	Kentai	required	Title	11100	Hotes	iist
	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE								
	(REMOVABLE), ANY SIZE, REPLACEMENT								
E2221	ONLY, EACH	NO		NO			\$24.44		✓
LZZZI	MANUAL WHEELCHAIR ACCESSORY, SOLID	NO		140			Ψ24.44		•
	(RUBBER/PLASTIC) CASTER TIRE WITH								
	INTEGRATED WHEEL, ANY SIZE,								
E2222	REPLACEMENT ONLY, EACH	NO		NO			\$18.95		✓
	MANUAL WHEELCHAIR ACCESSORY,	-		_			,		
	PROPULSION WHEEL EXCLUDES TIRE, ANY								
E2224	SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$79.74		✓
	MANUAL WHEELCHAIR ACCESSORY, CASTER								
1	WHEEL EXCLUDES TIRE, ANY SIZE,								
E2225	REPLACEMENT ONLY, EACH	NO		NO			\$15.66		✓
	MANUAL WHEELCHAIR ACCESSORY, CASTER								
E2226	FORK, ANY SIZE, REPLACEMENT ONLY, EACH	NO		NO			\$34.15		✓
F055-	MANUAL WHEELCHAIR ACCESSORY, GEAR	\/F0					<b>#4.0== 0.5</b>		,
E2227	REDUCTION DRIVE WHEEL, EACH	YES		NO			\$1,255.30		✓
	MANUAL WHEELCHAIR ACCESSORY, WHEEL								
F0000	BRAKING SYSTEM AND LOCK, COMPLETE,	VEC		NO			Ф740 04		✓
E2228	EACH MANUAL WHEELCHAIR ACCESSORY, MANUAL	YES		NO			\$749.01	MSRP-18% or Invoice + 20%	<b>V</b>
E2230	STANDING SYSTEM	YES		Y/month	YES	М	М	based on documentation	✓
L2230	MANUAL WHEELCHAIR ACCESSORY, SOLID	ILO		1/111011111	TLO	IVI	IVI	based on documentation	•
	SEAT SUPPORT BASE (REPLACES SLING								
	SEAT), INCLUDES ANY TYPE MOUNTING								
E2231	HARDWARE	YES		Y/month	YES	\$14.65	\$146.51		✓
	BACK, PLANAR, FOR PEDIATRIC SIZE			1,111011111	7 - 0	<b>*</b> * * * * * * * * * * * * * * * * * *	********		
	WHEELCHAIR INCLUDING FIXED ATTACHING							MSRP-18% or Invoice + 20%	
E2291	HARDWARE	YES		Y/month	YES	M	M	based on documentation	$\checkmark$
	SEAT, PLANAR, FOR PEDIATRIC SIZE								
	WHEELCHAIR INCLUDING FIXED ATTACHING							MSRP-18% or Invoice + 20%	
E2292	HARDWARE	YES		Y/month	YES	M	M	based on documentation	✓
	Back, contoured, for ped W/C including fixed							MSRP-18% or Invoice + 20%	
E2293	attaching hardware	YES		Y/month	YES	M	M	based on documentation	<b>√</b>
	SEAT, CONTOURED, FOR PEDIATRIC SIZE							MODD 400/ 1	
F220.4	WHEELCHAIR INCLUDING FIXED ATTACHING	VEC		V/m = = th	VEC	D 4	8.4	MSRP-18% or Invoice + 20%	,
E2294	HARDWARE	YES		Y/month	YES	М	M	based on documentation	✓
	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC								
	SEATING FRAME, ALLOWS COORDINATED								
	MOVEMENT OF MULTIPLE POSITIONING							MSRP-18% or Invoice + 20%	
E2295	FEATURES	YES		Y/month	YES	М	М	based on documentation	✓
22200	COMPLEX REHABILITATIVE POWER	. 20	1 per	1711101101	120		141	More than 1 per calendar year	
	WHEELCHAIR ACCESSORY, POWER SEAT		calendar					allowed with prior	
E2298	ELEVATION SYSTEM, ANY TYPE	YES	year	Y/month	YES	\$200.03	\$2,000.30	authorization	
	WHEELCHAIR ACCESSORY, POWER		,				, ,	MSRP-18% or Invoice + 20%	
E2301	STANDING SYSTEM, ANY TYPE	YES		NO			M	based on documentation	✓

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
псесз	· ·	required	LIIIIIIS	Rental	required	Frice	Frice	Notes	list
	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								
E2310	HARDWARE	YES		NO			\$1,164.70		✓
	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								
E2311	HARDWARE	YES		NO			\$2,352.40		<b>√</b>
	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE. MINI-								
	PROPORTIONAL REMOTE JOYSTICK,								
	PROPORTIONAL, INCLUDING FIXED MOUNTING								
E2312	HARDWARE	YES		NO			\$2,467.20		✓
	POWER WHEELCHAIR ACCESSORY, HARNESS								
	FOR UPGRADE TO EXPANDABLE								
	CONTROLLER, INCLUDING ALL FASTENERS,								
E2313	CONNECTORS AND MOUNTING HARDWARE, EACH	NO		NO			\$392.00		<b>√</b>
L2313	POWER WHEELCHAIR ACCESSORY, HAND	INO		INO			φ392.00		·
	CONTROL INTERFACE, REMOTE JOYSTICK,								
	NONPROPORTIONAL, INCLUDING ALL								
	RELATED ELECTRONICS, MECHANICAL STOP								
E2321	SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,582.30		✓
	POWER WHEELCHAIR ACCESSORY, HAND								
	CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES,								
	NONPROPORTIONAL, INCLUDING ALL								
	RELATED ELECTRONICS, MECHANICAL STOP								
E2322	SWITCH, AND FIXED MOUNTING HARDWARE	YES		NO			\$1,470.80		✓
	POWER WHEELCHAIR ACCESSORY,								
F0000	SPECIALTY JOYSTICK HANDLE FOR HAND	VEO		NO			<b>674.04</b>		
E2323	CONTROL INTERFACE, PREFABRICATED POWER WHEELCHAIR ACCESSORY, CHIN CUP	YES		NO			\$71.81		✓
E2324	FOR CHIN CONTROL INTERFACE	NO		NO			\$46.21		<b>√</b>
	POWER WHEELCHAIR ACCESSORY, SIP AND			1,0			₩ 15.21		
	PUFF INTERFACE, NONPROPORTIONAL,								
	INCLUDING ALL RELATED ELECTRONICS,								
_	MECHANICAL STOP SWITCH, AND MANUAL								
E2325	SWINGAWAY MOUNTING HARDWARE	YES		NO			\$1,405.60		✓
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	NO		NO			\$366.20		<b>√</b>
⊏2320	TODE ALL FOR SIF AND PUFF INTERFACE	INU	<u> </u>	INU		Ļ	<b></b>		٧

C	Description	Purchase PA			Rental				Medicare
Po	Description				PA	Rental	Purchase		Bypass
C	·	required	Limits	Rental	required	Price	Price	Notes	list
	POWER WHEELCHAIR ACCESSORY, HEAD								
le.	CONTROL INTERFACE, MECHANICAL,								
PI	PROPORTIONAL, INCLUDING ALL RELATED								
E	ELECTRONICS, MECHANICAL DIRECTION								
	CHANGE SWITCH, AND FIXED MOUNTING								
	HARDWARE	YES		NO			\$2,743.50		✓
	POWER WHEELCHAIR ACCESSORY, HEAD								
	CONTROL OR EXTREMITY CONTROL NTERFACE, ELECTRONIC, PROPORTIONAL.								
	NCLUDING ALL RELATED ELECTRONICS AND								
	FIXED MOUNTING HARDWARE	YES		NO			\$5,184.70		✓
	POWER WHEELCHAIR ACCESSORY, HEAD	120		110			ψο, το τ ο		
	CONTROL INTERFACE, CONTACT SWITCH								
	MECHANISM, NONPROPORTIONAL, INCLUDING								
	ALL RELATED ELECTRONICS, MECHANICAL								
S <sup>-</sup>	STOP SWITCH, MECHANICAL DIRECTION								
	CHANGE SWITCH, HEAD ARRAY, AND FIXED								
	MOUNTING HARDWARE	YES		NO			\$1,862.30		✓
	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		✓
	POWER WHEELCHAIR ACCESSORY,			-			, . ,		
A <sup>-</sup>	ATTENDANT CONTROL, PROPORTIONAL,								
IN	NCLUDING ALL RELATED ELECTRONICS AND							MSRP-18% or Invoice + 20%	
	FIXED MOUNTING HARDWARE	NO		NO			М	based on documentation	✓
	POWER WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME WIDTH, 20-23	NO		NO			¢400.40		✓
	NCHES POWER WHEELCHAIR ACCESSORY,	NO		NO			\$438.42		· · ·
	NONSTANDARD SEAT FRAME WIDTH, 24-27								
	NCHES	YES		NO			\$657.69		✓
	POWER WHEELCHAIR ACCESSORY,						ψουσσ		
	NONSTANDARD SEAT FRAME DEPTH, 20 OR 21								
E2342 IN	NCHES	YES		NO			\$548.09		✓
	POWER WHEELCHAIR ACCESSORY,								
	NONSTANDARD SEAT FRAME DEPTH, 22-25								
	NCHES	YES		NO			\$876.95		✓
	POWER WHEELCHAIR ACCESSORY,								
	ELECTRONIC INTERFACE TO OPERATE								
	SPEECH GENERATING DEVICE USING POWER   WHEELCHAIR CONTROL INTERFACE	YES		NO			\$558.90		./
	POWER WHEELCHAIR ACCESSORY, GROUP 34	169	2 per 24	INU			φυυο. 30		· · ·
	SEALED LEAD ACID BATTERY, EACH (E.G., GEL		calendar						
	CELL, ABSORBED GLASSMAT)	NO	months	NO			\$173.13		✓

Purchase Rental	Medicare
HCPCS Description PA required Limits Rental required Price	Purchase Bypass Price Notes list
2 per 24	
POWER WHEELCHAIR ACCESSORY, 22NF NON- calendar	
E2360 SEALED LEAD ACID BATTERY, EACH NO months NO	\$99.54
POWER WHEELCHAIR ACCESSORY, 22NF 2 per 24	
SEALED LEAD ACID BATTERY, EACH, (E.G., calendar	
	\$138.81
2 per 24	
POWER WHEELCHAIR ACCESSORY, GROUP 24 calendar calendar	
	\$87.38
POWER WHEELCHAIR ACCESSORY, GROUP 24 2 per 24	
SEALED LEAD ACID BATTERY, EACH (E.G., GEL calendar	
	\$185.13
2 per 24	
POWER WHEELCHAIR ACCESSORY, U-1 NON-	
	\$96.08
POWER WHEELCHAIR ACCESSORY, U-1 2 per 24	
SEALED LEAD ACID BATTERY, EACH (E.G., GEL calendar	0444.04
	\$111.64
POWER WHEELCHAIR ACCESSORY, BATTERY	
CHARGER, SINGLE MODE, FOR USE WITH	
ONLY ONE BATTERY TYPE, SEALED OR NON-	0.450.40
	\$159.12
POWER WHEELCHAIR ACCESSORY, BATTERY	
CHARGER, DUAL MODE, FOR USE WITH 1 per 4	DA serviced entrifferent them
EITHER BATTERY TYPE, SEALED OR NON- PA required if calendar	PA required only if more than  \$307.72   1 per 4 years needed
E2367 SEALED, EACH limit exceeded years NO POWER WHEELCHAIR COMPONENT, DRIVE	\$307.72
	\$464.91
POWER WHEELCHAIR COMPONENT, DRIVE	\$404.91 · · ·
	\$404.14
POWER WHEELCHAIR COMPONENT,	\$404.14 · · · · · · · · · · · · · · · · · · ·
INTEGRATED DRIVE WHEEL MOTOR AND	
GEAR BOX COMBINATION, REPLACEMENT	
	\$722.56
POWER WHEELCHAIR ACCESSORY, GROUP 27	Ψ122.00
SEALED LEAD ACID BATTERY, (E.G., GEL CELL,	
	\$132.21
POWER WHEELCHAIR ACCESSORY, GROUP 27	MSRP-18% or Invoice + 20%
E2372 NON-SEALED LEAD ACID BATTERY, EACH NO NO	M based on documentation ✓
POWER WHEELCHAIR ACCESSORY, HAND OR	
CHIN CONTROL INTERFACE, COMPACT	
REMOTE JOYSTICK, PROPORTIONAL,	
	\$838.70
POWER WHEELCHAIR ACCESSORY, HAND OR	
CHIN CONTROL INTERFACE, STANDARD	
REMOTE JOYSTICK (NOT INCLUDING	
CONTROLLER), PROPORTIONAL, INCLUDING	
ALL RELATED ELECTRONICS AND FIXED	
E2374 MOUNTING HARDWARE, REPLACEMENT ONLY YES NO	\$535.30

		Durchasa	KT Wiedicale	I WISEA FEE SU					Madiaara
		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	POWER WHEELCHAIR ACCESSORY, NON-								
	EXPANDABLE CONTROLLER, INCLUDING ALL								
	RELATED ELECTRONICS AND MOUNTING								
E2375	HARDWARE, REPLACEMENT ONLY	YES		NO			\$659.40		✓
	POWER WHEELCHAIR ACCESSORY,								
	EXPANDABLE CONTROLLER, INCLUDING ALL								
	RELATED ELECTRONICS AND MOUNTING								
E2376	HARDWARE, REPLACEMENT ONLY	YES		NO			\$1,334.00		✓
	POWER WHEELCHAIR ACCESSORY,								
	EXPANDABLE CONTROLLER, INCLUDING ALL								
	RELATED ELECTRONICS AND MOUNTING								
	HARDWARE, UPGRADE PROVIDED AT INITIAL								
E2377	ISSUE	NO		NO			\$491.10		✓
	POWER WHEELCHAIR COMPONENT,							MSRP-18% or Invoice + 20%	
E2378	ACTUATOR, REPLACEMENT ONLY	YES		NO			М	based on documentation	✓
	POWER WHEELCHAIR ACCESSORY,								
<b>5</b> 0004	PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,	\/=o					<b>^</b>		
E2381	REPLACEMENT ONLY, EACH	YES		NO			\$65.24		✓
	POWER WHEELCHAIR ACCESSORY, TUBE FOR								
E2382	PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,	YES		NO			\$19.85		,
E2302	REPLACEMENT ONLY, EACH	159		NO			\$19.65		<b>√</b>
	POWER WHEELCHAIR ACCESSORY, INSERT								
	FOR PNEUMATIC DRIVE WHEEL TIRE								
F0000	(REMOVABLE), ANY TYPE, ANY SIZE,	VEC		NO			¢400.04		
E2383	REPLACEMENT ONLY, EACH	YES		NO			\$129.64		✓
	POWER WHEELCHAIR ACCESSORY,								
E2384	PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$64.30		
E2364	POWER WHEELCHAIR ACCESSORY, TUBE FOR	TES		NO			\$64.30		<b>v</b>
	PNEUMATIC CASTER TIRE, ANY SIZE,								
E2385	REPLACEMENT ONLY, EACH	YES		NO			\$47.56		✓
L2303	POWER WHEELCHAIR ACCESSORY, FOAM	ILO		INO			ψ47.50		•
	FILLED DRIVE WHEEL TIRE, ANY SIZE,								
E2386	REPLACEMENT ONLY, EACH	YES		NO			\$110.87		✓
	POWER WHEELCHAIR ACCESSORY, FOAM	0		.,0			<b>\$1.0.07</b>		
	FILLED CASTER TIRE, ANY SIZE,								
E2387	REPLACEMENT ONLY, EACH	YES		NO			\$51.22		✓
	POWER WHEELCHAIR ACCESSORY, FOAM								
	DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT								
E2388	ONLY, EACH	YES		NO			\$50.83		✓
	POWER WHEELCHAIR ACCESSORY, FOAM								
	CASTER TIRE, ANY SIZE, REPLACEMENT								
E2389	ONLY, EACH	YES		NO			\$28.20		✓
	POWER WHEELCHAIR ACCESSORY, SOLID								
	(RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY								
E2390	SIZE, REPLACEMENT ONLY, EACH	YES		NO			\$43.78		✓
	POWER WHEELCHAIR ACCESSORY, SOLID								
	(RUBBER/PLASTIC) CASTER TIRE								
_	(REMOVABLE), ANY SIZE, REPLACEMENT								
E2391	ONLY, EACH	YES		NO			\$18.78		

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

Package   Package   Package   Package   Package   Package   Package   Price			Purchase	•	I WISEA FEE SC	Rental				Medicare
E2002   WIDTH 22 INCHES OR GREATER, ANY DEPTH	HCPCS	Description	PA	Limits	Rental	PA			Notes	Bypass
SININ PROTECTION WHEELCHAIR SEAT   CUSHON, WIDTH LESS THAN 22 MONES, ANY DEPTH	E2602	- ,	NO		NO			¢97.02		
CUSHION, WIDTH LESS THAN 22 INCHES, ANY   NO	L2002		NO		INO			φ01.92		
SKIN PROTECTION WHEELCHAIR SEAT   NO NO NO \$139.69										
CUSHION, WIDTH 22 INCHES OR CREATER, NO NO \$138.69	E2603		NO		NO			\$106.12		
E2004   ANY DEPTH   NO										
E2805   WIDTH LESS THAN 22 INCHES, ANY DEPTH   NO	E2604		NO		NO			\$139.69		
E2806   WIDTH 22 INCHES OR GREATER, ANY DEPTH   NO	E2605		NO		NO			\$205.11		
WHELCHAIR SEAT CUSHION, WIDTH LESS   YIMONTH   YES   \$21.52   \$215.20	E2606		NO		NO			\$332.61		
SKIN PROTECTION AND POSITIONING   WIDTH 22   WIDTH 22   YES   Y/month   YES   \$25.79   \$257.88	E2607	WHEELCHAIR SEAT CUSHION, WIDTH LESS	VES		V/month	VEQ	¢21.52	\$245.20		
WHEELCHAIR SEAT CUSHION, WIDTH 22   YES   Y/month   YES   \$25.78   \$257.88	E2007		123		T/IIIOHUI	169	φ21.3Z	Φ∠13.∠U		
CUSTOM FABRICATED WHEELCHAIR SEAT  E2609 CUSHION, ANY SIZE  WHEELCHAIR SEAT CUSHION, POWERED  E2610 WHEELCHAIR SEAT CUSHION, POWERED  GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2611 INCLUDING ANY TYPE MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2612 INCLUDING ANY TYPE MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2613 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 25 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2614 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 25 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2615 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 25 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, AUDING ANY TYPE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, AUDING ANY TYPE  E2619 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, AUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, AUDING ANY TYPE  E2617 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK  CUSHION, ANY SIZE, INCLUDING ANY TYPE  YES  Y/month YES  WM M M MSRP-18% or Invoice + 20% based on documentation  WMSRP-18% or Invoice + 20% based on documentation	F2608	WHEELCHAIR SEAT CUSHION, WIDTH 22	YES		Y/month	YES	\$25.79	\$257.88		
E2610 WHEELCHAIR SEAT CUSHION, POWERED YES Y/month YES M M M based on documentation  GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE YES Y/month YES \$30.93 \$309.33  GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING AND TYPE MOUNTING HARDWARE YES Y/month YES \$30.93 \$309.33  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  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$47.59 \$475.91  E2613 MOUNTING HARDWARE YES Y/month YES \$47.59 \$475.91  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$47.59 \$475.91  E2614 MOUNTING HARDWARE YES Y/month YES \$37.21 \$372.15  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  E2616 MOUNTING HARDWARE YES Y/month YES \$49.10 \$491.05  CUSHION, ANY SIZE, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  CUSHION, ANY SIZE, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  MOUNTING HARDWARE YES Y/month YES \$49.10 \$491.05		·			.,		Ψ2011 0	Ψ20.100	MSRP-18% or Invoice + 20%	
E2610 WHEELCHAIR SEAT CUSHION, POWERED YES Y/month YES M M based on documentation  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  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  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 125 INCHES, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$32.02 \$320.24  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$47.59 \$475.91  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$47.59 \$475.91  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$37.21 \$372.15  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  E2616 MOUNTING HARDWARE YES Y/month YES \$49.10 \$491.05  GUSTOM FABRICATED WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  GUSTOM FABRICATED WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05  GUSTOM FABRICATED WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE YES Y/month YES \$49.10 \$491.05	E2609	CUSHION, ANY SIZE	YES		Y/month	YES	M	М		✓
GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING HARDWARE  E2611 INCLUDING ANY TYPE MOUNTING HARDWARE  GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  E2612 INCLUDING ANY TYPE MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2613 MOUNTING HARDWARE  E2614 MOUNTING HARDWARE  E2615 MOUNTING HARDWARE  E2616 MOUNTING HARDWARE  E2617 WOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2615 MOUNTING HARDWARE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 WOUNTING HARDWARE  E2619 MOUNTING HARDWARE  E2610 MOUNTING HARDWARE  YES  Y/month YES  \$49.10 \$491.05  MSRP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% based on documentation	E0040	WHITE OLD DEAT OLD HON BOWERE	\/=0		\( \sigma \)	\/50				,
WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  E2611 INCLUDING ANY TYPE MOUNTING HARDWARE  E2612 INCLUDING ANY TYPE MOUNTING HARDWARE  E2612 INCLUDING ANY TYPE MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2613 MOUNTING HARDWARE  E2614 MOUNTING HARDWARE  E2615 MOUNTING HARDWARE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2619 MOUNTING HARDWARE  E2610 MOUNTING HARDWARE  E2611 MOUNTING HARDWARE  E2612 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2613 MOUNTING HARDWARE  E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2615 MOUNTING HARDWARE  E2616 MOUNTING HARDWARE  E2617 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH L2 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 MOUNTING HARDWARE  E2619 MOUNTING HARDWARE  YES  Y/month YES  S49.10  S491.05  MSRP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% based on documentation	E2610		YES		Y/month	YES	M	M	based on documentation	<u> </u>
E2611   INCLUDING ANY TYPE MOUNTING HARDWARE   YES   Y/month   YES   \$14.95   \$149.49										
WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2613 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2614 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2614 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, AIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2615 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2617 MOUNTING HARDWARE  E2618 MOUNTING HARDWARE  E2619 MOUNTING HARDWARE  YES  Y/month YES  \$49.10  WARP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% based on documentation  REPLACEMENT COVER FOR WHEELCHAIR	E2611	· ·	YES		Y/month	YES	\$14.95	\$149.49		
POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2614 MOUNTING HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE E2615 MOUNTING HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE E2616 MOUNTING HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2616 MOUNTING HARDWARE POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2616 MOUNTING HARDWARE PESS Y/month YES \$49.10 \$491.05  WISRP-18% or Invoice + 20% based on documentation REPLACEMENT COVER FOR WHEELCHAIR  WISRP-18% or Invoice + 20% based on documentation  REPLACEMENT COVER FOR WHEELCHAIR	E2612	WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$30.93	\$309.33		
POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2614 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE  E2615 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  E2617 MOUNTING HARDWARE  YES  Y/month  YES  \$47.59  \$475.91   YES  Y/month  YES  \$49.10  \$491.05  MSRP-18% or Invoice + 20% based on documentation  FEPLACEMENT COVER FOR WHEELCHAIR  REPLACEMENT COVER FOR WHEELCHAIR	E2613	POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	YES		Y/month	YES	\$32.02	\$320.24		
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE E2615 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2616 MOUNTING HARDWARE  CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE E2617 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2618 MOUNTING HARDWARE  YES  Y/month YES  WSRP-18% or Invoice + 20% MSRP-18% or Invoice + 20% MSRP	F2614	POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE	YES		Y/month	YES	\$47.59	\$475 91		
POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE E2615 MOUNTING HARDWARE  POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE E2616 MOUNTING HARDWARE  E2616 MOUNTING HARDWARE  CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE E2617 MOUNTING HARDWARE  F2618 MOUNTING HARDWARE  YES  Y/month YES  S37.21 \$372.15  WS372.15  WS3	L_2017		120		1/11101101	120	ψ-1.00	ψ-7.0.01		
POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE  E2616 MOUNTING HARDWARE  CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE  E2617 MOUNTING HARDWARE  YES  Y/month YES  Y/month YES  MSRP-18% or Invoice + 20% based on documentation  REPLACEMENT COVER FOR WHEELCHAIR	E2615	POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE	YES		Y/month	YES	\$37.21	\$372.15		
CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE E2617 MOUNTING HARDWARE YES Y/month YES M MSRP-18% or Invoice + 20% based on documentation  REPLACEMENT COVER FOR WHEELCHAIR	E2646	POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE	VES		V/manth	VES	\$40.40	\$404.0F		
E2617 MOUNTING HARDWARE YES Y/month YES M M based on documentation ✓ REPLACEMENT COVER FOR WHEELCHAIR	E2010	CUSTOM FABRICATED WHEELCHAIR BACK	1 = 5		1/IIIONIN	1 E S	φ <del>49</del> .10	<b>Ф491.05</b>		
REPLACEMENT COVER FOR WHEELCHAIR	E2617	·	YES		Y/month	YES	M	М		<b>√</b>
		REPLACEMENT COVER FOR WHEELCHAIR								

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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 SKIN PROTECTION WHEELCHAIR SEAT	YES		Y/month	YES	\$47.94	\$479.38		
E2622	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	М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	YES		Y/month	YES	М	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		
			1 per 5 calendar						
K0001	STANDARD WHEELCHAIR	NO	years	Y/month	NO	\$25.60	\$256.00		
K0002 K0003	STANDARD HEMI (LOW SEAT) WHEELCHAIR LIGHTWEIGHT WHEELCHAIR	YES YES		Y/month Y/month	YES YES	\$35.86 \$38.34	\$358.60 \$383.40		
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	YES		Y/month	YES	\$45.32	\$453.20		
K0005 K0006	ULTRALIGHTWEIGHT WHEELCHAIR HEAVY DUTY WHEELCHAIR	YES YES		Y/month Y/month	YES YES	\$258.28 \$64.71	\$2,582.80 \$647.10		
110000	Bott Willelestiviii		l	1711101101	0	ψυ-τ./ Ι	Ψο 77.10	I	

		Purchase	1	I WISEA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
K0007	EXTRA HEAVY DUTY WHEELCHAIR	YES		Y/month	YES	\$93.44	\$934.40		
110001		0		17111011111	. 20	φοσιτί	φοσο	MSRP-18% or Invoice + 20%	
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	YES		NO			M	based on documentation	✓
K0009	OTHER MANUAL WHEELCHAIR/BASE	YES		Y/month	YES	\$103.87	\$1,038.70		
	CUSTOM MOTORIZED/POWER WHEELCHAIR							MSRP-18% or Invoice + 20%	
K0013	BASE	YES		NO			M	based on documentation	✓
	OTHER MOTORIZED/POWER WHEELCHAIR							MSRP-18% or Invoice + 20%	
K0014	BASE	YES		NO			M	based on documentation	✓
	DETACHABLE, NON-ADJUSTABLE HEIGHT								
K0015	ARMREST, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$16.44	\$164.44		
	DETACHABLE, ADJUSTABLE HEIGHT								
K0017	ARMREST, BASE, REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$4.48	\$44.77		
	DETACHABLE, ADJUSTABLE HEIGHT								
	ARMREST, UPPER PORTION, REPLACEMENT								
K0018	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		<b>A-</b> 44	\$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		
1/00/10	STANDARD SIZE FOOTPLATE, REPLACEMENT	110				00.05	000.40		
K0042	ONLY, EACH	NO		Y/month	NO	\$2.95	\$29.49		
1/00/10	FOOTREST, LOWER EXTENSION TUBE,	NO		NO			<b>047.07</b>		
K0043	REPLACEMENT ONLY, EACH	NO		NO			\$17.67		
K0044	OTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	NO		NO			\$15.06		
K0044	FOOTREST, COMPLETE ASSEMBLY,	NO		NO			\$15.00		
K0045	REPLACEMENT ONLY, EACH	NO		NO			\$51.24		
K0043	ELEVATING LEGREST, LOWER EXTENSION	NO		INO			φ31.24		
K0046	TUBE, REPLACEMENT ONLY, EACH	NO		NO			\$17.67		
110040	ELEVATING LEGREST, UPPER HANGER	110		NO			Ψ17.07		
K0047	BRACKET, REPLACEMENT ONLY, EACH	NO		NO			\$64.76		
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	NO		NO			\$29.41		
113000	CAM RELEASE ASSEMBLY, FOOTREST OR						<del>+</del> =•···		
K0051	LEGREST, REPLACEMENT ONLY, EACH	NO		NO			\$47.53		
	SWINGAWAY, DETACHABLE FOOTRESTS,								
K0052	REPLACEMENT ONLY, EACH	NO		Y/month	NO	\$6.89	\$68.86		
	ELEVATING FOOTRESTS, ARTICULATING						,		
K0053	(TELESCOPING), EACH	NO		NO			\$79.93		
	SEAT HEIGHT LESS THAN 17" OR EQUAL TO								
	OR GREATER THAN 21" FOR A HIGH								
	STRENGTH, LIGHTWEIGHT, OR								
K0056	ULTRALIGHTWEIGHT WHEELCHAIR	NO		Y/month	NO	\$9.10	\$90.98		
K0065	SPOKE PROTECTORS, EACH	NO		NO			\$42.54		
	REAR WHEEL ASSEMBLY, COMPLETE, WITH								
	SOLID TIRE, SPOKES OR MOLDED,								
K0069	REPLACEMENT ONLY, EACH	NO		NO			\$90.37		

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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 K0098	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	NO NO		NO NO			\$52.38 \$22.65		
K0096 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	<b>√</b>
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		<b>√</b>
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			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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		

		Purchase		I WISLA FEE SC	Medicare				
HCPCS	Description	PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	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		<b>√</b>
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	YES		NO			М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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	М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>
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		

	Purchase Rental Rental								
HCPCS	Description	PA required	Limits	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		<b>√</b>

PA   PA   PA   PA   PA   PA   PA   PA			Purchase	I Wiediedie	I WISLA FEE SC	Rental		Medicare		
SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT	HCPCS	Description	PA	Limits	Rental	PA			Notes	Bypass
WEIGHT CAPACITY UP TO AND INCLUDING 300   WES   Vimonth   YES   \$398.33   \$3,983.31		POWER WHEELCHAIR, GROUP 2 STANDARD,								
No.		SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT								
POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLINGSOLID SEATRACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS										
SINGLE POWER OPTION, SLING/SOLID   SEAT/BACK, PATIENT WEIGHT CAPACITY UP   YES   Y/month   YES   \$437.54   \$4.375.40	K0831		YES		Y/month	YES	\$398.33	\$3,983.31		✓
SEAT/BACK, PATIENT WEIGHT CAPACITY UP		·								
K0855   TO AND INCLUDING 300 POUNDS   YES   Y/month   YES   \$437.54   \$4,375.40		· ·								
POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   YES   Y/month   YES   \$45.81   \$4.538.10	KUOSE		VEC		V/month	VEC	\$427.E4	¢4 275 40		
SINGLE POWER OPTION, CAPTAINS CHAIR,	KU033	·	TES		1/monun	TES	\$437.54	\$4,375.40		
PATIENT WEIGHT CAPACITY UP TO AND		*								
K0838   INCLUDING 300 POUNDS		· · · · · · · · · · · · · · · · · · ·								
POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	K0836		YES		Y/month	YES	\$453.81	\$4,538.10		
SEAT/BACK, PATIENT WEIGHT CAPACITY 301			-				,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Yes		SINGLE POWER OPTION, SLING/SOLID								
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		SEAT/BACK, PATIENT WEIGHT CAPACITY 301								
SINGLE POWER OPTION, CAPTAINS CHAIR,	K0837	·	YES		Y/month	YES	\$561.19	\$5,611.90		
PATIENT WEIGHT CAPACITY 301 TO 450   YES   Y/month   YES   \$497.40   \$4,974.00										
POUNDS										
POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451	K0020		VEC		V/month	VEC	£407.40	¢4.074.00		
DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE  WES  Y/month YES  \$7,454.50  Y/month YES  \$1,144.51  \$11,445.10  YES  \$1,144.51  Y/month YES  \$1,144.51  \$11,445.10  Y/month YES  \$1,144.51  Y/month YES  \$1,144.51  Y/month YES  \$1,144.51  Y/month YES  \$493.06  \$4,930.60  Y/month YES  \$4,930.60  Y/month YES  \$493.06  \$4,930.60  Y/month YES  \$4,930.60  Y/month YES  \$493.06  \$4,930.60  Y/month YES  \$4,930.60  Y/month YES  \$493.06  Y/month YES  \$493.06  \$4,930.60  Y/month YES  \$	NU030		TES		1/monun	TES	\$497.40	\$4,974.00		
SEAT/BACK, PATIENT WEIGHT CAPACITY 451   YES   Y/month   YES   \$745.45   \$7,454.50		· ·								
TO 600 POUNDS										
POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SUNG/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE 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  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  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$584.57 \$9,545.70	K0839	· ·	YES		Y/month	YES	\$745.45	\$7,454.50		
SLING/SOLID SEAT/BACK, PATIENT WEIGHT		POWER WHEELCHAIR, GROUP 2 EXTRA								
K0840   CAPACITY 601 POUNDS OR MORE   YES   Y/month   YES   \$1,144.51   \$11,445.10		HEAVY DUTY, SINGLE POWER OPTION,								
POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP YES Y/month YES \$493.06 \$4,930.60  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  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70		SLING/SOLID SEAT/BACK, PATIENT WEIGHT								
MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$493.06 \$4,930.60  POWER WHEELCHAIR, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$492.35 \$4,923.50  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  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70	K0840		YES		Y/month	YES	\$1,144.51	\$11,445.10		
SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$493.06 \$4,930.60  YES Y/month YES \$492.35 \$4,923.50  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY										
K0841 TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  YES  Y/month  YES  \$493.06  \$4,930.60  \$493.06  \$4,930.60  \$493.06  \$4,930.60  \$4,930.6		•								
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  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	V0041		VEC		V/month	VEC	\$402.0G	\$4.020.60		
MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301  K0843 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	N0041		TES		T/IIIOIIIII	TES	φ493.00	φ4,930.00		
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301  K0843  TO 450 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848  CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY		·								
K0842 INCLUDING 300 POUNDS YES Y/month YES \$492.35 \$4,923.50  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301  K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  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  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY		- , - , - , - , ,								
POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 K0843 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	K0842		YES		Y/month	YES	\$492.35	\$4,923.50		
SEAT/BACK, PATIENT WEIGHT CAPACITY 301 YES Y/month YES \$584.48 \$5,844.80  POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$584.48 \$5,844.80  Y/month YES \$954.57 \$9,545.70										
K0843 TO 450 POUNDS YES Y/month YES \$584.48 \$5,844.80  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  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY										
POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY										
SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	K0843	TO 450 POUNDS	YES		Y/month	YES	\$584.48	\$5,844.80		
SLING/SOLID SEAT/BACK, PATIENT WEIGHT K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY		DOMED WHEEL OLIVID ASSOCIATION OF								
K0848 CAPACITY UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$954.57 \$9,545.70  POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY		·								
POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	K0848	,	VES		V/month	VES	\$054.57	\$0 545 70		
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY	110040	OALACITE OF TO AIND INCLUDING 300 FOUNDS	160		1/11/01/11/1	153	φ904.07	φ <del>υ,υ4</del> υ./υ		
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY		POWER WHEEL CHAIR, GROUP 3 STANDARD								
		·								
K0849 UP TO AND INCLUDING 300 POUNDS YES Y/month YES \$917.75 \$9,177.50	K0849	•	YES		Y/month	YES	\$917.75	\$9,177.50		

		Purchase		I WISEA Fee SC	Rental		Medicare		
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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		
Koosa	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR	VEC		W/m and	VEC	\$200.4C	<b>#0.204.04</b>		
K0854	MORE POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES YES		Y/month  Y/month	YES YES	\$820.40 \$767.28	\$8,204.04 \$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		
K0861	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		

	Purchase Rental Rental N									
HCPCS	Description	PA required	Limits	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	<b>√</b>	
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	<b>√</b>	
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	<b>√</b>	
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	М	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	М	M	MSRP-18% or Invoice + 20% based on documentation	<b>√</b>	
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	<b>√</b>	
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	<b>√</b>	
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	<b>√</b>	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		Y/month	YES	М	M	MSRP-18% or Invoice + 20% based on documentation	<b>✓</b>	

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY,			110111011	. oquou	1 1100	11100		
	MULTIPLE POWER OPTION, SLING/SOLID								
	SEAT/BACK, PATIENT WEIGHT CAPACITY 301							MSRP-18% or Invoice + 20%	
K0886	TO 450 POUNDS	YES		Y/month	YES	М	М	based on documentation	✓
	POWER WHEELCHAIR, GROUP 5 PEDIATRIC,								
	SINGLE POWER OPTION, SLING/SOLID								
140000	SEAT/BACK, PATIENT WEIGHT CAPACITY UP	\/F0			\/F0		.,	MSRP-18% or Invoice + 20%	
K0890	TO AND INCLUDING 125 POUNDS POWER WHEELCHAIR, GROUP 5 PEDIATRIC,	YES		Y/month	YES	M	М	based on documentation	<b>√</b>
	MULTIPLE POWER OPTION, SLING/SOLID								
	SEAT/BACK, PATIENT WEIGHT CAPACITY UP							MSRP-18% or Invoice + 20%	
K0891	TO AND INCLUDING 125 POUNDS	YES		Y/month	YES	М	М	based on documentation	✓
	POWER WHEELCHAIR, NOT OTHERWISE							MSRP-18% or Invoice + 20%	
K0898	CLASSIFIED	YES		Y/month	YES	М	М	based on documentation	✓
	CRANIAL CERVICAL ORTHOSIS, CONGENITAL								
	TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE								
L0112	OF MOTION JOINT, CUSTOM FABRICATED	YES		NO			\$1,484.62		
LOTIZ	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS	120		140			Ψ1,404.02		
	TYPE, WITH OR WITHOUT JOINT, WITH OR								
	WITHOUT SOFT INTERFACE MATERIAL,								
	PREFABRICATED, INCLUDES FITTING AND								
L0113	ADJUSTMENT	YES		NO			\$302.50		
	CERVICAL, FLEXIBLE, NON-ADJUSTABLE,								
L0120	PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	NO		NO			\$21.60		
L0120	CERVICAL, FLEXIBLE, THERMOPLASTIC	NO		140			Ψ21.00		
L0130	COLLAR, MOLDED TO PATIENT	YES		NO			\$156.19		
	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC								
L0140	COLLAR)	NO		NO			\$53.90		
	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED								
L0150	CHIN CUP (PLASTIC COLLAR WITH	NO		NO			\$90.00		
L0150	MANDIBULAR/OCCIPITAL PIECE) CERVICAL, SEMI-RIGID, WIRE FRAME	INU		INU			\$89.88		
	OCCIPITAL/MANDIBULAR SUPPORT.								
L0160	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$127.96		
	CERVICAL, COLLAR, MOLDED TO PATIENT								
L0170	MODEL	YES		NO			\$541.49		
	CERVICAL, COLLAR, SEMI-RIGID								
1.0172	THERMOPLASTIC FOAM, TWO-PIECE,	NO		NO			¢100.90		
L0172	PREFABRICATED, OFF-THE-SHELF CERVICAL, COLLAR, SEMI-RIGID,	NO		NO			\$109.80		
	THERMOPLASTIC FOAM, TWO PIECE WITH								
	THORACIC EXTENSION, PREFABRICATED, OFF-								
L0174	THE-SHELF	NO		NO			\$197.24		
	CERVICAL, MULTIPLE POST COLLAR,								
	OCCIPITAL/MANDIBULAR SUPPORTS,								
L0180	ADJUSTABLE	NO		NO			\$268.26		

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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		

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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		

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		Purchase			Rental				Medicare
HCPCS	Description	PA	Limita	Dontal	PA	Rental	Purchase	Notes	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
L0460	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			<b>\$</b> 962.52		

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		Purchase PA			Rental PA	Rental	Purchase		Medicare
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	Bypass list
	'	roquirou	Ziiiito	Homai	roquirou	1 1100	1 1100	Helde	
	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								
		NO		NO			\$295.09		
	AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$295.09		
	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		
	TLSO, SAGITTAL-CORONAL CONTROL, RIGID	,,,,					¥222.00		
	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		1 per						
	OTHERWISE CUSTOMIZED TO FIT A SPECIFIC	PA required if	calendar					PA required only if more than	
	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	limit exceeded	year	NO			\$332.39	1 per year needed.	
	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								
	1								
	I ·								
	REDUCE LOAD ON INTERVERTEBRAL DISKS,								
	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$454.34		
	· ·	NO		NO			\$454.34		

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		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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	, Juli	NO			\$486.47		✓
	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								
L0480	CAD-CAM MODEL, CUSTOM FABRICATED	YES		NO			\$964.69		

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110000	December (form	Purchase PA	Limite	Daniel	Rental PA	Rental	Purchase	Nacca	Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		

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		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	TLSO, TRIPLANAR CONTROL, ONE PIECE								
I	RIGID PLASTIC SHELL WITH INTERFACE								
	LINER, MULTIPLE STRAPS AND CLOSURES,								
	POSTERIOR EXTENDS FROM								
İ	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								
L0488	AND ADJUSTMENT	YES		NO			\$913.86		
	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	NO		NO			<b>CO4400</b>		
L0490	ADJUSTMENT	NO		NO			\$214.93		
	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO								
	RIGID PLASTIC SHELLS, POSTERIOR EXTENDS								
	FROM THE SACROCOCCYGEAL JUNCTION								
	AND TERMINATES JUST INFERIOR TO THE								
ı	SCAPULAR SPINE, ANTERIOR EXTENDS FROM								
	THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT								
1	LINER, RESTRICTS GROSS TRUNK MOTION IN								
1	THE SAGITTAL AND CORONAL PLANES,								
	LATERAL STRENGTH IS PROVIDED BY								
	OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND								
	CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES								
	FITTING AND ADJUSTMENT	YES		NO			\$621.62		

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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	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	year	NO			\$72.17	T per year needed.	
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				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		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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			М	MSRP-18% or Invoice + 20% based on documentation	

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		Purchase PA			Rental PA	Rental	Purchase		Medicare
HCPCS	Description	required	Limits	Rental	required	Price	Purchase	Notes	Bypass list
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	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								
L0630	EXPERTISE	NO		NO			\$131.07		
	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	\/=0					****		
L0631	EXPERTISE	YES		NO			\$830.92		
	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							MSRP-18% or Invoice + 20%	
L0632	DESIGN, CUSTOM FABRICATED	YES		NO			М	based on documentation	
L0032	DESIGN, COSTON FADRICATED	IES		NO			IVI	Dased Off documentation	

		Purchase		I WISLA I EE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
Locas	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 DATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$222.40		
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/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	NO YES		NO			\$232.10 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		

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		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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 02		
L0639	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		

		Purchase		I WISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
L0651	DESIGN, PREFABRICATED, OFF-THE-SHELF	YES		NO			\$1,290.74		
	CERVICAL-THORACIC-LUMBAR-SACRAL-			-			. ,		
	ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-								
	LATERAL CONTROL, MOLDED TO PATIENT								
L0700	MODEL, (MINERVA TYPE)	YES		NO			\$1,662.23		
	CTLSO, ANTERIOR-POSTERIOR-LATERAL-								
1.0740	CONTROL, MOLDED TO PATIENT MODEL, WITH	\/F0					<b>M4 044 40</b>		
L0710	INTERFACE MATERIAL, (MINERVA TYPE) HALO PROCEDURE, CERVICAL HALO	YES		NO			\$1,814.43		
L0810	INCORPORATED INTO JACKET VEST	YES		NO			\$1,927.56		
20010	INCOM CIVILD INTO ONORET VECT	120		140			Ψ1,027.00		
	HALO PROCEDURE, CERVICAL HALO								
L0820	INCORPORATED INTO PLASTER BODY JACKET	YES		NO			\$1,559.32		
	HALO PROCEDURE, CERVICAL HALO								
	INCORPORATED INTO MILWAUKEE TYPE								
L0830	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 L0978	LSO, FULL CORSET	NO NO		NO NO			\$153.07 \$138.21		
L0978	AXILLARY CRUTCH EXTENSION PERONEAL STRAPS, PREFABRICATED, OFF-	NU		INU			ֆ138.∠1		
L0980	THE-SHELF, PAIR	NO		NO			\$12.53		
20000	STOCKING SUPPORTER GRIPS,	110		140			Ψ12.00		
	PREFABRICATED, OFF-THE-SHELF, SET OF								
L0982	FOUR (4)	NO		NO			\$13.66		
	PROTECTIVE BODY SOCK, PREFABRICATED,								
L0984	OFF-THE-SHELF, EACH	NO		NO			\$43.58		
	ADDITION TO SPINAL ORTHOSIS, NOT							MSRP-18% or Invoice + 20%	
L0999	OTHERWISE SPECIFIED	YES		NO			М	based on documentation	✓
	CERVICAL-THORACIC-LUMBAR-SACRAL								
	ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE								
1.4000	OF FURNISHING INITIAL ORTHOSIS,	VE0.		NO			04 457 74		
L1000	INCLUDING MODEL	YES		NO			\$1,457.71		

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

		Purchase		I WISEAT CC SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
1.4000	ADDITION TO TLSO, (LOW PROFILE),			NO			<b>474.07</b>		
L1260	ANTERIOR THORACIC DEROTATION PAD ADDITION TO TLSO, (LOW PROFILE),	NO		NO			\$71.07		
L1270	ABDOMINAL PAD	NO		NO			\$70.97		
21270	ADDITION TO TLSO, (LOW PROFILE), RIB	110		110			φισισι		
L1280	GUSSET (ELASTIC), EACH	NO		NO			\$63.28		
	ADDITION TO TLSO, (LOW PROFILE), LATERAL								
L1290	TROCHANTERIC PAD	NO		NO			\$71.74		
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	YES		NO			¢4 400 27		
L1300	OTHER SCOLIOSIS PROCEDURE, POST-	TES		INO			\$1,199.37		
L1310	OPERATIVE BODY JACKET	YES		NO			\$1,234.16		
	SPINAL ORTHOSIS, NOT OTHERWISE							MSRP-18% or Invoice + 20%	
L1499	SPECIFIED	YES		NO			М	based on documentation	✓
	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 INIDIVIDUAL WITH								
L1600	EXPERTISE	NO		NO			\$92.52		
	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								
L1610	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$31.52		
21010	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP	110		110			Ψ01.02		
	JOINTS, FLEXIBLE, (PAVLIK HARNESS),								
	PREFABRICATED ITEM THAT HAS BEEN								
	TRIMMED, BENT, MOLDED, ASSEMBLED, OR								
	OTHERWISE CUSTOMIZED TO FIT A SPECIFIC								
L1620	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$103.81		
	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),								
L1630	CUSTOM FABRICATED	NO		NO			\$123.87		
		0		.,,			ų. <u>2</u> 0.07		
1	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP								
	JOINTS, STATIC, PELVIC BAND OR SPREADER								
L1640	BAR, THIGH CUFFS, CUSTOM FABRICATED	NO		NO			\$331.31		
	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP								
	JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND								
L1650	ADJUSTMENT	NO		NO			\$175.69		
L1000	ADOCOTIVILIVI	140		140			ψ173.03		
1	HIP ORTHOSIS, BILATERAL THIGH CUFFS								
1	WITH ADJUSTABLE ABDUCTOR SPREADER								
	BAR, ADULT SIZE, PREFABRICATED, INCLUDES						_		
L1652	FITTING AND ADJUSTMENT, ANY TYPE	NO		NO			\$378.13		

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HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP								
	JOINTS, STATIC, PLASTIC, PREFABRICATED,								
L1660	INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$122.87		
	HIP ORTHOSIS. ABDUCTION CONTROL OF HIP						¥ 1		
	JOINTS, DYNAMIC, PELVIC CONTROL,								
	ADJUSTABLE HIP MOTION CONTROL, THIGH								
	CUFFS (RANCHO HIP ACTION TYPE), CUSTOM								
L1680	FABRICATED	YES		NO			\$1,010.22		
	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP								
	JOINT, POSTOPERATIVE HIP ABDUCTION								
L1685	TYPE, CUSTOM FABRICATED	YES		NO			\$1,065.95		
	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP								
	JOINT, POSTOPERATIVE HIP ABDUCTION								
	TYPE, PREFABRICATED, INCLUDES FITTING								
L1686	AND ADJUSTMENT	YES		NO			\$715.11		
	COMBINATION, BILATERAL, LUMBO-SACRAL,								
	HIP, FEMUR ORTHOSIS PROVIDING								
	ADDUCTION AND INTERNAL ROTATION								
	CONTROL, PREFABRICATED, INCLUDES	\/=0							
L1690	FITTING AND ADJUSTMENT	YES		NO			\$1,492.95		
1.4700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE),	VEC		NO			¢4 040 04		
L1700	CUSTOM FABRICATED  LEGG PERTHES ORTHOSIS, (NEWINGTON	YES		NO			\$1,242.04		
L1710	TYPE), CUSTOM FABRICATED	YES		NO			\$1,459.94		
LITIO	LEGG PERTHES ORTHOSIS. TRILATERAL.	ILO		INO			ψ1,459.94		
L1720	(TACHDIJAN TYPE), CUSTOM FABRICATED	YES		NO			\$1,078.46		
21720	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE	, 20		110			ψ1,070.10		
L1730	TYPE), CUSTOM FABRICATED	YES		NO			\$813.69		
	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM			-			,		
L1755	TYPE), CUSTOM FABRICATED	YES		NO			\$1,184.31		
	KNEE ORTHOSIS, ELASTIC WITH JOINTS,								
	PREFABRICATED ITEM THAT HAS BEEN								
	TRIMMED, BENT, MOLDED, ASSEMBLED, OR								
	OTHERWISE CUSTOMIZED TO FIT A SPECIFIC								
L1810	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$93.48		
	KNEE ORTHOSIS, ELASTIC WITH JOINTS,								
L1812	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$114.79		
	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR								
	PADS AND JOINTS, WITH OR WITHOUT								
1.4000	PATELLAR CONTROL, PREFABRICATED,	NO		NO			<b>#</b> 00.00		
L1820	INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$93.09		
	KNEE ORTHOSIS, IMMOBILIZER, CANVAS								
L1830	LONGITUDINAL, PREFABRICATED, OFF-THE- SHELF	NO		NO			\$77.88		
L1030	KNEE ORTHOSIS, LOCKING KNEE JOINT(S),	INU		INO			ψ11.00		
	POSITIONAL ORTHOSIS, PREFABRICATED,								
L1831	INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$190.58		
L1001	INTOLODES I II TINO AND ADOUGHVIENT	110		INO			Ψ100.00		

		Purchase	I	I WISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
L1832	AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$582.03		
	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS								
	(UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED,								
L1833	OFF-THE SHELF	YES		NO			\$714.77		
L1000	KNEE ORTHOSIS, WITHOUT KNEE JOINT,	TLO		140			φειτ.ει		
L1834	RIGID, CUSTOM FABRICATED	YES		NO			\$684.74		
	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S),						·		
	INCLUDES SOFT INTERFACE MATERIAL,								
L1836	PREFABRICATED, OFF-THE-SHELF	YES		NO			\$112.80		
	KNEE ORTHOSIS, DEROTATION, MEDIAL-								
1 1040	LATERAL, ANTERIOR CRUCIATE LIGAMENT,	VEC		NO			¢740.70		
L1840	CUSTOM FABRICATED	YES		INO			\$719.78		
	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								
1.40.40	OTHERWISE CUSTOMIZED TO FIT A SPECIFIC	\/F0		NO			#000 <del>7</del> 0		
L1843	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$692.73		
	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								
L1844	FABRICATED	YES		NO			\$1,200.34		
	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								
L1845	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	YES		NO			\$723.15		

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HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
	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								
L1846	FABRICATED	YES		NO			\$906.34		
	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								
L1847	AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$444.06		
L1041	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH	140		140			ψτττ.00		
	ADJUSTABLE JOINT, WITH INFLATABLE AIR								
	SUPPORT CHAMBER(S), PREFABRICATED, OFF-								
L1848	THE-SHELF	YES		NO			\$545.34		
	KNEE ORTHOSIS, SWEDISH TYPE,								
L1850	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$206.67		
	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,								
L1851	PREFABRICATED, OFF-THE-SHELF	YES		NO			\$758.55		
21001	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT,	120		110			ψ1 00.00		
	THIGH AND CALF, WITH ADJUSTABLE FLEXION								
	AND EXTENSION JOINT (UNICENTRIC OR								
	POLYCENTRIC), MEDIAL-LATERAL AND								
	ROTATION CONTROL, WITH OR WITHOUT								
	VARUS/VALGUS ADJUSTMENT,								
L1852	PREFABRICATED, OFF-THE-SHELF	YES		NO			\$745.04		
	KNEE ORTHOSIS, MODIFICATION OF								
L1860	SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	YES		NO			\$801.59		
L1000	ANKLE FOOT ORTHOSIS, SPRING WIRE,	IES		INO			φου1.39		
	DORSIFLEXION ASSIST CALF BAND, CUSTOM								
L1900	FABRICATED	NO		NO			\$217.15		
2.000	ANKLE ORTHOSIS, ANKLE GAUNTLET OR						Ψ=		
	SIMILAR, WITH OR WITHOUT JOINTS,								
L1902	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$58.97		
	ANKLE ORTHOSIS, ANKLE GAUNTLET OR								
	SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM								
L1904	FABRICATED	YES		NO			\$337.64		
	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS								
1.4000	ANKLE SUPPORT, PREFABRICATED, OFF-THE-	NO		NO			#00 0 <del>7</del>		
L1906	SHELF	NO	L	NO	]	<u> </u>	\$98.67		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH								
	STRAPS, WITH OR WITHOUT								
L1907	INTERFACE/PADS, CUSTOM FABRICATED	YES		NO			\$364.37		
	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE								
	BAR, CLASP ATTACHMENT TO SHOE								
	COUNTER, PREFABRICATED, INCLUDES								
L1910	FITTING AND ADJUSTMENT	NO		NO			\$192.01		
	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT								
	WITH STATIC OR ADJUSTABLE STOP (PHELPS								
L1920	OR PERLSTEIN TYPE), CUSTOM FABRICATED	NO		NO			\$251.01		
	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER								
	MATERIAL, PREFABRICATED, INCLUDES						A		
L1930	FITTING AND ADJUSTMENT	NO		NO			\$169.85		
	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								
L1932	WITH EXPERTISE	YES		NO			\$650.05		
L1932	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER	ILO		INO			\$030.03		
L1940	MATERIAL, CUSTOM FABRICATED	YES		NO			\$383.85		
21010	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID	. 20		110			φοσο.σσ		
	ANTERIOR TIBIAL SECTION (FLOOR								
L1945	REACTION), CUSTOM FABRICATED	YES		NO			\$704.90		
	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE								
	OF REHABILITATIVE MEDICINE TYPE),								
L1950	PLASTIC, CUSTOM FABRICATED	YES		NO			\$534.80		
	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								
1.45=4	TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL	\/F0		N/O			<b>#</b> 540.00		
L1951	WITH EXPERTISE	YES		NO			\$543.82		
1.4000	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID	VEC		NO			¢207.00		
L1960	ANKLE, PLASTIC, CUSTOM FABRICATED ANKLE FOOT ORTHOSIS, PLASTIC WITH	YES		NO			\$397.98		
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	YES		NO			\$588.64		
L1970	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER	ILO		INO			ψ500.04		
	MATERIAL WITH ANKLE JOINT, WITH OR								
	WITHOUT DORSIFLEXION ASSIST.								
	PREFABRICATED, INCLUDES FITTING AND								
L1971	ADJUSTMENT	NO		NO			\$303.52		
-	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT								
	FREE PLANTAR DORSIFLEXION, SOLID								
	STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK'								
L1980	ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$263.51		

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		Purchase PA			Rental PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	· ·	roquirou	2	Roma	roquirou	11100	11100	110100	
	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT								
	FREE PLANTAR DORSIFLEXION, SOLID								
1.4000	STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK'	VEC		NO			<b>#</b> 220 F7		
L1990	ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$338.57		
	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID								
	STIRRUP, THIGH AND CALF BANDS/CUFFS								
	(SINGLE BAR 'AK' ORTHOSIS), CUSTOM								
L2000	FABRICATED	YES		NO			\$728.26		
	KNEE ANKLE FOOT ORTHOSIS, ANY	0					ψ. 20.20		
	MATERIAL, SINGLE OR DOUBLE UPRIGHT,								
	STANCE CONTROL, AUTOMATIC LOCK AND								
	SWING PHASE RELEASE, ANY TYPE								
	ACTIVATION, INCLUDES ANKLE JOINT, ANY								
L2005	TYPE, CUSTOM FABRICATED	YES		NO			\$2,985.10		
	KNEE ANKLE FOOT ORTHOSIS, SINGLE								
	UPRIGHT, FREE ANKLE, SOLID STIRRUP,								
	THIGH AND CALF BANDS/CUFFS (SINGLE BAR								
1.0040	'AK' ORTHOSIS), WITHOUT KNEE JOINT,	VEO		NO			#000 0 <del>7</del>		
L2010	CUSTOM FABRICATED  KNEE ANKLE FOOT ORTHOSIS, DOUBLE	YES		NO			\$663.87		
	UPRIGHT, FREE ANKLE, SOLID STIRRUP,								
	THIGH AND CALF BANDS/CUFFS (DOUBLE BAR								
L2020	'AK' ORTHOSIS), CUSTOM FABRICATED	YES		NO			\$838.37		
LLGLG	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	120		110			φοσο.στ		
	UPRIGHT, FREE ANKLE, SOLID STIRRUP,								
	THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR								
	'AK' ORTHOSIS), WITHOUT KNEE JOINT,								
L2030	CUSTOM FABRICATED	YES		NO			\$727.36		
	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,								
	SINGLE UPRIGHT, WITH OR WITHOUT FREE								
	MOTION KNEE, MEDIAL LATERAL ROTATION								
1.000.4	CONTROL, WITH OR WITHOUT FREE MOTION	YES		NO			¢4 500 44		
L2034	ANKLE, CUSTOM FABRICATED	TES		INO			\$1,560.11		
	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,								
	STATIC (PEDIATRIC SIZE), WITHOUT FREE								
	MOTION ANKLE, PREFABRICATED, INCLUDES								
L2035	FITTING AND ADJUSTMENT	NO		NO			\$133.74		
	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,								
	DOUBLE UPRIGHT, WITH OR WITHOUT FREE								
	MOTION KNEE, WITH OR WITHOUT FREE								
L2036	MOTION ANKLE, CUSTOM FABRICATED	YES		NO			\$1,332.12		
	IANEE ANIA E EQUE ORTHOGOG ELILL DI COTO								
	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT. WITH OR WITHOUT FREE								
	MOTION KNEE, WITH OR WITHOUT FREE								
L2037	MOTION KNEE, WITH OK WITHOUT PREE	YES		NO			\$1,227.64		
LZ001	MOTION ANNEL, OCCIONITADINOATED	120		140			Ψ1,221.04		

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HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,								
L2038	WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	YES		NO			\$1,026.55		
	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION								
L2040	CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	NO		NO			\$131.12		
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION	140		110			Ψ131.12		
	CONTROL, BILATERAL TORSION CABLES, HIP								
L2050	JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	YES		NO			\$349.21		
L2030	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION	TES		INO			ψ349.21		
	CONTROL, BILATERAL TORSION CABLES, BALL								
L2060	BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	YES		NO			\$448.19		
L2000	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION	TES		INO			Ф446.19		
	CONTROL, UNILATERAL ROTATION STRAPS,								
L2070	PELVIC BAND/BELT, CUSTOM FABRICATED	NO		NO			\$128.74		
	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP								
	JOINT, PELVIC BAND/BELT, CUSTOM								
L2080	FABRICATED	YES		NO			\$274.55		
	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL								
	BEARING HIP JOINT, PELVIC BAND/ BELT,								
L2090	CUSTOM FABRICATED	YES		NO			\$338.43		
	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST								
	ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING								
L2106	MATERIAL, CUSTOM FABRICATED	YES		NO			\$488.18		
	ANKLE FOOT ORTHOSIS, FRACTURE								
L2108	ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	YES		NO			\$767.15		
EZTOO	ANKLE FOOT ORTHOSIS, FRACTURE	120		110			φ/ο/.10		
	ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,								
L2112	SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$364.26		
LZIIZ	ANKLE FOOT ORTHOSIS, FRACTURE	NO		INO			ψ504.20		
	ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,								
10444	SEMI-RIGID, PREFABRICATED, INCLUDES			NO			<b>0.440.75</b>		
L2114	FITTING AND ADJUSTMENT ANKLE FOOT ORTHOSIS, FRACTURE	NO		NO			\$416.75		
	ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,								
	RIGID, PREFABRICATED, INCLUDES FITTING								
L2116	AND ADJUSTMENT	YES		NO			\$549.09		
	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST								
	ORTHOSIS, THERMOPLASTIC TYPE CASTING								
L2126	MATERIAL, CUSTOM FABRICATED	YES		NO			\$976.95		

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HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
	KNEE ANKLE FOOT ORTHOSIS, FRACTURE								
	ORTHOSIS, FEMORAL FRACTURE CAST								
L2128	ORTHOSIS, CUSTOM FABRICATED	YES		NO			\$1,231.18		
	KAFO, FRACTURE ORTHOSIS, FEMORAL								
	FRACTURE CAST ORTHOSIS, SOFT,								
	PREFABRICATED, INCLUDES FITTING AND								
L2132	ADJUSTMENT	YES		NO			\$579.19		
	KAFO, FRACTURE ORTHOSIS, FEMORAL								
	FRACTURE CAST ORTHOSIS, SEMI-RIGID,								
	PREFABRICATED, INCLUDES FITTING AND	\/=o					<b>***</b>		
L2134	ADJUSTMENT	YES		NO			\$694.43		
	KAFO, FRACTURE ORTHOSIS, FEMORAL								
	FRACTURE CAST ORTHOSIS, RIGID,								
L2136	PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$849.11		
L2130	ADDITION TO LOWER EXTREMITY FRACTURE	TES		NO			\$649.11		
	ORTHOSIS. PLASTIC SHOE INSERT WITH								
L2180	ANKLE JOINTS	NO		NO			\$84.08		
LZ 100	ADDITION TO LOWER EXTREMITY FRACTURE	140		110			ψ04.00		
L2182	ORTHOSIS, DROP LOCK KNEE JOINT	NO		NO			\$65.81		
_	ADDITION TO LOWER EXTREMITY FRACTURE	-					,		
L2184	ORTHOSIS, LIMITED MOTION KNEE JOINT	NO		NO			\$118.59		
	QUADRILATERAL BRIM ADDITION TO LOWER								
	EXTREMITY FRACTURE ORTHOSIS,								
	ADJUSTABLE MOTION KNEE JOINT, LERMAN								
L2186	TYPE	NO		NO			\$131.41		
	ADDITION TO LOWER EXTREMITY FRACTURE								
L2188	ORTHOSIS, QUADRILATERAL BRIM	NO		NO			\$286.72		
	WALCE DELT ADDITION TO LOWED EXTREMITY								
L2190	WAIST BELT ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	NO		NO			\$74.47		
L2190	PELVIC BAND & BELT THIGH FLA ADDITION TO	INO		NO			Φ14.41		
	LOWER EXTREMITY FRACTURE ORTHOSIS.								
	HIP JOINT, PELVIC BAND, THIGH FLANGE, AND								
L2192	PELVIC BELT	NO		NO			\$256.01		
	ADDITION TO LOWER EXTREMITY, LIMITED						,		
L2200	ANKLE MOTION, EACH JOINT	NO	<u> </u>	NO			\$34.14		
	ADDITION TO LOWER EXTREMITY,								
	DORSIFLEXION ASSIST (PLANTAR FLEXION								
L2210	RESIST), EACH JOINT	NO		NO			\$55.40		
	ADDITION TO LOWER EXTREMITY,								
1,0000	DORSIFLEXION AND PLANTAR FLEXION	No					000.00		
L2220	ASSIST/RESIST, EACH JOINT	NO		NO			\$63.60		
	ADDITION TO LOWED EXTREMITY COLUT ELAT								
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	NO		NO			\$55.09		
L223U	ADDITION TO LOWER EXTREMITY ORTHOSIS,	INU		INU			დაა.U9		
	ROCKER BOTTOM FOR TOTAL CONTACT								
	ANKLE FOOT ORTHOSIS, FOR CUSTOM								
L2232	FABRICATED ORTHOSIS ONLY	YES		NO			\$70.38		
		0	1		1	I	ψ. 5.00		I

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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 ADDITION TO LOWER EXTREMITY, LACER	NO		NO			\$147.73		
L2330	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		
	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO'						<b>.</b>		
L2350	ORTHOSES) ADDITION TO LOWER EXTREMITY, EXTENDED	YES		NO			\$639.78		
L2360	STEEL SHANK ADDITION TO LOWER EXTREMITY, PATTEN	NO		NO			\$37.15		
L2370	воттом	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		

No	Medicare Bypass
L2386   ADDT, ORTHOTIC SIDE BAR   YES   NO	list
ADDITION TO LOWER EXTREMITY, POLYCENTRIC NHEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, L2387 EACH JOINT ADDITION TO LOWER EXTREMITY, OFFSET L2390 KNEE JOINT, EACH JOINT ADDITION TO LOWER EXTREMITY, OFFSET L2395 KNEE JOINT, HEAVY DUTY, EACH JOINT ADDITION TO LOWER EXTREMITY ORTHOSIS, L2397 SUSPENSION SLEEVE  L2405 ADDITION TO KNEE JOINT, DROP LOCK, EACH ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, GULTEAL JISCHIAL L2510 BRIM, MOLDED TO PATIENT MODEL L2510 BRIM, MOLDED TO PATIENT MODEL L2520 BRIM, MOLDED TO PATIENT MODEL L2520 BRIM, LOUS DE PARKENITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2520 BRIM, MOLDED TO PATIENT MODEL L2520 BRIM, CUSTOM FITTED VES  ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2510 BRIM, MOLDED TO PATIENT MODEL VES  ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2520 BRIM, MOLDED TO PATIENT MODEL VES  ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2520 BRIM, CUSTOM FITTED VES  ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2520 ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI-LATERAL L2520 BRIM, CUSTOM FITTED VES  ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, SCHIAL	·
POLYCENTRIC KNEE JOINT, FOR CUSTOM   FABRICATED KNEE ANKLE FOOT ORTHOSIS,   L2387   EACH JOINT   ADDITION TO LOWER EXTREMITY, OFFSET   NO NO ST8.59	
L2387	
L2390   KNEE JOINT, EACH JOINT   NO	
L2390   KNEE JOINT, EACH JOINT	
ADDITION TO LOWER EXTREMITY, OFFSET   NO	
L2395   KNEE JOINT, HEAVY DUTY, EACH JOINT	
L2397 SUSPENSION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE  NO  NO  NO  \$84.16  L2405 ADDITION TO KNEE JOINT, DROP LOCK, EACH ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR L2415 EQUAL), ANY MATERIAL, EACH JOINT NO  NO  NO  \$93.78  ADDITION TO KNEE JOINT, DISC OR DIAL LOCK L2425 FOR ADJUSTABLE KNEE FLEXION, EACH JOINT ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE L2430 EXTENSION, EACH JOINT ADDITION TO KNEE JOINT, LIFT LOOK FOR ACTIVE AND PROGRESSIVE KNEE L2492 DROP LOCK RING ADDITION TO KNEE JOINT, LIFT LOOP FOR L2492 DROP LOCK RING ADDITION TO KNEE JOINT, LIFT LOOP FOR L2492 DROP LOCK RING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, GLUTEAL/ISCHIAL L2500 WEIGHT BEARING, RING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2510 BRIM, MOLDED TO PATIENT MODEL L2520 BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FITTED ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, SCHIAL	
L2397   SUSPENSION SLEEVE	
L2405   ADDITION TO KNEE JOINT, DROP LOCK, EACH   NO	
ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR ECUAL), ANY MATERIAL, EACH JOINT NO NO \$93.78  ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT NO NO \$110.66  ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE L2430 EXTENSION, EACH JOINT NO NO \$110.66  ADDITION TO KNEE JOINT, LIFT LOOP FOR NO NO STARLEY S	
RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT NO NO \$93.78  ADDITION TO KNEE JOINT, DISC OR DIAL LOCK L2425 FOR ADJUSTABLE KNEE FLEXION, EACH JOINT NO NO \$110.66  ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE L2430 EXTENSION, EACH JOINT NO NO NO \$110.66  EXTENSION, EACH JOINT NO NO NO \$110.66  ADDITION TO KNEE JOINT, LIFT LOOP FOR NO NO NO \$73.22  ADDITION TO LOWER EXTREMITY, THICH-WEIGHT BEARING, GLUTEAL/ ISCHIAL L2500 WEIGHT BEARING, RING NO NO NO \$226.51  ADDITION TO LOWER EXTREMITY, THICH-WEIGHT BEARING, QUADRI- LATERAL L2510 BRIM, MOLDED TO PATIENT MODEL YES NO \$606.45  ADDITION TO LOWER EXTREMITY, THICH-WEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FITTED YES NO \$330.77  ADDITION TO LOWER EXTREMITY, THICH-WEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FITTED YES NO \$330.77	
L2415 EQUAL), ANY MATERIAL, EACH JOINT NO NO \$93.78  ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT NO NO \$110.66  ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE L2430 EXTENSION, EACH JOINT NO NO NO \$110.66  ADDITION TO KNEE JOINT, LIFT LOOP FOR DELTANGE NO NO NO STATE STA	
ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE L2430 EXTENSION, EACH JOINT ADDITION TO KNEE JOINT, LIFT LOOP FOR L2492 DROP LOCK RING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, GLUFAL/ ISCHIAL L2500 WEIGHT BEARING, RING ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2510 BRIM, MOLDED TO PATIENT MODEL ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FIITED YES NO \$330.77 ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FIITED YES NO \$330.77 ADDITION TO LOWER EXTREMITY, THIGHWEIGHT BEARING, QUADRI- LATERAL L2520 BRIM, CUSTOM FIITED YES NO \$330.77	
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ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL	
THIGH/WEIGHT BEARING, ISCHIAL	
I CONTAINMENT/NARROW M-I BRIM MOI DED	
L2525         TO PATIENT MODEL         YES         NO         \$1,134.81	
ADDITION TO LOWER EXTREMITY,	
THIGH/WEIGHT BEARING, ISCHIAL	
CONTAINMENT/NARROW M-L BRIM, CUSTOM	
L2526 FITTED YES NO \$611.66	
ADDITION TO LOWER EXTREMITY, THIGH- L2530 WEIGHT BEARING, LACER, NON-MOLDED NO NO \$168.70	
ADDITION TO LOWER EXTREMITY,	
THIGH/WEIGHT BEARING, LACER, MOLDED TO	
L2540 PATIENT MODEL YES NO \$303.55	
ADDITION TO LOWER EXTREMITY,	
L2550 THIGH/WEIGHT BEARING, HIGH ROLL CUFF NO NO \$206.21	

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
1101 00	ADDITION TO LOWER EXTREMITY, PELVIC				104		7 1100		
	CONTROL, HIP JOINT, CLEVIS TYPE TWO								
L2570	POSITION JOINT, EACH	NO		NO			\$455.98		
	ADDITION TO LOWER EXTREMITY, PELVIC								
L2580	CONTROL, PELVIC SLING	NO		NO			\$432.25		
	ADDITION TO LOWER EXTREMITY, PELVIC								
L2600	CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	NO		NO			\$147.46		
L2000	ADDITION TO LOWER EXTREMITY, PELVIC	INO		INO			Φ147.46		
	CONTROL, HIP JOINT, CLEVIS OR THRUST								
L2610	BEARING, LOCK, EACH	NO		NO			\$174.37		
	ADDITION TO LOWER EXTREMITY, PELVIC								
L2620	CONTROL, HIP JOINT, HEAVY DUTY, EACH	NO		NO			\$191.98		
	ADDITION TO LOWER EXTREMITY, PELVIC								
L2622	CONTROL, HIP JOINT, ADJUSTABLE FLEXION, LEACH	NO		NO			\$220.18		
L2022	ADDITION TO LOWER EXTREMITY, PELVIC	NO		INO			φ220.16		
	CONTROL, HIP JOINT, ADJUSTABLE FLEXION,								
L2624	EXTENSION, ABDUCTION CONTROL, EACH	NO		NO			\$299.33		
	ADDITION TO LOWER EXTREMITY, PELVIC								
	CONTROL, PLASTIC, MOLDED TO PATIENT								
1.0007	MODEL, RECIPROCATING HIP JOINT AND	VEC		NO			Ф4 000 04		
L2627	CABLES ADDITION TO LOWER EXTREMITY, PELVIC	YES		NO			\$1,233.21		
	CONTROL, METAL FRAME, RECIPROCATING								
L2628	HIP JOINT AND CABLES	YES		NO			\$1,448.65		
	ADDITION TO LOWER EXTREMITY, PELVIC								
L2630	CONTROL, BAND AND BELT, UNILATERAL	NO		NO			\$177.79		
1.0040	ADDITION TO LOWER EXTREMITY, PELVIC	NO		NO			<b>CO 44 00</b>		
L2640	CONTROL, BAND AND BELT, BILATERAL	NO		NO			\$241.29		
	ADDITION TO LOWER EXTREMITY, PELVIC AND								
L2650	THORACIC CONTROL, GLUTEAL PAD, EACH	NO		NO			\$86.17		
	ADDITION TO LOWER EXTREMITY, THORACIC								
L2660	CONTROL, THORACIC BAND	NO		NO			\$133.82		
1.0070	ADDITION TO LOWER EXTREMITY, THORACIC	NO		NO			<b>#</b> 400.40		
L2670	CONTROL, PARASPINAL UPRIGHTS	NO		NO			\$122.48		
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	NO		NO			\$112.36		
L2000	CONTROL, ENTERAL CONTORNO INCOME	140		140			ψ112.00		
	ADDITION TO LOWER EXTREMITY ORTHOSIS,								
L2750	PLATING CHROME OR NICKEL, PER BAR	NO		NO			\$60.02		
	ADDITION TO LOWER EXTREMITY ORTHOSIS,								
	HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG								
	COMPOSITE, PER SEGMENT, FOR CUSTOM								
L2755	FABRICATED ORTHOSIS ONLY	NO		NO			\$100.89		

	2	Purchase PA		- WISEATCE SC	Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADDITION TO LOWER EXTREMITY ORTHOSIS,								
	EXTENSION, PER EXTENSION, PER BAR (FOR								
L2760	LINEAL ADJUSTMENT FOR GROWTH)	NO		NO			\$43.62		
	ORTHOTIC SIDE BAR DISCONNECT DEVICE,	-		_			,		
L2768	PER BAR	YES		NO			\$110.02		
	ADDITION TO LOWER EXTREMITY ORTHOSIS,								
L2780	NON-CORROSIVE FINISH, PER BAR	NO		NO			\$51.60		
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	NO		NO			\$30.34		
L2700	ADDITION TO LOWER EXTREMITY ORTHOSIS,	NO		NO			φ30.34		
L2795	KNEE CONTROL, FULL KNEECAP	NO		NO			\$61.01		
	ADDITION TO LOWER EXTREMITY ORTHOSIS.						40.110		
	KNEE CONTROL, KNEE CAP, MEDIAL OR								
	LATERAL PULL, FOR USE WITH CUSTOM								
L2800	FABRICATED ORTHOSIS ONLY	NO		NO			\$76.58		
	ADDITION TO LOWER EXTREMITY ORTHOSIS,						<b>^-</b>		
L2810	KNEE CONTROL, CONDYLAR PAD	NO		NO			\$56.08		
	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC.								
L2820	BELOW KNEE SECTION	NO		NO			\$62.35		
LZOZO	ADDITION TO LOWER EXTREMITY ORTHOSIS.	110		110			ψ02.00		
	SOFT INTERFACE FOR MOLDED PLASTIC,								
L2830	ABOVE KNEE SECTION	NO		NO			\$70.11		
	ADDITION TO LOWER EXTREMITY ORTHOSIS,								
	TIBIAL LENGTH SOCK, FRACTURE OR EQUAL,								
L2840	EACH	NO		NO			\$39.13		
	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR								
L2850	EQUAL, EACH	NO		NO			\$44.46		
22000	ADDITION TO LOWER EXTREMITY JOINT, KNEE	110		110			ψ-1-10		
	OR ANKLE, CONCENTRIC ADJUSTABLE								
	TORSION STYLE MECHANISM FOR CUSTOM							MSRP-18% or Invoice + 20%	
L2861	FABRICATED ORTHOTICS ONLY, EACH	YES		NO			M	based on documentation	✓
	LOWER EXTREMITY ORTHOSES, NOT							MSRP-18% or Invoice + 20%	
L2999	OTHERWISE SPECIFIED	YES		NO			M	based on documentation	✓
1	FOOT, INSERT, REMOVABLE, MOLDED TO								
L3000	PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	NO		NO			\$247.24		✓
20000	FOOT, INSERT, REMOVABLE, MOLDED TO	110		140			ΨΔ-11.Δ-Τ		<u> </u>
L3001	PATIENT MODEL, SPENCO, EACH	NO		NO			\$101.20		✓
	FOOT, INSERT, REMOVABLE, MOLDED TO								
1	PATIENT MODEL, PLASTAZOTE OR EQUAL,								
L3002	EACH	NO		NO			\$122.72		✓
1,0000	FOOT, INSERT, REMOVABLE, MOLDED TO	NO		NO			<b>#</b> 460.00		
L3003	PATIENT MODEL, SILICONE GEL, EACH	NO		NO			\$132.38		✓
1	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH								
L3010	SUPPORT, EACH	NO		NO			\$122.12		✓
	100011, 27.011	.,0	I .		1	ı	Ψ	1	<u> </u>

		Purchase			Rental				Medicare
HCPCS	Description	PA	Limita	Dontal	PA	Rental	Purchase	Notes	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	FOOT, INSERT, REMOVABLE, MOLDED TO								
1 2020	PATIENT MODEL, LONGITUDINAL/	NO		NO			£420.00		✓
L3020	METATARSAL SUPPORT, EACH	NO		NO			\$139.06		٧
			2 per foot						
	FOOT, INSERT, REMOVABLE, FORMED TO	PA required if	per calendar					PA required only if more than	
L3030	PATIENT FOOT, EACH	limit exceeded	year	NO			\$53.49	2 per foot per year needed	✓
20000	FOOT, INSERT/PLATE, REMOVABLE, ADDITION	minic oxcooded	your	1,10			φου. 10	2 per reet per year needed	
	TO LOWER EXTREMITY ORTHOSIS, HIGH								
	STRENGTH, LIGHTWEIGHT MATERIAL, ALL								
	HYBRID LAMINATION/PREPREG COMPOSITE,								
L3031	EACH	NO		NO			\$141.20	Purchase only	✓
	FOOT, ARCH SUPPORT, REMOVABLE,								
L3040	PREMOLDED, LONGITUDINAL, EACH	NO		NO			\$31.99		
	FOOT, ARCH SUPPORT, REMOVABLE,								
1,2000	PREMOLDED, LONGITUDINAL/ METATARSAL,	NO		NO			ФE0.70		
L3060	FOOT, ARCH SUPPORT, NON-REMOVABLE	NO		NO			\$53.73		
L3080	ATTACHED TO SHOE, METATARSAL, EACH	YES		NO			\$33.73		
L3060	FOOT, ARCH SUPPORT, NON-REMOVABLE	TLO		INO			φοσ.7ο		
	ATTACHED TO SHOE,								
L3090	LONGITUDINAL/METATARSAL, EACH	YES		NO			\$43.18		✓
20000	HALLUS-VALGUS NIGHT DYNAMIC SPLINT,	120		110			ψ 10.10		
L3100	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$30.31		✓
	FOOT, ABDUCTION ROTATION BAR,								
L3140	INCLUDING SHOES	NO		NO			\$60.69		✓
	FOOT, ABDUCTION ROTATION BAR, WITHOUT								
L3150	SHOES	NO		NO			\$55.49		✓
	FOOT, ADJUSTABLE SHOE-STYLED								,
L3160	POSITIONING DEVICE	NO		NO			\$159.84		✓
	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL								
L3170	STABILIZER, PREFABRICATED, OFF-THE- SHELF, EACH	NO		NO			\$34.69		✓
L3170	ORTHOPEDIC SHOE, OXFORD WITH	NO		INO			φ34.09		•
L3201	SUPINATOR OR PRONATOR, INFANT	YES		NO			\$51.28		✓
	ORTHOPEDIC SHOE, OXFORD WITH	0					<b>#51.20</b>		
L3202	SUPINATOR OR PRONATOR, CHILD	YES		NO			\$80.00		✓
	ORTHOPEDIC SHOE, OXFORD WITH								
L3203	SUPINATOR OR PRONATOR, JUNIOR	YES		NO			\$73.47		✓
	ORTHOPEDIC SHOE, HIGHTOP WITH								
L3204	SUPINATOR OR PRONATOR, INFANT	YES		NO			\$67.08		✓
1,0000	ORTHOPEDIC SHOE, HIGHTOP WITH	\/F0		NO			070 11		
L3206	SUPINATOR OR PRONATOR, CHILD	YES		NO			\$72.41		✓
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	VEC		NO			¢76.66		✓
L3207	SURGICAL BOOT, EACH, INFANT	YES NO		NO NO			\$76.66 \$54.31		<b>√</b>
L3200	SURGICAL BOOT, EACH, INFANT	NO		NO			\$28.75		<b>∨</b>
L3209	SURGICAL BOOT, EACH, UNIOR	NO		NO			\$35.60		<b>√</b>
L3212	BENESCH BOOT, PAIR, INFANT	NO		NO			\$56.43		✓
L3213	BENESCH BOOT, PAIR, CHILD	NO		NO			\$61.75		<b>√</b>

		Purchase			Rental				Medicare
	2	PA 			PA · ·	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
L3214	BENESCH BOOT, PAIR, JUNIOR	NO		NO			\$67.08		✓
	ORTHOPEDIC FOOTWEAR, LADIES SHOE,								,
L3215	OXFORD, EACH	YES		NO			\$78.94		✓
1 2016	ORTHOPEDIC FOOTWEAR, LADIES SHOE,	YES		NO			\$118.67		<b>√</b>
L3216	DEPTH INLAY, EACH ORTHOPEDIC FOOTWEAR, LADIES SHOE,	150		INO			\$110.07		<b>v</b>
L3217	HIGHTOP, DEPTH INLAY, EACH	YES		NO			\$92.40		✓
LOLIT	ORTHOPEDIC FOOTWEAR, MENS SHOE,	120		110			ψοΣ. 10		
L3219	OXFORD, EACH	YES		NO			\$90.80		✓
	ORTHOPEDIC FOOTWEAR, MENS SHOE,								
L3221	DEPTH INLAY, EACH	YES		NO			\$151.75		✓
	ORTHOPEDIC FOOTWEAR, MENS SHOE,								
L3222	HIGHTOP, DEPTH INLAY, EACH	YES		NO			\$111.86		✓
	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE,								
1.0004	OXFORD, USED AS AN INTEGRAL PART OF A	VEC		NO			£40.00		
L3224	BRACE (ORTHOSIS)  ORTHOPEDIC FOOTWEAR, MAN'S SHOE,	YES		NO			\$42.22		✓
	OXFORD, USED AS AN INTEGRAL PART OF A								
L3225	BRACE (ORTHOSIS)	YES		NO			\$48.57		<b>√</b>
LOZZO	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE,	120		140			ψ-ισ.στ		·
L3230	DEPTH INLAY, EACH	YES		NO			\$308.31		✓
	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED								
	SHOE, REMOVABLE INNER MOLD,								
L3250	PROSTHETIC SHOE, EACH	YES		NO			\$231.77		✓
	FOOT, SHOE MOLDED TO PATIENT MODEL,								
L3251	SILICONE SHOE, EACH	YES		NO			\$280.14		✓
	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM								
L3252	FABRICATED, EACH	YES		NO			\$210.21		1
LJZJZ	FOOT, MOLDED SHOE PLASTAZOTE (OR	TES		NO			Ψ210.21		•
L3253	SIMILAR) CUSTOM FITTED, EACH	YES		NO			\$99.94		✓
L3254	NON-STANDARD SIZE OR WIDTH	YES		NO			\$149.07		<b>√</b>
	ORTH FOOT NON-STANDARD SIZE/NON-								
L3255	STANDARD SIZE OR LENGTH	YES		NO			\$42.59		✓
	ORTHOPEDIC FOOTWEAR, ADDITIONAL						<b>_</b>		
L3257	CHARGE FOR SPLIT SIZE	YES		NO			\$95.83		<b>√</b>
1 2000	AMBULATORY SURGICAL SURGICAL	NO		NO			¢22.02		✓
L3260 L3265	BOOT/SHOE, EACH PLASTAZOTE SANDAL, EACH	NO NO		NO NO			\$22.03 \$25.00		<b>√</b>
L3203	LIFT, ELEVATION, HEEL, TAPERED TO	INO		INO			Ψ23.00		*
L3300	METATARSALS, PER INCH	NO		NO			\$44.00		
L3310	(RR) 0:4	NO		NO			\$61.84		
	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER								
L3320	INCH	NO		NO			\$67.38		
							<b>_</b>		
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	YES		NO			\$515.21		
1 2222	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP	NO		NO			¢E4.40		
L3332 L3334	TO ONE-HALF INCH LIFT, ELEVATION, HEEL, PER INCH	NO NO		NO NO			\$51.16 \$26.74		
L3340	HEEL WEDGE, SACH	NO		NO			\$59.73		<b>√</b>
200-10	11222 112302, 07(01)	110		1,40			ψ00.70		,

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		✓
	FULL SOLE AND HEEL WEDGE, BETWEEN								
L3420	SOLE	NO		NO			\$38.33		✓
L3430	HEEL, COUNTER, PLASTIC REINFORCED	NO		NO			\$112.32		✓
L3440	HEEL, COUNTER, LEATHER REINFORCED	NO		NO			\$53.49		<b>√</b>
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		<b>✓</b>
L3470	HEEL, THOMAS EXTENDED TO BALL	NO		NO			\$43.68		✓
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	NO		NO			\$43.68		<b>✓</b>
L3485	HEEL, PAD, REMOVABLE FOR SPUR	NO		NO			\$19.00		<b>√</b>
20100	ORTHOPEDIC SHOE ADDITION, INSOLE,	110		110			Ψ10.00		
L3500	LEATHER	NO		NO			\$20.50		<b>✓</b>
20000	ORTHOPEDIC SHOE ADDITION, INSOLE,	110		110			Ψ20.00		•
L3510	RUBBER	NO		NO			\$20.50		<b>✓</b>
L3310	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT	110		110			Ψ20.00		· ·
L3520	COVERED WITH LEATHER	NO		NO			\$22.29		<b>√</b>
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	NO		NO			\$22.29		<b>→</b>
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	NO		NO			\$35.66		
L3340	ORTHOPEDIC SHOE ADDITION, TOE TAP	NO		INO			φ33.00		•
L3550	STANDARD	NO		NO			\$7.01		
L3330	ORTHOPEDIC SHOE ADDITION, TOE TAP,	NO		NO			φ1.01		v
L3560	HORSESHOE	NO		NO			\$18.02		<b>√</b>
L3360	ORTHOPEDIC SHOE ADDITION, SPECIAL	NO		NO			\$10.02		<b>V</b>
	·								
L3570	EXTENSION TO INSTEP (LEATHER WITH	NO		NO			\$67.06		
L3570	EYELETS) ORTHOPEDIC SHOE ADDITION, CONVERT	NO		NO			Φ07.00		<b>V</b>
1.2500		NO		NO			ΦE4.04		
L3580	INSTEP TO VELCRO CLOSURE	NO		NU			\$51.04		V
1.2500	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM	NO		NO			¢42.04		
L3590 L3595	SHOE COUNTER TO SOFT COUNTER	NO NO		NO			\$42.04		<b>V</b>
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	NU		NO			\$30.56		<b>V</b>
	TRANSFER OF AN ORTHOGOG FROM ONE STORE								
1,0000	TRANSFER OF AN ORTHOSIS FROM ONE SHOE	NO		NO			<b>#</b> 00.00		<i>y</i>
L3600	TO ANOTHER, CALIPER PLATE, EXISTING	NO		NO			\$60.06		<b>✓</b>
1.0040	TRANSFER OF AN ORTHOSIS FROM ONE SHOE	NO		No			Ф <b>7</b> 0.00		
L3610	TO ANOTHER, CALIPER PLATE, NEW	NO		NO			\$79.08		✓
	TRANSFER OF AN ORTHOSIS FROM ONE SHOE								
L3620	TO ANOTHER, SOLID STIRRUP, EXISTING	NO		NO			\$60.06		✓
	TRANSFER OF AN ORTHOSIS FROM ONE SHOE								
L3630	TO ANOTHER, SOLID STIRRUP, NEW	NO		NO			\$79.08		✓

		Purchase		I WISLA FEE SC	Rental				Medicare
Hoboo	Book and and	PA	Limite	Donatel	PA	Rental	Purchase	Natas	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	TRANSFER OF AN ORTHOSIS FROM ONE SHOE								
	TO ANOTHER, DENNIS BROWNE SPLINT								,
L3640	(RIVETON), BOTH SHOES	NO		NO			\$34.03		<b>✓</b>
	ORTHOPEDIC SHOE. MODIFICATION. ADDITION							MSRP-18% or Invoice + 20%	
L3649	OR TRANSFER, NOT OTHERWISE SPECIFIED	YES		NO			М	based on documentation	1
L3043	SHOULDER ORTHOSIS, FIGURE OF EIGHT	ILO		NO			IVI	based on documentation	•
	DESIGN ABDUCTION RESTRAINER.								
L3650	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$42.06		
	SHOULDER ORTHOSIS, FIGURE OF EIGHT								
	DESIGN ABDUCTION RESTRAINER, CANVAS								
	AND WEBBING, PREFABRICATED, OFF-THE-								
L3660	SHELF	NO		NO			\$72.21		
	CHOLLI DED ODTHOOIG ACCOMING/OLAN/ICCUI AC								
	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR								
L3670	(CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	NO		NO			\$100.66		
L3070	SHOULDER ORTHOSIS, SHOULDER JOINT	INO		140			Ψ100.00		
	DESIGN, WITHOUT JOINTS, MAY INCLUDE								
	SOFT INTERFACE, STRAPS, CUSTOM								
	FABRICATED, INCLUDES FITTING AND								
L3671	ADJUSTMENT	YES		NO			\$623.06		
	SHOULDER ORTHOSIS, VEST TYPE								
	ABDUCTION RESTRAINER, CANVAS WEBBING								
1.0075	TYPE OR EQUAL, PREFABRICATED, OFF-THE-	NO		NO			<b>#</b> 400.00		
L3675	SHELF SHOULDER ORTHOSIS, SHOULDER JOINT	NO		NO			\$123.30		
	DESIGN, WITHOUT JOINTS, MAY INCLUDE								
	SOFT INTERFACE, STRAPS, PREFABRICATED,							MSRP-18% or Invoice + 20%	
L3678	OFF-THE-SHELF	NO		NO			М	based on documentation	✓
	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY								
	INCLUDE SOFT INTERFACE, STRAPS, CUSTOM								
	FABRICATED, INCLUDES FITTING AND								
L3702	ADJUSTMENT	YES		NO			\$278.76		
1.2740	ELBOW ORTHOSIS, ELASTIC WITH METAL	NO		NO			¢404.07		
L3710	JOINTS, PREFABRICATED, OFF-THE-SHELF ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH	NO		NO			\$101.87		
	FOREARM/ARM CUFFS, FREE MOTION,								
L3720	CUSTOM FABRICATED	YES		NO			\$508.23		
25.25	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH	. = 0					<b>\$555.25</b>		
	FOREARM/ARM CUFFS, EXTENSION/ FLEXION								
L3730	ASSIST, CUSTOM FABRICATED	YES		NO			\$669.04		
	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH								
	FOREARM/ARM CUFFS, ADJUSTABLE								
1.07.10	POSITION LOCK WITH ACTIVE CONTROL,	\/F3					<b>475</b> / 44		
L3740	CUSTOM FABRICATED	YES		NO		<u> </u>	\$751.88		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	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								
L3760	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$335.71		
20.00	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE						φοσο :		
	POSITION LOCKING JOINT(S),								
L3761	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$444.11		
	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS,								
L3762	INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$63.37		
20102	ELBOW WRIST HAND ORTHOSIS, RIGID,	110		140			φοσ.στ		
	WITHOUT JOINTS, MAY INCLUDE SOFT								
	INTERFACE, STRAPS, CUSTOM FABRICATED,								
L3763	INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$501.18		
	ELBOW WRIST HAND FINGER ORTHOSIS,								
	RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE. STRAPS. CUSTOM FABRICATED.								
L3765	INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$1,237.83		
	WRIST HAND FINGER ORTHOSIS, INCLUDES	-		_			, ,		
	ONE OR MORE NONTORSION JOINT(S),								
	TURNBUCKLES, ELASTIC BANDS/SPRINGS,								
	MAY INCLUDE SOFT INTERFACE MATERIAL,								
L3806	STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$376.35		
20000	WRIST HAND FINGER ORTHOSIS, WITHOUT	120		140			φον σ.σσ		
	JOINT(S), PREFABRICATED ITEM THAT HAS								
	BEEN TRIMMED, BENT, MOLDED, ASSEMBLED,								
	OR OTHERWISE CUSTOMIZED TO FIT A								
L3807	SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$175.69		
L3007	WRIST HAND FINGER ORTHOSIS, RIGID	NO		INO			\$175.09		
	WITHOUT JOINTS, MAY INCLUDE SOFT								
	INTERFACE MATERIAL; STRAPS, CUSTOM								
	FABRICATED, INCLUDES FITTING AND								
L3808	ADJUSTMENT	YES		NO			\$276.74		
	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF,								
L3809	ANY TYPE	NO		NO			\$215.77		
							ţ= . <b>3.</b>		
	ADDITION TO UPPER EXTREMITY JOINT,								
	WRIST OR ELBOW, CONCENTRIC ADJUSTABLE								
1.0004	TORSION STYLE MECHANISM FOR CUSTOM	VEO		NO				MSRP-18% or Invoice + 20%	
L3891	FABRICATED ORTHOTICS ONLY, EACH WRIST HAND FINGER ORTHOSIS, DYNAMIC	YES		NO			M	based on documentation	<b>√</b>
	FLEXOR HINGE, RECIPROCAL WRIST								
	EXTENSION/ FLEXION, FINGER								
	FLEXION/EXTENSION, WRIST OR FINGER								
L3900	DRIVEN, CUSTOM FABRICATED	YES		NO			\$1,097.63		

		Purchase		I WISEA Fee SC	Rental			Medicare	
HCPCS	Description	PA PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	WRIST HAND FINGER ORTHOSIS, DYNAMIC								
	FLEXOR HINGE, RECIPROCAL WRIST								
	EXTENSION/ FLEXION, FINGER								
	FLEXION/EXTENSION, CABLE DRIVEN,								
L3901	CUSTOM FABRICATED	YES		NO			\$1,230.73		
	WRIST HAND FINGER ORTHOSIS, EXTERNAL								
L3904	POWERED, ELECTRIC, CUSTOM FABRICATED	YES		NO			\$2,505.44		
	WRIST HAND ORTHOSIS, INCLUDES ONE OR								
	MORE NONTORSION JOINTS, ELASTIC BANDS,								
	TURNBUCKLES, MAY INCLUDE SOFT								
L3905	INTERFACE, STRAPS, CUSTOM FABRICATED,	YES		NO			\$301.89		
L3905	INCLUDES FITTING AND ADJUSTMENT WRIST HAND ORTHOSIS, WITHOUT JOINTS,	TES		NO			\$301.69		
	MAY INCLUDE SOFT INTERFACE, STRAPS,								
	CUSTOM FABRICATED, INCLUDES FITTING								
L3906	AND ADJUSTMENT	YES		NO			\$296.41		
20000	WRIST HAND ORTHOSIS, WRIST EXTENSION	120		110			Ψ200.11		
	CONTROL COCK-UP, NON MOLDED,								
L3908	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$42.10		
	HAND FINGER ORTHOSIS (HFO), FLEXION								
	GLOVE WITH ELASTIC FINGER CONTROL,								
L3912	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$67.55		
	HAND FINGER ORTHOSIS, WITHOUT JOINTS,								
	MAY INCLUDE SOFT INTERFACE, STRAPS,								
	CUSTOM FABRICATED, INCLUDES FITTING						•		
L3913	AND ADJUSTMENT	YES		NO			\$170.97		
	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								
L3915	WITH EXPERTISE	NO		NO			\$367.58		
	WRIST HAND ORTHOSIS, INCLUDES ONE OR						,		
	MORE NONTORSION JOINT(S), ELASTIC								
	BANDS, TURNBUCKLES, MAY INCLUDE SOFT								
	INTERFACE, STRAPS, PREFABRICATED, OFF-								
L3916	THE-SHELF	NO		NO			\$458.68		
	HAND ORTHOSIS, METACARPAL FRACTURE								
	ORTHOSIS, PREFABRICATED ITEM THAT HAS								
	BEEN TRIMMED, BENT, MOLDED, ASSEMBLED,								
	OR OTHERWISE CUSTOMIZED TO FIT A								
L3917	SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$62.25		
L3917	LAFLINIIOE	INU		INU			φυ2.20		
	HAND ORTHOSIS, METACARPAL FRACTURE								
L3918	ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	NO		NO			\$91.15		
L3910	ONTHOSIS, FREFADRICATED, OFF-THE-SHELF	INU		INO		l	φ91.10		

		Purchase	NT Wiedicale	I WISLA FEE SC	Rental				
		PA			PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
L3923	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$54.91		
	HAND FINGER ORTHOSIS, WITHOUT JOINTS,						40 110 1		
	MAY INCLUDE SOFT INTERFACE, STRAPS,								
L3924	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$75.06		
	FINGER ORTHOSIS, PROXIMAL								
	INTERPHALANGEAL (PIP)/DISTAL								
	INTERPHALANGEAL (DIP), NON TORSION								
	JOINT/SPRING, EXTENSION/FLEXION, MAY								
	INCLUDE SOFT INTERFACE MATERIAL,								
L3925	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$33.35		
	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-								
L3927	THE-SHELF	NO		NO			\$22.09		
	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								
L3929	PATIENT BY AN INDIVIDUAL WITH EXPERTISE	NO		NO			\$53.14		
	HAND FINGER ORTHOSIS, INCLUDES ONE OR								
	MORE NONTORSION JOINT(S), TURNBUCKLES,								
	ELASTIC BANDS/SPRINGS, MAY INCLUDE								
1,0000	SOFT INTERFACE MATERIAL, STRAPS,	NO		NO			Φ <b>7</b> 0 04		
L3930	PREFABRICATED, OFF-THE-SHELF	NO		NO			\$72.64		
	WRIST HAND FINGER ORTHOSIS, INCLUDES								
	ONE OR MORE NONTORSION JOINT(S),								
	TURNBUCKLES, ELASTIC BANDS/SPRINGS,								
	MAY INCLUDE SOFT INTERFACE MATERIAL,								
L3931	STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	NO		NO			\$128.55		
LSSST	FINGER ORTHOSIS, WITHOUT JOINTS, MAY	INU		INO			φ120.33		
	INCLUDE SOFT INTERFACE, CUSTOM								
	FABRICATED, INCLUDES FITTING AND								
L3933	ADJUSTMENT	YES		NO			\$176.79		
20000	ADDITION OF JOINT TO UPPER EXTREMITY	120		140			ψ170.73	MSRP-18% or Invoice + 20%	
L3956	ORTHOSIS, ANY MATERIAL; PER JOINT	YES		NO			М	based on documentation	
				.,0				adda on doddinonddon	

		Purchase		I WISEA I CC SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	SHOULDER ELBOW WRIST HAND ORTHOSIS,								
	ABDUCTION POSITIONING, AIRPLANE DESIGN,								
	PREFABRICATED, INCLUDES FITTING AND								
L3960	ADJUSTMENT	YES		NO			\$579.15		
	SHOULDER ELBOW WRIST HAND ORTHOSIS,								
	ABDUCTION POSITIONING, ERB'S PALSEY								
1.0000	DESIGN, PREFABRICATED, INCLUDES FITTING	\/F0		NO			0000 04		
L3962	AND ADJUSTMENT	YES		NO			\$603.04		
	SHOULDER ELBOW WRIST HAND ORTHOSIS,								
	SHOULDER CAP DESIGN, INCLUDES ONE OR								
	MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT								
	INTERFACE, STRAPS, CUSTOM FABRICATED,								
L3971	INCLUDES FITTING AND ADJUSTMENT	YES		NO			\$1,248.33		
25071	UPPER EXTREMITY FRACTURE ORTHOSIS,	1.20		.,.			ψ1,240.00		
	HUMERAL, PREFABRICATED, INCLUDES								
L3980	FITTING AND ADJUSTMENT	NO		NO			\$217.21		
	UPPER EXTREMITY FRACTURE ORTHOSIS.								
	HUMERAL, PREFABRICATED, INCLUDES								
	SHOULDER CAP DESIGN, WITH OR WITHOUT								
	JOINTS, FOREARM SECTION, MAY INCLUDE								
	SOFT INTERFACE, STRAPS, INCLUDES FITTING								
L3981	AND ADJUSTMENTS	YES		NO			\$878.03		
	UPPER EXTREMITY FRACTURE ORTHOSIS,								
	RADIUS/ULNAR, PREFABRICATED, INCLUDES								
L3982	FITTING AND ADJUSTMENT	NO		NO			\$268.36		
	UPPER EXTREMITY FRACTURE ORTHOSIS,								
1 2004	WRIST, PREFABRICATED, INCLUDES FITTING	NO		NO			\$206.46		
L3984	AND ADJUSTMENT ADDITION TO UPPER EXTREMITY ORTHOSIS,	NO		NO			\$286.46		
L3995	SOCK, FRACTURE OR EQUAL, EACH	NO		NO			\$24.05		
L0000	UPPER LIMB ORTHOSIS, NOT OTHERWISE	NO		140			Ψ24.00	MSRP-18% or Invoice + 20%	
L3999	SPECIFIED SPECIFIED	YES		NO			М	based on documentation	✓
	REPLACE GIRDLE FOR SPINAL ORTHOSIS	. = 0							
L4000	(CTLSO OR SO)	YES		NO			\$936.66		
	REPLACEMENT STRAP, ANY ORTHOSIS,								
	INCLUDES ALL COMPONENTS, ANY LENGTH,							MSRP-18% or Invoice + 20%	
L4002	ANY TYPE	YES		NO			M	based on documentation	
L4010	REPLACE TRILATERAL SOCKET BRIM	YES		NO			\$527.10		
	REPLACE QUADRILATERAL SOCKET BRIM,								
L4020	MOLDED TO PATIENT MODEL	YES		NO			\$658.39		
1.4000	REPLACE QUADRILATERAL SOCKET BRIM,	VE0		NO			<b>#</b> 000 50		
L4030	CUSTOM FITTED	YES		NO			\$362.50		
1.4040	REPLACE MOLDED THIGH LACER, FOR	VEC		NO			¢202.00		
L4040	CUSTOM FABRICATED ORTHOSIS ONLY REPLACE NON-MOLDED THIGH LACER, FOR	YES		NO			\$293.09		
L4045	CUSTOM FABRICATED ORTHOSIS ONLY	NO		NO			\$235.52		
L4043	REPLACE MOLDED CALF LACER, FOR CUSTOM	INO		INO			ΨΖΟΟ.ΟΖ		
L4050	FABRICATED ORTHOSIS ONLY	YES		NO			\$296.42		
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		Purchase		I WISLA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	REPLACE NON-MOLDED CALF LACER, FOR								
L4055	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			<b>\$</b> 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		
	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								
L4386	WITH EXPERTISE  WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT	NO		NO			\$109.98		
1.4207	INTERFACE MATERIAL, PREFABRICATED, OFF-	NO		NO			¢150.22		
L4387	THE-SHELF REPLACE SOFT INTERFACE MATERIAL, FOOT	NO		NO			\$150.33		
L4394	DROP SPLINT	NO		NO			\$13.13		

HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
	2000.				104				
	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								
L4396	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		
	FOOT DROP SPLINT, RECUMBENT								
L4398	POSITIONING DEVICE, PREFABRICATED, OFF- THE-SHELF	NO		NO			\$59.63		
	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								
L4631	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		
L3020	TOBERGLE HEIGHT, WITH TOE FILLER	ILO		INO			\$1,000.43		
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		
L3100	BELOW KNEE, PLASTIC SOCKET, JOINTS AND	ILO		INO			ψ1,0 <del>4</del> 0.79		
L5105	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		

KY Medicaid MSEA Fee Schedule 2025									
		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE								
	JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO								
L5210	ANKLE JOINTS, EACH	YES		NO			\$1,856.19		
	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE								
	JOINT ('STUBBIES'), WITH ARTICULATED								
L5220	ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	YES		NO			\$2,109.89		
	ABOVE KNEE, FOR PROXIMAL FEMORAL								
	FOCAL DEFICIENCY, CONSTANT FRICTION								
L5230	KNEE, SHIN, SACH FOOT	YES		NO			\$2,909.97		
	HIP DISARTICULATION, CANADIAN TYPE;								
	MOLDED SOCKET, HIP JOINT, SINGLE AXIS	\/=0							
L5250	CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,968.93		
	HIP DISARTICULATION, TILT TABLE TYPE;								
	MOLDED SOCKET, LOCKING HIP JOINT,								
L5270	SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,951.32		
L3270	Shin, SACH FOOT	IES		NO			φ3,931.32		
	HEMIPELVECTOMY, CANADIAN TYPE: MOLDED								
	SOCKET, HIP JOINT, SINGLE AXIS CONSTANT								
L5280	FRICTION KNEE, SHIN, SACH FOOT	YES		NO			\$3,921.05		
20200	BELOW KNEE, MOLDED SOCKET, SHIN, SACH	120		110			φο,ο21.00		
L5301	FOOT, ENDOSKELETAL SYSTEM	YES		NO			\$2,205.98		
	,								
	KNEE DISARTICULATION (OR THROUGH								
	KNEE), MOLDED SOCKET, SINGLE AXIS KNEE,								
L5312	PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	YES		NO			\$4,138.17		
	ABOVE KNEE, MOLDED SOCKET, OPEN END,								
	SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE								
L5321	AXIS KNEE	YES		NO			\$3,197.63		
	HIP DISARTICULATION, CANADIAN TYPE,								
. ===.	MOLDED SOCKET, ENDOSKELETAL SYSTEM,	\/=0					<b>**</b> • • • • • • • • • • • • • • • • • •		
L5331	HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	YES		NO			\$3,824.67		
	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT,								
L5341	SINGLE AXIS KNEE, SACH FOOT	YES		NO			\$3,981.49		
L3341	IMMEDIATE POST SURGICAL OR EARLY	IES		NO			φ3,901.49		
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING, INCLUDING FITTING, ALIGNMENT,								
	SUSPENSION, AND ONE CAST CHANGE,								
L5400	BELOW KNEE	YES		NO			\$1,041.72		
	IMMEDIATE POST SURGICAL OR EARLY						, ,		
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING, INCLUDING FITTING, ALIGNMENT								
	AND SUSPENSION, BELOW KNEE, EACH								
	ADDITIONAL CAST CHANGE AND								
L5410	REALIGNMENT	NO		NO			\$319.61		

		Purchase	· · · · · · · · · · · · · · · · · · ·	I WISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	IMMEDIATE POST SURGICAL OR EARLY								
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING, INCLUDING FITTING, ALIGNMENT								
	AND SUSPENSION AND ONE CAST CHANGE								
L5420	'AK' OR KNEE DISARTICULATION	YES		NO			\$1,276.60		
	IMMEDIATE POST SURGICAL OR EARLY								
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING, INCL. FITTING, ALIGNMENT AND								
	SUPENSION, 'AK' OR KNEE DISARTICULATION,								
L5430	EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO		NO			\$384.93		
L3430	IMMEDIATE POST SURGICAL OR EARLY	INO		NO			φ304.93		
	FITTING, APPLICATION OF NON-WEIGHT								
L5450	BEARING RIGID DRESSING, BELOW KNEE	NO		NO			\$313.15		
	IMMEDIATE POST SURGICAL OR EARLY	112		110			<del>-</del>		
	FITTING, APPLICATION OF NON-WEIGHT								
L5460	BEARING RIGID DRESSING, ABOVE KNEE	NO		NO			\$417.21		
	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET,								
	NON-ALIGNABLE SYSTEM, PYLON, NO COVER,								
	SACH FOOT, PLASTER SOCKET, DIRECT	\/=o							
L5500	FORMED	YES		NO			\$982.44		
	INITIAL, ABOVE KNEE - KNEE								
	DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER,								
	SACH FOOT, PLASTER SOCKET, DIRECT								
L5505	FORMED	YES		NO			\$1,358.73		
	PREPARATORY, BELOW KNEE 'PTB' TYPE						<b>*</b> 1,000110		
	SOCKET, NON-ALIGNABLE SYSTEM, PYLON,								
	NO COVER, SACH FOOT, PLASTER SOCKET,								
L5510	MOLDED TO MODEL	YES		NO			\$1,113.65		
	PREPARATORY, BELOW KNEE 'PTB' TYPE								
	SOCKET, NON-ALIGNABLE SYSTEM, PYLON,								
1.5500	NO COVER, SACH FOOT, THERMOPLASTIC OR	VEC		NO			₽4 400 00		
L5520	PREPARATORY. BELOW KNEE 'PTB' TYPE	YES		NO			\$1,100.03		
	SOCKET, NON-ALIGNABLE SYSTEM, PYLON,								
	NO COVER, SACH FOOT, THERMOPLASTIC OR								
L5530	EQUAL, MOLDED TO MODEL	YES		NO			\$1,321.24		
	PREPARATORY, BELOW KNEE 'PTB' TYPE						, ,		
	SOCKET, NON-ALIGNABLE SYSTEM, NO								
	COVER, SACH FOOT, PREFABRICATED,								
L5535	ADJUSTABLE OPEN END SOCKET	YES		NO			\$1,279.19		
	PREPARATORY, BELOW KNEE 'PTB' TYPE								
	SOCKET, NON-ALIGNABLE SYSTEM, PYLON,								
1.55.40	NO COVER, SACH FOOT, LAMINATED SOCKET,	VE0		NO			D4 004 50		
L5540	MOLDED TO MODEL	YES		NO			\$1,384.52		

		Purchase	Tri Wiedicale	I IVISEA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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 ADDITION TO LOWER EXTREMITY.	YES		NO			\$1,583.72		
L5611	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		

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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 ADDITION TO LOWER EXTREMITY, SYMES	NO		NO			\$243.10		
L5630	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		

		Purchase	· · · · · · · · · · · · · · · · · · ·	I WISEA Fee SC	Rental				I Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE, FLEXIBLE INNER SOCKET, EXTERNAL								
L5645	FRAME	YES		NO			\$610.34		
	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION								
L5646	SOCKET	NO		NO			\$419.12		
	ADDITION TO LOWER EXTREMITY, BELOW								
L5647	KNEE SUCTION SOCKET	YES		NO			\$608.48		
	ADDITION TO LOWER EXTREMITY, ABOVE								
1.5040	KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION	VE0		NO			<b>#</b> 500.00		
L5648	SOCKET	YES		NO			\$503.62		
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	YES		NO			\$1,824.88		
L3049	ADDITIONS TO LOWER EXTREMITY, TOTAL	153		INU			φ1,024.00		
	CONTACT, ABOVE KNEE OR KNEE								
L5650	DISARTICULATION SOCKET	NO		NO			\$373.43		
20000	ADDITION TO LOWER EXTREMITY, ABOVE	110		110			φονο. 1ο		
	KNEE, FLEXIBLE INNER SOCKET, EXTERNAL								
L5651	FRAME	YES		NO			\$918.63		
	ADDITION TO LOWER EXTREMITY, SUCTION						·		
	SUSPENSION, ABOVE KNEE OR KNEE								
L5652	DISARTICULATION SOCKET	NO		NO			\$333.50		
	ADDITION TO LOWER EXTREMITY, KNEE								
	DISARTICULATION, EXPANDABLE WALL								
L5653	SOCKET	NO		NO			\$445.19		
	ADDITION TO LOWER EXTREMITY, SOCKET								
	INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST,						40.00		
L5654	PLASTAZOTE OR EQUAL)	NO		NO			\$253.68		
	ADDITION TO LOWER EXTREMITY, SOCKET								
LEGEE	INSERT, BELOW KNEE (KEMBLO, PELITE,	NO		NO			\$214.98		
L5655	ALIPLAST, PLASTAZOTE OR EQUAL) ADDITION TO LOWER EXTREMITY, SOCKET	INU		INU			Φ∠14.90		
	INSERT, KNEE DISARTICULATION (KEMBLO,								
L5656	PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$288.41		
2000	ADDITION TO LOWER EXTREMITY, SOCKET	0					<b>\$255.11</b>		
	INSERT, ABOVE KNEE (KEMBLO, PELITE,								
L5658	ALIPLAST, PLASTAZOTE OR EQUAL)	NO		NO			\$278.13		
	ADDITION TO LOWER EXTREMITY, SOCKET								
L5661	INSERT, MULTI-DUROMETER SYMES	NO		NO			\$465.50		
	ADDITION TO LOWER EXTREMITY, SOCKET								
L5665	INSERT, MULTI-DUROMETER, BELOW KNEE	NO		NO			\$391.67		
	ADDITION TO LOWER EXTREMITY, BELOW								
L5666	KNEE, CUFF SUSPENSION	NO		NO			\$53.55		
	ADDITION TO LOWER EXTREMITY, BELOW						000		
L5668	KNEE, MOLDED DISTAL CUSHION	NO		NO			\$86.37		
	ADDITION TO LOWER EXTREMITY, BELOW								
1.5670	KNEE, MOLDED SUPRACONDYLAR	VEC		NO			¢207.57		
L5670	SUSPENSION ('PTS' OR SIMILAR)	YES		NO			\$207.57		

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		Purchase			Rental	Daniel	D		Medicare
HODOO	Describetion	PA	1.1	Bentel	PA	Rental	Purchase	Marian	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE / ABOVE KNEE SUSPENSION LOCKING								
	MECHANISM (SHUTTLE, LANYARD OR EQUAL),								
L5671	EXCLUDES SOCKET INSERT	NO		NO			\$432.87		
	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE, REMOVABLE MEDIAL BRIM								
L5672	SUSPENSION	NO		NO			\$228.10		
	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								
L5673	LOCKING MECHANISM	YES		NO			\$456.19		
	ADDITIONS TO LOWER EXTREMITY, BELOW								
L5676	KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	NO		NO			\$277.19		
	ADDITIONS TO LOWER EXTREMITY, BELOW								
L5677	KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	NO		NO			\$377.16		
	ADDITIONS TO LOWER EXTREMITY, BELOW								
L5678	KNEE, JOINT COVERS, PAIR	NO		NO			\$30.37		
	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								
L5679	LOCKING MECHANISM	YES		NO			\$380.15		
	ADDITION TO LOWER EXTREMITY, BELOW								
L5680	KNEE, THIGH LACER, NONMOLDED	NO		NO			\$253.53		
	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								
L5681	CODE L5673 OR L5679)	YES		NO			\$853.43		
	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE, THIGH LACER, GLUTEAL/ISCHIAL,								
L5682	MOLDED	YES		NO			\$478.39		
1									
1	ADDITION TO LOWER EXTREMITY, BELOW								
	KNEE/ABOVE KNEE, CUSTOM FABRICATED								
1	SOCKET INSERT FOR OTHER THAN								
	CONGENITAL OR ATYPICAL TRAUMATIC								
1	AMPUTEE, SILICONE GEL, ELASTOMERIC OR								
	EQUAL, FOR USE WITH OR WITHOUT LOCKING								
	MECHANISM, INITIAL ONLY (FOR OTHER THAN								
L5683	INITIAL, USE CODE L5673 OR L5679)	YES		NO			\$853.43		
	ADDITION TO LOWER EXTREMITY, BELOW						000.5		
L5684	KNEE, FORK STRAP	NO		NO			\$36.81		

ADDITION TO LOWER EXTREMITY   ABOVE   NO   NO   S10.541			Purchase	KT Wicalcale		Rental				Medicare
ADDITION TO LOWER EXTERNITY   SECRET   NO	HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
PROSTHESIS, BELOW KNEE,   SS. SHEDON KNEE,   SS. SHEDNISONSCRIBED, SELEY, WITH OR   NO   NO   \$43.48		ADDITION TO LOWER EXTREMITY	•			•				
SUSPENSIONS-EALING SLEEVE, WITH OR NO NO \$93.48										
L5885   WITHOUT VALVE, ANY MATERIAL EACH   NO										
ADDITION TO LOWER EXTREMITY, BELOW   NO   NO   S39.08	L5685	· ·	NO		NO			\$93.48		
ADDITION TO LOWER EXTREMITY, BELOW   NO								·		
LS888   KNEE, WAIST BELT, WEBBING	L5686	KNEE, BACK CHECK (EXTENSION CONTROL)	NO		NO			\$39.08		
ADDITION TO LOWER EXTREMITY, BELOW   NO   NO   \$74.85										
L6890   KNEE, WAIST BELT, PADDED AND LINED   NO	L5688		NO		NO			\$46.72		
ADDITION TO LOWER EXTREMITY, ABOVE   NO   NO   \$101.64		•						<b>.</b>		
L5692   KNEE, PELVIC CONTROL BELT, LIGHT	L5690		NO		NO			\$74.85		
ADDITION TO LOWER EXTREMITY, ABOVE KREE, PELVIC CONTROL BELT, PADDED AND NO NO \$138.77  ADDITION TO LOWER EXTREMITY, ABOVE KREE, PELVIC CONTROL SLEEVE SUSPENSION, NEORPENE OR BOUGL, EACH NO NO \$128.11  SUSPENSION, NEORPENE OR BOUGL, EACH NO NO S128.11  ADDITION TO LOWER EXTREMITY, ABOVE KREE OR KREE DISARTICULATION, PELVIC JOINT NO WEELD STATE OR STATE	1.5000		NO		NO			<b>#</b> 404.04		
KNEE, PELVIC CONTROL BELT, PADDED AND	L5692		NO		NO			\$101.64		
L6869   LINED										
ADDITION TO LOWER EXTREMITY, ABOVE	1.5694		NO		NO			\$138.77		
KNEE, PELVIC CONTROL, SLEEVE   SUSPENSION, NEOPERNE OR GUIAL, EACH   NO	L3094		NO		NO			ψ130.77		
L6969   SUSPENSION, NEOPRENE OR EQUAL, EACH   NO										
ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC NO NO \$141.54  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC NO NO \$61.41  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC NO NO \$61.41  ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIAN BANDAGE NO NO NO \$100.41  L5698 BANDAGE NO NO NO \$100.41  ALL LOWER EXTREMITY PROSTHESES. NO NO NO \$180.99  REPLACEMENT, SOCKET, BELOW KNEE, YES NO \$2,191.70  REPLACEMENT, SOCKET, BELOW KNEE, YES NO \$2,191.70  REPLACEMENT, SOCKET, ABOVE KNEEKNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL YES NO \$2,632.07  PLATE, MOLDED TO PATIENT MODEL YES NO \$3,329.96  CUSTOM SHAPED PROTECTIVE COVER, SELOW KNEE YES NO \$3,329.96  CUSTOM SHAPED PROTECTIVE COVER, SELOW KNEE YES NO \$728.61  CUSTOM SHAPED PROTECTIVE COVER, SELOW KNEE YES NO \$732.61  CUSTOM SHAPED PROTECTIVE COVER, SELOW KNEE YES NO \$732.61  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION COVER, KNEE DISARTICULATION COVER, SHAPED PROTECTIVE COVER, SELOW KNEE YES NO \$732.61  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION COVER, KNEE DISARTICULATION COVER, KNEE YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION NEAD SHAPED PROTECTIVE COVER, KNEE YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION NEXT SHAPED PROTECTIVE COVER, KNEE YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, KNEE YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, KNEE YES NO \$946.80  ADDITION EXOSKELETAL KNEE-SHIN SYSTEM, SYSTEM, SNIGLE ANS, MANUAL LOCK, ULTRA-	L5695		NO		NO			\$128.11		
NNEE OR KNEE DISARTICULATION, PELVIC								* 1 = 3 1 1 1		
L5696   JOINT										
KNEE OR KNEE DISARTICULATION, PELVIC	L5696		NO		NO			\$141.54		
L5697   BAND		ADDITION TO LOWER EXTREMITY, ABOVE								
ADDITION TO LOWER EXTREMITY, ABOVE   KNEE OR KNEE DISARTICULATION, SILESIAN   NO NO \$100.41										
KNEE OR KNEE DISARTICULATION, SILESIAN   NO   NO   \$100.41	L5697		NO		NO			\$61.41		
L5698 BANDAGE										
ALL LOWER EXTREMITY PROSTHESES,   NO								<b>*</b> ***********************************		
L5699   SHOULDER HARNESS	L5698		NO		NO			\$100.41		
L5700   REPLACEMENT, SOCKET, BELOW KNEE,   YES	1.5600		NO		NO			\$400.00		
L5700   MOLDED TO PATIENT MODEL   YES	L3699		NO		NO			\$100.09		
REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT L5701 PLATE, MOLDED TO PATIENT MODEL  REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, L5702 MOLDED TO PATIENT MODEL  CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE  CUSTOM SHAPED PROTECTIVE COVER, L5704 BELOW KNEE  CUSTOM SHAPED PROTECTIVE COVER, L5705 ABOVE KNEE  CUSTOM SHAPED PROTECTIVE COVER, KNEE L5706 DISARTICULATION  CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, L5710 SINGLE AXIS, MANUAL LOCK  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-  REPLACEMENT, SOCKET, ABOVE KNEE  VES  NO  \$2,632.07  \$0 \$2,632.07  \$0 \$3,329.96  NO \$3,329.96  NO \$3,329.96  NO \$3,329.96  NO \$410.01  \$410.01  \$732.61  SY32.61  NO \$732.61  NO \$732.61  NO \$748.17  NO \$946.80  \$946.80	1.5700		VES		NO			\$2 191 70		
DISARTICULATION, INCLUDING ATTACHMENT   PLATE, MOLDED TO PATIENT MODEL   YES   NO   \$2,632.07	L37 00		ILO		140			ΨΣ,131.70		
L5701   PLATE, MOLDED TO PATIENT MODEL   YES										
REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, L5702 MOLDED TO PATIENT MODEL  CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE YES NO S410.01  CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE L5705 ABOVE KNEE VES NO S732.61  CUSTOM SHAPED PROTECTIVE COVER, KNEE L5706 DISARTICULATION YES NO S718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION YES NO S718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, L5710 SINGLE AXIS, MANUAL LOCK NO NO S286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L5701		YES		NO			\$2.632.07		
L5702   MOLDED TO PATIENT MODEL   YES										
CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE YES NO Stational Shaped Protective Cover, L5705 ABOVE KNEE CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE YES NO ST32.61 CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION YES NO ST18.17 CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION YES NO ST18.17 CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK NO NO S286.07 ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-		DISARTICULATION, INCLUDING HIP JOINT,								
L5704   BELOW KNEE	L5702	MOLDED TO PATIENT MODEL	YES		NO			\$3,329.96		
CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE  L5706 DISARTICULATION  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION  CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  YES  NO  \$718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-  SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-										
L5705 ABOVE KNEE YES NO \$732.61  CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION YES NO \$946.80  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SYSTEM, SYSTEM, SINGLE AXIS, MANUAL LOCK NO SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L5704		YES		NO			\$410.01		
CUSTOM SHAPED PROTECTIVE COVER, KNEE L5706 DISARTICULATION YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION YES NO \$946.80  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA- SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-			\/m=					<b>A-</b>		
L5706 DISARTICULATION YES NO \$718.17  CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION YES NO \$946.80  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, L5710 SINGLE AXIS, MANUAL LOCK NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L5705		YES		NO			\$732.61		
CUSTOM SHAPED PROTECTIVE COVER, HIP L5707 DISARTICULATION YES NO \$946.80  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, L5710 SINGLE AXIS, MANUAL LOCK NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	1.5700		VEC		NO			Ф <b>7</b> 40.47		
L5707 DISARTICULATION YES NO \$946.80  ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L5/06		YES		NO			\$/18.17		
ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, L5710 SINGLE AXIS, MANUAL LOCK NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	1.5707	·	VES		NO			\$046.80		
L5710 SINGLE AXIS, MANUAL LOCK NO NO \$286.07  ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L3/0/		123		INU			φσ40.00		
ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	L 5710		NO		NO			\$286.07		
SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-	20710		110		140			Ψ200.01		
	L5711	LIGHT MATERIAL	NO		NO			\$399.82		

		Purchase		I WISEAT CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
1101 00	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	required	Lillito	Roman	required	11100	11100	110103	list
	SINGLE AXIS, FRICTION SWING AND STANCE								
L5712	PHASE CONTROL (SAFETY KNEE)	NO		NO			\$335.03		
	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,								
1.574.4	SINGLE AXIS, VARIABLE FRICTION SWING	NO		NO			CO4440		
L5714	PHASE CONTROL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	NO		NO			\$344.12		
	POLYCENTRIC, MECHANICAL STANCE PHASE								
L5716	LOCK	YES		NO			\$557.52		
	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,								
1.5710	POLYCENTRIC, FRICTION SWING AND STANCE	VEC		NO			<b>CCOC 0.4</b>		
L5718	PHASE CONTROL ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	YES		NO			\$696.84		
	SINGLE AXIS, PNEUMATIC SWING, FRICTION								
L5722	STANCE PHASE CONTROL	YES		NO			\$736.18		
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	YES		NO			\$1,154.61		
L3724	ADDITION. EXOSKELETAL KNEE-SHIN SYSTEM.	TES		NO			\$1,154.61		
	SINGLE AXIS, EXTERNAL JOINTS FLUID SWING								
L5726	PHASE CONTROL	YES		NO			\$1,330.67		
	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,								
L5728	SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	YES		NO			\$1,820.17		
L3726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM,	TES		NO			\$1,020.17		
	SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC								
L5780	SWING PHASE CONTROL	YES		NO			\$875.78		
	ADDITION TO LOWER LIMB PROSTHESIS,								
	VACUUM PUMP, RESIDUAL LIMB VOLUME								
L5781	MANAGEMENT AND MOISTURE EVACUATION SYSTEM	YES		NO			\$4,252.48		
20/01	ADDITION TO LOWER LIMB PROSTHESIS,	. 20		110			ψ1,202.40		
	VACUUM PUMP, RESIDUAL LIMB VOLUME								
	MANAGEMENT AND MOISTURE EVACUATION								
L5782	SYSTEM, HEAVY DUTY ADDITION, EXOSKELETAL SYSTEM, BELOW	YES		NO			\$3,211.21		
	KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,								
L5785	CARBON FIBER OR EQUAL)	NO		NO			\$492.30		
	ADDITION, EXOSKELETAL SYSTEM, ABOVE								
	KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,								
L5790	CARBON FIBER OR EQUAL)	YES		NO			\$550.01		
	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION. ULTRA-LIGHT MATERIAL								
L5795	(TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$1,095.08		
	ADDITION, ENDOSKELETAL KNEE-SHIN	. 20					<b>\$</b> .,000.00		
L5810	SYSTEM, SINGLE AXIS, MANUAL LOCK	NO		NO			\$372.42		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
L5811	SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA- LIGHT MATERIAL	YES		NO			\$557.88		
LOGII	LIGITI WATERIAL	150		NU			φυυ/.δδ		

		Purchase		I WISLA FEE SC	Rental			Medicare	
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, SINGLE AXIS, FRICTION SWING AND								
L5812	STANCE PHASE CONTROL (SAFETY KNEE)	NO		NO			\$432.41		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, POLYCENTRIC, HYDRAULIC SWING								
	PHASE CONTROL, MECHANICAL STANCE								
L5814	PHASE LOCK	YES		NO			\$2,872.88		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, POLYCENTRIC, MECHANICAL								
L5816	STANCE PHASE LOCK	YES		NO			\$654.45		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, POLYCENTRIC, FRICTION SWING,								
L5818	AND STANCE PHASE CONTROL	YES		NO			\$734.59		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, SINGLE AXIS, PNEUMATIC SWING,								
L5822	FRICTION STANCE PHASE CONTROL	YES		NO			\$1,302.61		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
1.5004	SYSTEM, SINGLE AXIS, FLUID SWING PHASE	\/E0		NO			04.470.00		
L5824	CONTROL	YES		NO			\$1,173.08		
	ADDITION, ENDOSKELETAL KNEE-SHIN								
	SYSTEM, SINGLE AXIS, HYDRAULIC SWING								
1.5000	PHASE CONTROL, WITH MINIATURE HIGH	VEC		NO			ФО 44 F 70		
L5826	ACTIVITY FRAME ADDITION, ENDOSKELETAL KNEE-SHIN	YES		NO			\$2,415.72		
	SYSTEM, SINGLE AXIS, FLUID SWING AND								
L5828	STANCE PHASE CONTROL	YES		NO			\$2,160.14		
L3020	ADDITION, ENDOSKELETAL KNEE-SHIN	ILO		INO			Ψ2,100.14		
	SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING								
L5830	PHASE CONTROL	YES		NO			\$1,451.50		
2000	ADDITION, ENDOSKELETAL KNEE/SHIN						ψ1,101100		
	SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL,								
L5840	PNEUMATIC SWING PHASE CONTROL	YES		NO			\$2,683.82		
	ADDITION, ENDOSKELETAL, KNEE-SHIN						. ,		
	SYSTEM, STANCE FLEXION FEATURE,								
L5845	ADJUSTABLE	YES		NO			\$1,386.49		
	ADDITION TO ENDOSKELETAL KNEE-SHIN								
	SYSTEM, FLUID STANCE EXTENSION,								
	DAMPENING FEATURE, WITH OR WITHOUT								
L5848	ADJUSTABILITY	YES		NO			\$818.60		
	ADDITION, ENDOSKELETAL SYSTEM, ABOVE								
	KNEE OR HIP DISARTICULATION, KNEE								
L5850	EXTENSION ASSIST	NO		NO			\$97.86		
	ADDITION, ENDOSKELETAL SYSTEM, HIP								
	DISARTICULATION, MECHANICAL HIP								
L5855	EXTENSION ASSIST	NO		NO			\$262.95		

		Purchase		I WISEA I CC SC	Rental				Medicare
		PA · ·			PA .	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADDITION TO LOWER EXTREMITY								
	PROSTHESIS, ENDOSKELETAL KNEE-SHIN	D4.1/50							
	SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE.	PA YES Requires							
	INCLUDES ELECTRONIC SENSOR(S), ANY	Department							
L5856	TYPE	Review		NO			\$17,521.83		
20000	ADDITION TO LOWER EXTREMITY	T CO TO W		110			ψ17,021.00		
	PROSTHESIS, ENDOSKELETAL KNEE-SHIN	PA YES							
	SYSTEM, MICROPROCESSOR CONTROL	Requires							
	FEATURE, SWING PHASE ONLY, INCLUDES	Department							
L5857	ELECTRONIC SENSOR(S), ANY TYPE	Review		NO			\$6,217.38		
1	ADDITION TO LOWER EXTREMITY								
	PROSTHESIS, ENDOSKELETAL KNEE SHIN	PA YES							
	SYSTEM, MICROPROCESSOR CONTROL	Requires							
L5858	FEATURE, STANCE PHASE ONLY, INCLUDES	Department Review		NO			\$13,565.30		
L3030	ELECTRONIC SENSOR(S), ANY TYPE ADDITION TO LOWER EXTREMITY	Keview		INU			φ13,000.3U		
	PROSTHESIS. ENDOSKELETAL KNEE-SHIN								
	SYSTEM. POWERED AND PROGRAMMABLE								
	FLEXION/EXTENSION ASSIST CONTROL,								
L5859	INCLUDES ANY TYPE MOTOR(S)	YES		NO			\$15,420.61		
	ADDITION, ENDOSKELETAL SYSTEM, BELOW								
L5910	KNEE, ALIGNABLE SYSTEM	NO		NO			\$277.04		
	ADDITION, ENDOSKELETAL SYSTEM, ABOVE								
1.5000	KNEE OR HIP DISARTICULATION, ALIGNABLE	NO		NO			<b>#</b> 405.07		
L5920	SYSTEM ADDITION, ENDOSKELETAL SYSTEM, ABOVE	NO		NO			\$405.87		
	KNEE, KNEE DISARTICULATION OR HIP								
L5925	DISARTICULATION, MANUAL LOCK	NO		NO			\$342.70		
	ADDITION, ENDOSKELETAL SYSTEM, HIGH						ψο .Ξ σ		
L5930	ACTIVITY KNEE CONTROL FRAME	YES		NO			\$2,603.69		
	ADDITION, ENDOSKELETAL SYSTEM, BELOW								
1	KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,								
L5940	CARBON FIBER OR EQUAL)	NO		NO			\$383.70		
	ADDITION, ENDOSKELETAL SYSTEM, ABOVE								
1.5050	KNEE, ULTRA-LIGHT MATERIAL (TITANIUM,	VEC		NO			¢500.05		
L5950	CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, HIP	YES		NO			\$599.95		
1	DISARTICULATION, ULTRA-LIGHT MATERIAL								
L5960	(TITANIUM, CARBON FIBER OR EQUAL)	YES		NO			\$737.43		
20000	ADDITION, ENDOSKELETAL SYSTEM, BELOW	. 20		1,0			ψ. σ <del>-</del> σ		
	KNEE, FLEXIBLE PROTECTIVE OUTER								
L5962	SURFACE COVERING SYSTEM	NO		NO			\$485.31		
	ADDITION, ENDOSKELETAL SYSTEM, ABOVE								
	KNEE, FLEXIBLE PROTECTIVE OUTER								
L5964	SURFACE COVERING SYSTEM	YES		NO			\$643.61		
	ADDITION, ENDOSKELETAL SYSTEM, HIP								
1.5000	DISARTICULATION, FLEXIBLE PROTECTIVE	VEC		NO			¢040.05		
L5966	OUTER SURFACE COVERING SYSTEM	YES		NO			\$912.85		

		Purchase	Tri Wiedicale	I WISEA Fee SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	·	roquirou	2	Homai	roquirou	11100	1 1100	110100	1100
	ADDITION TO LOWER LIMB PROSTHESIS,								
	MULTIAXIAL ANKLE WITH SWING PHASE	\/=0					******		
L5968	ACTIVE DORSIFLEXION FEATURE	YES		NO			\$2,811.03		
	ALL LOWER EXTREMITY PROSTHESES, FOOT,								
L5970	EXTERNAL KEEL, SACH FOOT	NO		NO			\$155.35		
	ALL LOWER EXTREMITY PROSTHESIS, SOLID								
1.5074	ANKLE CUSHION HEEL (SACH) FOOT,	NO		NO			<b>#</b> 400.40		
L5971	REPLACEMENT ONLY	NO		NO			\$183.19		
1.5070	ALL LOWER EXTREMITY PROSTHESES, FOOT,	NO		NO			<b>#</b> 000 40		
L5972	FLEXIBLE KEEL	NO		NO			\$290.18		
	ENDOSKELETAL ANKLE FOOT SYSTEM,								
	MICROPROCESSOR CONTROLLED FEATURE,								
1.50-0	DORSIFLEXION AND/OR PLANTAR FLEXION	\/F0		N/O			<b>#</b> 40.00= 00		
L5973	CONTROL, INCLUDES POWER SOURCE	YES		NO			\$18,285.26		
1.555	ALL LOWER EXTREMITY PROSTHESES, FOOT,	NO		N/O			0.470.07		
L5974	SINGLE AXIS ANKLE/FOOT	NO		NO			\$178.25		
	ALL LOWER EXTREMITY PROSTHESIS,								
	COMBINATION SINGLE AXIS ANKLE AND								
L5975	FLEXIBLE KEEL FOOT	NO		NO			\$358.62		
	ALL LOWER EXTREMITY PROSTHESES,								
	ENERGY STORING FOOT (SEATTLE CARBON								
L5976	COPY II OR EQUAL)	NO		NO			\$428.39		
	ALL LOWER EXTREMITY PROSTHESES, FOOT,								
L5978	MULTIAXIAL ANKLE/FOOT	NO		NO			\$223.23		
	ALL LOWER EXTREMITY PROSTHESIS, MULTI-								
	AXIAL ANKLE, DYNAMIC RESPONSE FOOT,	\/=0							
L5979	ONE PIECE SYSTEM	YES		NO			\$1,745.41		
	ALL LOWER EXTREMITY PROSTHESES, FLEX								
L5980	FOOT SYSTEM	YES		NO			\$2,836.17		
	ALL LOWER EXTREMITY PROSTHESES, FLEX-	\/=0							
L5981	WALK SYSTEM OR EQUAL	YES		NO			\$2,291.24		
	ALL EXOSKELETAL LOWER EXTREMITY								
L5982	PROSTHESES, AXIAL ROTATION UNIT	NO		NO			\$442.22		
	ALL ENDOSKELETAL LOWER EXTREMITY								
1.500.4	PROSTHESIS, AXIAL ROTATION UNIT, WITH OR	NO		NO			¢405.77		
L5984	WITHOUT ADJUSTABILITY	NO		NO			\$435.77		
1.5005	ALL ENDOSKELETAL LOWER EXTREMITY	NO		NO			<b>CO40.40</b>		
L5985	PROSTHESES, DYNAMIC PROSTHETIC PYLON	NO		NO			\$218.43		
	ALL LOWER EYTREMITY PROSTUREES, MULTI								
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI- AXIAL ROTATION UNIT ('MCP' OR EQUAL)	NO		NO			¢404.70		
L3900		NO		INU			\$484.73		
	ALL LOWER EXTREMITY PROSTHESIS, SHANK								
1 5007	FOOT SYSTEM WITH VERTICAL LOADING	VEC		NO			¢5 564 74		
L5987	PYLON	YES		NO			\$5,564.74		
	ADDITION TO LOWED LIMB PROCEEDING								
L5988	ADDITION TO LOWER LIMB PROSTHESIS,	YES		NO			¢1 545 24		
Logos	VERTICAL SHOCK REDUCING PYLON FEATURE	150		INU			\$1,545.31		
	ADDITION TO LOWER EXTREMITY								
1.5000	PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	VEC		NO			¢1 201 12		
L5990	HEIGHT	YES	<u> </u>	INU			\$1,381.13		ļ

		Purchase	Ki Wedicale	I MSEA FEE SO	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	LOWER EXTREMITY PROSTHESIS, NOT							MSRP-18% or Invoice + 20%	
L5999	OTHERWISE SPECIFIED	YES		NO			M	based on documentation	✓
L6000	PARTIAL HAND, THUMB REMAINING	YES		NO			\$1,016.37		
	PARTIAL HAND, LITTLE AND/OR RING FINGER								
L6010	REMAINING	YES		NO			\$1,131.05		
L6020	PARTIAL HAND, NO FINGER REMAINING	YES		NO			\$1,054.53		
	TRANSCARPAL/METACARPAL OR PARTIAL								
	HAND DISARTICULATION PROSTHESIS,								
	EXTERNAL POWER, SELF-SUSPENDED, INNER								
	SOCKET WITH REMOVABLE FOREARM								
	SECTION, ELECTRODES AND CABLES, TWO								
	BATTERIES, CHARGER, MYOELECTRIC								
1,6006	CONTROL OF TERMINAL DEVICE, EXCLUDES	VEC		NO			¢4.766.44		
L6026	TERMINAL DEVICE(S) WRIST DISARTICULATION, MOLDED SOCKET,	YES		NO			\$4,766.41		
L6050	FLEXIBLE ELBOW HINGES, TRICEPS PAD	YES		NO			\$1,453.10		
L0030	WRIST DISARTICULATION, MOLDED SOCKET	ILO		NO			\$1,455.10		
	WITH EXPANDABLE INTERFACE, FLEXIBLE								
L6055	ELBOW HINGES, TRICEPS PAD	YES		NO			\$2,025.24		
20000	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE	120		110			ΨΣ,020.21		
L6100	ELBOW HINGE, TRICEPS PAD	YES		NO			\$1,472.21		
	BELOW ELBOW, MOLDED SOCKET,			_			, ,		
	(MUENSTER OR NORTHWESTERN								
L6110	SUSPENSION TYPES)	YES		NO			\$1,561.53		
	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT								
L6120	SOCKET, STEP-UP HINGES, HALF CUFF	YES		NO			\$1,819.73		
	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT								
	SOCKET, STUMP ACTIVATED LOCKING HINGE,								
L6130	HALF CUFF	YES		NO			\$1,980.21		
1.0000	ELBOW DISARTICULATION, MOLDED SOCKET,	VEC		NO			<b>#0.000.00</b>		
L6200	OUTSIDE LOCKING HINGE, FOREARM	YES		NO			\$2,086.82		
	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE								
L6205	LOCKING HINGES, FOREARM	YES		NO			\$2,785.58		
L0203	ABOVE ELBOW, MOLDED DOUBLE WALL	120		NO			ψ2,700.00		
	SOCKET, INTERNAL LOCKING ELBOW,								
L6250	FOREARM	YES		NO			\$2,186.51		
	SHOULDER DISARTICULATION, MOLDED						<del>+-</del> ,		
	SOCKET, SHOULDER BULKHEAD, HUMERAL								
	SECTION, INTERNAL LOCKING ELBOW,								
L6300	FOREARM	YES		NO			\$2,849.88		
	SHOULDER DISARTICULATION, PASSIVE								
L6310	RESTORATION (COMPLETE PROSTHESIS)	YES		NO			\$2,460.73		
	SHOULDER DISARTICULATION, PASSIVE								
L6320	RESTORATION (SHOULDER CAP ONLY)	YES		NO			\$1,344.26		
	INTERSCAPULAR THORACIC, MOLDED								
	SOCKET, SHOULDER BULKHEAD, HUMERAL								
1,6250	SECTION, INTERNAL LOCKING ELBOW,	VEC		NO			¢2.000.04		
L6350	FOREARM	YES	ļ	NO		ļ	\$2,996.21		

		Purchase	I I I I I I I I I I I I I I I I I I I	I WISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	·				104			110100	
L6360	INTERSCAPULAR THORACIC, PASSIVE	YES		NO			¢2 604 62		
L0300	RESTORATION (COMPLETE PROSTHESIS) INTERSCAPULAR THORACIC, PASSIVE	TES		INO			\$2,694.62		
L6370	RESTORATION (SHOULDER CAP ONLY)	YES		NO			\$1,612.38		
L0370	IMMEDIATE POST SURGICAL OR EARLY	ILO		NO			\$1,012.30		
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING, INCLUDING FITTING ALIGNMENT								
	AND SUSPENSION OF COMPONENTS, AND								
	ONE CAST CHANGE, WRIST DISARTICULATION								
L6380	OR BELOW ELBOW	YES		NO			\$934.33		
	IMMEDIATE POST SURGICAL OR EARLY								
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING INCLUDING FITTING ALIGNMENT								
	AND SUSPENSION OF COMPONENTS, AND								
	ONE CAST CHANGE, ELBOW								
L6382	DISARTICULATION OR ABOVE ELBOW	YES		NO			\$1,405.68		
	IMMEDIATE POST SURGICAL OR EARLY								
	FITTING, APPLICATION OF INITIAL RIGID								
	DRESSING INCLUDING FITTING ALIGNMENT								
	AND SUSPENSION OF COMPONENTS, AND								
	ONE CAST CHANGE, SHOULDER								
1.0004	DISARTICULATION OR INTERSCAPULAR	VEC		NO			C4 044 50		
L6384	THORACIC	YES		NO			\$1,944.59		
	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE								
L6386	AND REALIGNMENT	NO		NO			\$307.19		
20000	IMMEDIATE POST SURGICAL OR EARLY	110		140			ψ307.13		
	FITTING, APPLICATION OF RIGID DRESSING								
L6388	ONLY	NO		NO			\$336.28		
	BELOW ELBOW, MOLDED SOCKET,						¥2000.III		
	ENDOSKELETAL SYSTEM, INCLUDING SOFT								
L6400	PROSTHETIC TISSUE SHAPING	YES		NO			\$1,774.96		
	ELBOW DISARTICULATION, MOLDED SOCKET,								
	ENDOSKELETAL SYSTEM, INCLUDING SOFT								
L6450	PROSTHETIC TISSUE SHAPING	YES		NO			\$2,371.31		
	ABOVE ELBOW, MOLDED SOCKET,								
	ENDOSKELETAL SYSTEM, INCLUDING SOFT	\/=0					<b>A.</b> 100 0-		
L6500	PROSTHETIC TISSUE SHAPING	YES		NO			\$2,480.88		
	SHOULDER DISARTICULATION, MOLDED								
	SOCKET, ENDOSKELETAL SYSTEM,								
LGEEC	INCLUDING SOFT PROSTHETIC TISSUE	VEC		NO			\$2,092,06		
L6550	SHAPING INTERSCAPULAR THORACIC, MOLDED	YES		NO			\$2,982.06		
	SOCKET, ENDOSKELETAL SYSTEM,								
	INCLUDING SOFT PROSTHETIC TISSUE								
L6570	SHAPING	YES		NO			\$3,348.04		
L0070	51 # # # <b>1</b> 0	120	l	110	I	<u> </u>	ψυ,υπυ.υπ	L	<u> </u>

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	PREPARATORY, WRIST DISARTICULATION OR	roquirou	Ziiiiito	Homai	roquirou	1 1100	7 1100	110100	ot
	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								
L6580	TO PATIENT MODEL	YES		NO			\$1,278.22		
	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								
L6582	PYLON, NO COVER, DIRECT FORMED	YES		NO			\$1,157.71		
	PREPARATORY, ELBOW DISARTICULATION OR								
	ABOVE ELBOW, SINGLE WALL PLASTIC								
	SOCKET, FRICTION WRIST, LOCKING ELBOW,								
	FIGURE OF EIGHT HARNESS, FAIR LEAD								
1.0504	CABLE CONTROL, USMC OR EQUAL PYLON,	VEO		NO			<b>#4.045.00</b>		
L6584	NO COVER, MOLDED TO PATIENT MODEL	YES		NO			\$1,815.60		
	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								
L6586	COVER, DIRECT FORMED	YES		NO			\$1,699.10		
	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								
L6588	MODEL	YES		NO			\$2,232.58		
	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,								
L6590	NO COVER, DIRECT FORMED	YES		NO			\$2,120.63		
	UPPER EXTREMITY ADDITIONS, POLYCENTRIC								
L6600	HINGE, PAIR	NO		NO			\$143.48		
1,0005	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT	NO		NO			C4.44.07		
L6605	HINGE, PAIR UPPER EXTREMITY ADDITIONS, FLEXIBLE	NO		NO			\$141.67		
L6610	METAL HINGE, PAIR	NO		NO			\$136.06		
25010	ADDITION TO UPPER EXTREMITY			1,0			ψ.00.00		
	PROSTHESIS, EXTERNAL POWERED,								
L6611	ADDITIONAL SWITCH, ANY TYPE	NO		NO			\$286.13		
	UPPER EXTREMITY ADDITION, DISCONNECT								
L6615	LOCKING WRIST UNIT	NO		NO			\$146.60		

		Purchase		I WISEAT CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	UPPER EXTREMITY ADDITION, ADDITIONAL			11011101	104400		7 1100		
	DISCONNECT INSERT FOR LOCKING WRIST								
L6616	UNIT, EACH	NO		NO			\$54.32		
	UPPER EXTREMITY ADDITION,								
	FLEXION/EXTENSION WRIST UNIT, WITH OR								
L6620	WITHOUT FRICTION	NO		NO			\$234.55		
	UPPER EXTREMITY PROSTHESIS ADDITION,								
	FLEXION/EXTENSION WRIST WITH OR								
L6621	WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	YES		YES			\$2,236.32		
L0021	UPPER EXTREMITY ADDITION, SPRING	TES		TES			\$2,230.32		
	ASSISTED ROTATIONAL WRIST UNIT WITH								
L6623	LATCH RELEASE	YES		NO			\$654.24		
	UPPER EXTREMITY ADDITION,	-					*		
	FLEXION/EXTENSION AND ROTATION WRIST								
L6624	UNIT	YES		NO			\$2,867.06		
	UPPER EXTREMITY ADDITION, ROTATION								
L6625	WRIST UNIT WITH CABLE LOCK	NO		NO			\$464.86		
	UPPER EXTREMITY ADDITION, QUICK								
L6628	DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	NO		NO			\$366.44		
L0020	UPPER EXTREMITY ADDITION, QUICK	NO		INO			φ300.44		
	DISCONNECT LAMINATION COLLAR WITH								
L6629	COUPLING PIECE, OTTO BOCK OR EQUAL	NO		NO			\$111.91		
	UPPER EXTREMITY ADDITION, STAINLESS						·		
L6630	STEEL, ANY WRIST	NO		NO			\$164.86		
	UPPER EXTREMITY ADDITION, LATEX								
L6632	SUSPENSION SLEEVE, EACH	NO		NO			\$57.26		
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	NO		NO			¢424.72		
L0033	UPPER EXTREMITY ADDITION, NUDGE	NO		NO			\$134.73		
L6637	CONTROL ELBOW LOCK	NO		NO			\$287.38		
20007	UPPER EXTREMITY ADDITION TO	110		110			Ψ207.00		
	PROSTHESIS, ELECTRIC LOCKING FEATURE,								
	ONLY FOR USE WITH MANUALLY POWERED								
L6638	ELBOW	YES		NO			\$1,903.77		
	UPPER EXTREMITY ADDITIONS, SHOULDER								
L6640	ABDUCTION JOINT, PAIR	NO		NO			\$255.30		
1.6044	UPPER EXTREMITY ADDITION, EXCURSION	NO		NO			¢4.00.74		
L6641	AMPLIFIER, PULLEY TYPE UPPER EXTREMITY ADDITION, EXCURSION	NO		NO			\$122.71		
L6642	AMPLIFIER, LEVER TYPE	NO		NO			\$166.33		
L0072	UPPER EXTREMITY ADDITION, SHOULDER	110		140			ψ100.00		
L6645	FLEXION-ABDUCTION JOINT, EACH	NO		NO			\$307.03		
	UPPER EXTREMITY ADDITION, SHOULDER								
	JOINT, MULTIPOSITIONAL LOCKING, FLEXION,								
	ADJUSTABLE ABDUCTION FRICTION								
	CONTROL, FOR USE WITH BODY POWERED	\/=o							
L6646	OR EXTERNAL POWERED SYSTEM	YES		NO			\$3,352.09		

		Durchasa	Tri Wicarcan	I WISLA FEE SC					Medicare
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Bypass list
	UPPER EXTREMITY ADDITION, SHOULDER								
	LOCK MECHANISM, BODY POWERED								
L6647	ACTUATOR	YES		NO			\$551.85		
	UPPER EXTREMITY ADDITION, SHOULDER								
	LOCK MECHANISM, EXTERNAL POWERED								
L6648	ACTUATOR	YES		NO			\$3,457.18		
	UPPER EXTREMITY ADDITION, SHOULDER								
L6650	UNIVERSAL JOINT, EACH	NO		NO			\$318.77		
	UPPER EXTREMITY ADDITION, STANDARD								
L6655	CONTROL CABLE, EXTRA	NO		NO			\$62.66		
	UPPER EXTREMITY ADDITION, HEAVY DUTY						<b>^-</b>		
L6660	CONTROL CABLE	NO		NO			\$70.21		
1,0005	UPPER EXTREMITY ADDITION, TEFLON, OR	NO		NO			<b>Фог оо</b>		
L6665	EQUAL, CABLE LINING	NO		NO			\$35.23		
1.0070	UPPER EXTREMITY ADDITION, HOOK TO	NO		NO			¢20.0Г		
L6670	HAND, CABLE ADAPTER UPPER EXTREMITY ADDITION, HARNESS,	NO		NO			\$38.95		
L6672	CHEST OR SHOULDER, SADDLE TYPE	NO		NO			\$154.58		
L0072	UPPER EXTREMITY ADDITION, HARNESS,	INO		INO			\$104.00		
	(E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE								
L6675	DESIGN	NO		NO			\$91.86		
L0073	UPPER EXTREMITY ADDITION, HARNESS,	INO		INO			φ91.00		
	(E.G., FIGURE OF EIGHT TYPE), DUAL CABLE								
L6676	DESIGN	NO		NO			\$106.19		
20070	UPPER EXTREMITY ADDITION, TEST SOCKET,	140		140			ψ100.15		
L6680	WRIST DISARTICULATION OR BELOW ELBOW	NO		NO			\$177.47		
20000	William Block thought of Below Elbon	1,10		110			Ψ177111		
	UPPER EXTREMITY ADDITION, TEST SOCKET,								
L6682	ELBOW DISARTICULATION OR ABOVE ELBOW	NO		NO			\$196.22		
	UPPER EXTREMITY ADDITION, TEST SOCKET,						¥100		
	SHOULDER DISARTICULATION OR								
L6684	INTERSCAPULAR THORACIC	NO		NO			\$266.63		
	UPPER EXTREMITY ADDITION, SUCTION						·		
L6686	SOCKET	YES		NO			\$602.12		
	UPPER EXTREMITY ADDITION, FRAME TYPE								
	SOCKET, BELOW ELBOW OR WRIST								
L6687	DISARTICULATION	NO		NO			\$441.23		<u> </u>
	UPPER EXTREMITY ADDITION, FRAME TYPE								
	SOCKET, ABOVE ELBOW OR ELBOW								
L6688	DISARTICULATION	NO		NO			\$438.57		
	UPPER EXSOCKET, SHOULDER								
	DISARTICULATIONTREMITY ADDITION, FRAME								
L6689	TYPE SOCKET, SHOULDER DISARTICULATION	YES		NO			\$525.45		1
	UPPER EXTREMITY ADDITION, FRAME TYPE								
L6690	SOCKET, INTERSCAPULAR-THORACIC	YES		NO			\$572.59		
	UPPER EXTREMITY ADDITION, REMOVABLE								
L6691	INSERT, EACH	NO		NO	]		\$265.03		

		Purchase		I WISEA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	UPPER EXTREMITY ADDITION, SILICONE GEL								
	INSERT OR EQUAL, WITH OR WITHOUT						A		
L6692	LOCKING MECHANISM, EACH UPPER EXTREMITY ADDITION, LOCKING	NO		NO			\$427.78		
L6693	ELBOW, FOREARM COUNTERBALANCE	YES		NO			\$2,196.10		
20033	ELBOW, I OREARW COOKTERBALANCE	120		140			Ψ2,130.10		
	ADDITION TO UPPER EXTREMITY								
	PROSTHESIS, BELOW ELBOW/ABOVE ELBOW,								
	CUSTOM FABRICATED FROM EXISTING MOLD								
	OR PREFABRICATED, SOCKET INSERT,								
L6694	SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	YES		NO			\$513.22		
L0094	OSE WITH EOCKING WECHANISM	ILO		140			ψ313.22		
	ADDITION TO UPPER EXTREMITY								
	PROSTHESIS, BELOW ELBOW/ABOVE ELBOW,								
	CUSTOM FABRICATED FROM EXISTING MOLD								
	OR PREFABRICATED, SOCKET INSERT,								
L6695	SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	YES		NO			\$427.67		
20000	TORCOL WITH LOCKING MEST MINOM	120		110			Ψ+27.07		
	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								
L6696	INITIAL, USE CODE L6694 OR L6695)	YES		NO			\$960.11		
	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								
1.0007	(FOR OTHER THAN INITIAL, USE CODE L6694	VEC		NO			<b>COCO 44</b>		
L6697	OR L6695) ADDITION TO UPPER EXTREMITY	YES		NO			\$960.11		
	PROSTHESIS, LOCK MECHANISM, EXCLUDES								
L6698	SOCKET INSERT	NO		NO			\$415.03		
	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY								
L6703	MATERIAL, ANY SIZE	NO		NO			\$273.68		
	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT.								
L6704	ANY MATERIAL, ANY SIZE	NO		NO			\$448.97		
Loror	TERMINAL DEVICE, HOOK, MECHANICAL,	110		110			ψ110.07		
	VOLUNTARY OPENING, ANY MATERIAL, ANY								
L6706	SIZE, LINED OR UNLINED	NO		NO			\$262.67		

		Purchase	KT Wicalcalc		Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	TERMINAL DEVICE, HOOK, MECHANICAL,								
	VOLUNTARY CLOSING, ANY MATERIAL, ANY								
L6707	SIZE, LINED OR UNLINED	YES		NO			\$968.16		
	TERMINAL DEVICE, HAND, MECHANICAL,								
1.0700	VOLUNTARY OPENING, ANY MATERIAL, ANY	\/F0		110			<b>#</b> 000 00		
L6708	SIZE TERMINAL DEVICE, HAND, MECHANICAL,	YES		NO			\$632.92		
	VOLUNTARY CLOSING, ANY MATERIAL, ANY								
L6709	SIZE	YES		NO			\$912.05		
L0703	TERMINAL DEVICE, HOOK, MECHANICAL,	120		110			ψ312.03		
	VOLUNTARY OPENING, ANY MATERIAL, ANY								
L6711	SIZE, LINED OR UNLINED, PEDIATRIC	NO		NO			\$467.23		
	TERMINAL DEVICE, HOOK, MECHANICAL,						·		
	VOLUNTARY CLOSING, ANY MATERIAL, ANY								
L6712	SIZE, LINED OR UNLINED, PEDIATRIC	YES		NO			\$860.28		
	TERMINAL DEVICE, HAND, MECHANICAL,								
	VOLUNTARY OPENING, ANY MATERIAL, ANY								
L6713	SIZE, PEDIATRIC	YES		NO			\$1,085.74		
	TERMINAL DEVICE, HAND, MECHANICAL,								
1.074.4	VOLUNTARY CLOSING, ANY MATERIAL, ANY	VEC		NO			<b>#040.00</b>		
L6714	SIZE, PEDIATRIC TERMINAL DEVICE, MULTIPLE ARTICULATING	YES		NO			\$919.62		
	DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR								
L6715	REPLACEMENT	YES		NO			\$3,355.44		
L07 13	TERMINAL DEVICE, HOOK OR HAND, HEAVY	120		110			ψ5,555.44		
	DUTY, MECHANICAL, VOLUNTARY OPENING,								
L6721	ANY MATERIAL, ANY SIZE, LINED OR UNLINED	YES		NO			\$1,634.55		
	TERMINAL DEVICE, HOOK OR HAND, HEAVY								
	DUTY, MECHANICAL, VOLUNTARY CLOSING,								
L6722	ANY MATERIAL, ANY SIZE, LINED OR UNLINED	YES		NO			\$1,409.09		
	ADDITION TO TERMINAL DEVICE, MODIFIER								
L6805	WRIST UNIT	NO		NO			\$233.82		
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	NO		NO			\$147.53		
L0010	ELECTRIC HAND, SWITCH OR MYOELECTRIC	INO		INO			φ147.33		
	CONTROLLED. INDEPENDENTLY								
	ARTICULATING DIGITS, ANY GRASP PATTERN								
	OR COMBINATION OF GRASP PATTERNS,								
L6880	INCLUDES MOTOR(S)	YES		NO			\$25,393.14		
	AUTOMATIC GRASP FEATURE, ADDITION TO								
	UPPER LIMB ELECTRIC PROSTHETIC								
L6881	TERMINAL DEVICE	YES	ļ	NO			\$3,112.30		
	MICROPROCESSOR CONTROL FEATURE,								
1,0000	ADDITION TO UPPER LIMB PROSTHETIC	VEO		NO			<b>#0.000.04</b>		
L6882	TERMINAL DEVICE	YES		NO			\$2,360.84		
	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION. MOLDED TO								
	PATIENT MODEL, FOR USE WITH OR WITHOUT								
L6883	EXTERNAL POWER	YES		YES			\$1,534.26		
			I		1	1	ψ1,001. <u>2</u> 0		1

		Purchase		I MISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	ADDITION TO UPPER EXTREMITY								
	PROSTHESIS, GLOVE FOR TERMINAL DEVICE,								
1.0000	ANY MATERIAL, PREFABRICATED, INCLUDES	NO		NO			<b>#</b> 400.40		
L6890	FITTING AND ADJUSTMENT	NO		NO			\$130.10		
	ADDITION TO UPPER EXTREMITY								
	PROSTHESIS, GLOVE FOR TERMINAL DEVICE,								
L6895	ANY MATERIAL, CUSTOM FABRICATED	YES		NO			\$478.63		
	HAND RESTORATION (CASTS, SHADING AND								
	MEASUREMENTS INCLUDED), PARTIAL HAND,								
	WITH GLOVE, THUMB OR ONE FINGER								
L6900	REMAINING	YES		NO			\$1,365.87		
	HAND RESTORATION (CASTS, SHADING AND								
	MEASUREMENTS INCLUDED), PARTIAL HAND,								
L6905	WITH GLOVE, MULTIPLE FINGERS REMAINING	YES		NO			\$1,358.12		
	HAND RESTORATION (CASTS, SHADING AND						<del>+ 1,00011</del>		
	MEASUREMENTS INCLUDED), PARTIAL HAND,								
L6910	WITH GLOVE, NO FINGERS REMAINING	YES		NO			\$1,161.34		
	HAND RESTORATION (SHADING, AND								
1.0045	MEASUREMENTS INCLUDED), REPLACEMENT	VE0		NO			Φ <b>5</b> 05 50		
L6915	GLOVE FOR ABOVE WRIST DISARTICULATION, EXTERNAL POWER,	YES		NO			\$585.52		
	SELF-SUSPENDED INNER SOCKET,								
	REMOVABLE FOREARM SHELL, OTTO BOCK								
	OR EQUAL, SWITCH, CABLES, TWO								
	BATTERIES AND ONE CHARGER, SWITCH								
L6920	CONTROL OF TERMINAL DEVICE	YES		NO			\$5,105.00		
	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								
L6925	DEVICE	YES		NO			\$6,872.21		
	BELOW ELBOW, EXTERNAL POWER, SELF-								
	SUSPENDED INNER SOCKET, REMOVABLE								
	FOREARM SHELL, OTTO BOCK OR EQUAL								
	SWITCH, CABLES, TWO BATTERIES AND ONE								
L6930	CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	YES		NO			\$5,136.66		
L0330	BELOW ELBOW, EXTERNAL POWER, SELF-	120		140			ψυ, 100.00		
	SUSPENDED INNER SOCKET, REMOVABLE								
	FOREARM SHELL, OTTO BOCK OR EQUAL								
	ELECTRODES, CABLES, TWO BATTERIES AND								
	ONE CHARGER, MYOELECTRONIC CONTROL	\/==							
L6935	OF TERMINAL DEVICE	YES		NO			\$6,978.86		

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		Purchase PA			Rental PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		
	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								
L6950	INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL	YES		NO			\$7,628.42		
L6955	OF TERMINAL DEVICE 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 NO			\$9,136.08 \$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		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
L6970	DEVICE	YES		NO			\$11,387.37		
20370	INTERSCAPULAR-THORACIC, EXTERNAL	120		140			ψ11,507.57		
	POWER, MOLDED INNER SOCKET.								
	REMOVABLE SHOULDER SHELL, SHOULDER								
	BULKHEAD, HUMERAL SECTION, MECHANICAL								
	ELBOW, FOREARM, OTTO BOCK OR EQUAL								
	ELECTRODES, CABLES, TWO BATTERIES AND								
1	ONE CHARGER, MYOELECTRONIC CONTROL								
L6975	OF TERMINAL DEVICE	YES		NO			\$12,454.12		
1 7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC	\/F0					<b>#0.500.40</b>		
L7007	CONTROLLED, ADULT  ELECTRIC HAND, SWITCH OR MYOELECTRIC,	YES		NO			\$2,590.46		
L7008	CONTROLLED, PEDIATRIC	YES		NO			\$4,077.12		
L7000	ELECTRIC HOOK, SWITCH OR MYOELECTRIC	123		NO			ψ4,077.12		
L7009	CONTROLLED, ADULT	YES		NO			\$2,643.09		
	PREHENSILE ACTUATOR, SWITCH						<del></del>		
L7040	CONTROLLED	YES		NO			\$2,156.50		
	ELECTRIC HOOK, SWITCH OR MYOELECTRIC								
L7045	CONTROLLED, PEDIATRIC	YES		NO			\$1,236.40		
	ELECTRONIC ELBOW, HOSMER OR EQUAL,								
L7170	SWITCH CONTROLLED	YES		NO			\$5,692.81		
	ELECTRONIC ELBOW, MICROPROCESSOR								
L7180	SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	YES		NO			\$24,740.96		
L/ 100	TERMINAL DEVICE	PA YES		INO			φ24,740.90		
	ELECTRONIC ELBOW, MICROPROCESSOR	Requires							
	SIMULTANEOUS CONTROL OF ELBOW AND	Department							
L7181	TERMINAL DEVICE	Review		NO			\$29,245.58		
	ELECTRONIC ELBOW, ADOLESCENT, VARIETY								
L7185	VILLAGE OR EQUAL, SWITCH CONTROLLED	YES		NO			\$5,621.74		
1	ELECTRONIC ELBOW, CHILD, VARIETY						<b>**</b>		
L7186	VILLAGE OR EQUAL, SWITCH CONTROLLED	YES		NO			\$6,766.31		
	ELECTRONIC ELBOW, ADOLESCENT, VARIETY								
L7190	VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	YES		NO			\$5,904.74		
L/ 190	ELECTRONIC ELBOW, CHILD, VARIETY	ILO		INO			ψυ,συ4.74		
1	VILLAGE OR EQUAL, MYOELECTRONICALLY								
L7191	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		

HCPCS Description required Limits Rental required Price Notes first Calendar Calenda			Purchase			Rental	D(a)	D		Medicare
L7364 TWELVE VOLT BATTERY, EACH Initi exceeded Vear NO \$304.81 \$2 per year needed 1 per 4 per sended 1 p	HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
L7394 TWELVE VOLT BATTERY, EACH Imit exceeded year NO \$304.81 2 per year needed L7396 BATTERY CHARGER, TWELVE VOLT, EACH Imit exceeded cleendar years NO \$410.59 PA only required if more than 1 per 4 years needed L7397 REPLACEMENT NO NO \$299.38  L7397 REPLACEMENT NO NO \$299.38  L7398 REPLACEMENT ONLY Imit exceeded Imit exceeded years NO \$299.38  L7398 REPLACEMENT ONLY Imit exceeded Imit exceeded years NO \$299.38  L7398 REPLACEMENT ONLY Imit exceeded Imit exceeded years NO \$299.38  L7399 REPLACEMENT ONLY Imit exceeded Imit exceeded years NO \$299.38  L7399 REPLACEMENT ONLY Imit exceeded Imit exceeded years NO \$299.38  L7399 REPLACEMENT NO YEAR EXTERNITY PROSTHESIS BLOOK ELBOWWINST DISARTICULATION, ULTRAUGHT MATERIAL NO NO \$223.71  ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL NO NO \$261.21  ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL NO NO \$261.21  ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS, ABOVE ELBOW SHOW IN THE ADDITION TO UPPER EXTERNITY PROSTHESIS ADDITION TO UPPER EXTERNITY PROSTHESI				2 per						
L7366 BATTERY CHARGER, TWELVE VOLT, EACH PA required if limit exceeded years NO \$410.99   1 per 4 years needed   1			•						, .	
L7366 BATTERY CHARGER, TWELVE VOLT, EACH  LTHILM IND BATTERY, RECHARGEABLE,  NO  1 per 4  LTHILM IND BATTERY, RECHARGEABLE,  NO  1 per 4  LTHILM IND BATTERY, RECHARGEABLE,  NO  1 per 4  LTHILM IND BATTERY CHARGER,  LTAGE REPLACEMENT ONLY  ADDITION TO UPER EXTREMITY  PROSTHESIS, BELOW ELBOWWRIST  LTAGIN TO TUPER EXTREMITY  PROSTHESIS, BASIN TO TUPER EXTREMITY  PROSTHESIS,	L7364	TWELVE VOLT BATTERY, EACH	limit exceeded	•	NO			\$304.81	2 per year needed	
L7366 BATTERY CHARGER, TWELVE VOLT, EACH   limit exceeded   years   NO   \$410.59   1 per 4 years needed			DA no motor diff						DA and a serior difference than	
LITHIUM ION BATTERY, RECHARGEABLE, L7367 REPLACEMENT ONLY LITHIUM ION BATTERY CHARGER, L7368 REPLACEMENT ONLY ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ULTRALIGHT MATERIAL L7401 (ITTANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL L7401 (ITTANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL L7401 (ITTANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST L7403 DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BADVE ELBOW L7404 DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BADVE ELBOW L7404 DISARTICULATION, ACRYLIC MATERIAL NO NO S268.11  NO NO S423.12  MSRP-18% or Invoice + 20% based on documentation ASRP-18% or	1 7266	PATTERY CHARCED TWELVE VOLT EACH	•		NO			¢410.50		
LT367 REPLACEMENT NO 1 per 4 calendar	L/300		iiiiii exceeded	years	INO			\$410.59	i pei 4 years needed	
LTHIUM ION BATTERY CHARGER.  L7368 REPLACEMENT ONLY ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL L7400 (TITANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BAOVE ELBOW MINING CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BAOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL L7401 (TITANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BROVE ELBOW DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BROVE ELBOW DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BROVE ELBOW DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  L7400 DISARTICULATION, ACRYLIC MATERIAL NO NO S268.11  NO NO S268.11  NO NO NO S268.11  NO NO NO S268.11  MSRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO NO S4423.12  MSRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO NO S462.12  NO MSRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO NO S10.00  NO NO NO S10.00 NSRP-18% or Invoice + 20% DISARTICULATION DISAR	1 7367	· · · · · · · · · · · · · · · · · · ·	NO		NO			\$296.38		
LITHIUM ION BATTERY CHARGER, PA required if calendar years NO \$368.37 1 per 4 years needed years NO \$368.37 1 per 4 years needed Pyears NO \$368.37 1 per year needed Pyears NO \$369.37 1 per year needed Pyears NO \$368.37 1 per year needed Pyears needed Pyears NO \$368.37 1 per year needed Pyears NO \$368.37 1	21001	THE EXCEPTION	110	1 per 4	110			Ψ200.00		
ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST LTHANDING AGENCY PROSTHESIS, BELOW ELBOWWRIST LTHANDING AGENCY DISARTICULATION, ULTRALIGHT MATERIAL LTHANDING AGENCY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ACRYLIC MATERIAL DISARTICULATION, ACRYLIC MATE		LITHIUM ION BATTERY CHARGER,	PA required if	•					PA only required if more than	
PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST LA103 DISARTICULATION, ACRYLLC MATERIAL NO NO S268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLLC MATERIAL NO NO S268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW USARTICULATION, ACRYLLC MATERIAL UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED  REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPAIR OF PROSTHETIC DEVICE, LABOR PROSTHETIC DEVICE, LABOR REPAIR FROSTHETIC DEVICE, ABOVE PROSTHETIC DEVICE, ANY WITH INTEGRATED BREAST PROSTHESIS NO MSRP-18% or Invoice + 20% MSRP-18% or Invoice + 20% Imit exceeded Imit exceeded Imit exceeded Imit exceeded SEAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS MASTECTOMY BRA, WITH INTEGRATED BREAST	L7368		•		NO			\$368.37		
DISARTICULATION, ULTRALIGHT MATERIAL.  ITTANUM, CARBON FIBER OR EGUAL)  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL  ITTANUM, CARBON FIBER OR EGUAL)  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW BLBOWWRIST  L7403  DISARTICULATION, JUTRALIGHT MATERIAL  NO  NO  \$268.11  NO  NO  \$423.12  DIPPER EXTREMITY PROSTHESIS, BAOVE ELBOWWRIST  ADDITION TO UPPER EXTREMITY PROSTHESIS, BAOVE ELBOWWRIST  ITTANUM, CARBON FIBER OR EGUAL)  NO  NO  \$423.12  NO  NO  \$423.12  NO  NO  \$423.12  NO  NO  \$423.12  NO  NO  MSRP-18% or Invoice + 20% DIPPER EXTREMITY PROSTHESIS, NOT  OTHERWISE SPECIFIED  REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS  NO  MSRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL  NO  NO  NO  \$10.00  NO  NO  \$10.00  NO  \$10.00  NO  \$10.01  ASPR-18% or Invoice + 20% DISARTICULATION, DEVICE, LABOR  Inmit exceeded  Imit exceeded  NO  NO  \$10.00  NO  \$10.00  PA required if Imit exceeded  NO  NO  \$10.01  NO  \$10.01  PA required only if more than beneated by year  NO  \$10.04  \$10.04  PA required only if more than beneated by year  NO  \$10.04		ADDITION TO UPPER EXTREMITY		-						
ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST L7403 DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST L7404 DISARTICULATION, ACRYLIC MATERIAL NO NO \$268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, NOT UPPER EXTREMITY PROSTHESIS, NOT THERWISE SPECIFIED YES NO MADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, NOT THERWISE SPECIFIED YES NO MADDITION TO UPPER EXTREMITY PROSTHESIC DEVICE, REPAIR OR THE PLACE MINOR PARTS YES NO MADDITION TO UPPER EXTREMITY PROSTHESIS, ASSISTED AS		· ·								
ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL LT401 (ITTANIUM, CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST LT403 DISARTICULATION, ACRYLIC MATERIAL NO NO \$268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW LT404 DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  WRRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  WRRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  WRRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  WRRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  WRRP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S40.12  WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO MARP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, ACRYLIC MATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S10.00 WRSP-18% or Invoice + 20% DISARTICULATION, DATERIAL NO NO S1										
PROSTHESIS, ABOVE ELBOW  DISARTICULATION, ULTRALICHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST  L7403 DISARTICULATION, ACRYLIC MATERIAL  ADDITION TO UPPER EXTREMITY PROSTHESIS, ELOW ELBOWWRIST  L7404 DISARTICULATION, ACRYLIC MATERIAL  NO  NO  \$268.11  NO  NO  \$423.12  DISARTICULATION, ACRYLIC MATERIAL  NO  NO  \$423.12  UPPER EXTREMITY PROSTHESIS, NOT  OTHERWISS SPECIFIED  VES  NO  M based on documentation  FEPALE MINIOR PARTS  REPLACE MINIOR PARTS  NO  M based on documentation  FOR STHETIC DEVICE, LABOR  PROSTHETIC DEVICE, LABOR  SILONO  MATERIAL, EACH  NO  NO  NO  S10.00  S10.00  MARE PARTS  NO  MATERIAL  NO  NO  S10.912  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  DATE OF THE NO  S10.01  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA required only if more than beneated by a part needed  PA re	L7400		NO		NO			\$223.71		
DISARTICULATION, ULTRALIGHT MATERIAL LT401 (TITTANIUM, CARRON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST LT403 DISARTICULATION, ACRYLIC MATERIAL NO NO \$268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, BALOW ELBOWWRIST DISARTICULATION, ACRYLIC MATERIAL NO NO \$268.11  DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW LT409 DISARTICULATION, ACRYLIC MATERIAL NO NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED YES NO MSRP-18% or Invoice + 20% based on documentation ASRP-18% or Invoice + 20%										
L7401 (TITANIUM_CARBON FIBER OR EQUAL) ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST L7403 DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOWWRIST DISARTICULATION, ACRYLIC MATERIAL ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW L7404 DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  L7409 OTHERWISE SPECIFIED YES NO MSRP-18% or Invoice + 20% based on documentation AMSRP-18% or Invoice + 20% Dased on documentation AMSRP-18% or Invoice + 20% Das										
ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW BLBOWWRIST DISARTICULATION, ACRYLIC MATERIAL  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW L7404 DISARTICULATION, ACRYLIC MATERIAL NO NO S423.12  UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED  REPAIR OF PROSTHESIS, NOT TOTHERWISE SPECIFIED  REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPAIR PROSTHETIC DEVICE, LABOR REPAIR PROSTHETIC DEVICE, LABOR PROSTHETIC DEVICE, LABOR PROSTHETIC DONINING SLEEVE, ANY L7500 MATERIAL, EACH PROSTHETIC DONINING SLEEVE, ANY L7600 MATERIAL, EACH PROSTHETIC SOCKET INSERT, ANY TYPE, LATOO EACH L7700 MALE VACUUM ERECTION SYSTEM NO NO NO S10.01  NO NO S10.02  PA required if limit exceeded Imit exceeded NO NO S10.04  S10.05  PA required of limit exceeded NO S10.06  PA required of limit exceeded NO S10.07  PA required of limit exceeded NO S10.08  PA required of limit exceeded NO S10.09  PA required of limit exceeded NO S10.01  PA required of limit exceeded NO S10.02  PA required of limit exceeded NO S10.03  PA required of limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.05  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.05  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than special part of calendar limit exceeded NO S10.04  PA required only if more than spec	1.7404		NO		NO			\$264.24		
L7403 DISARTICULATION, ACRYLIC MATERIAL  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW  L7404 DISARTICULATION, ACRYLIC MATERIAL  NO NO S268.11  NO NO S268.11  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW  UPPER EXTREMITY PROSTHESIS, NOT L749 UPPER EXTREMITY PROSTHESIS, NOT L749 OTHERWISE SPECIFIED YES NO MMSRP-18% or Invoice + 20% based on documentation  TEST NO MMSRP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% based on documentation  PREPAIR PROSTHETIC DEVICE, LABOR L7510 REPAIR PROSTHETIC DEVICE, LABOR PROSTHETIC DEVICE, LABOR Initie exceeded  PROSTHETIC DONNING SLEEVE, ANY L7600 MATERIAL, EACH GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH NO MALE VACUUM ERECTION SYSTEM NO NO S10.9  REAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS PA required if limit exceeded Imitie exceeded PA required if calendar year NO S91.55 S per year needed  PA required only if more than Sp1.54 S per year needed  PA required only if more than Sp1.54 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed  PA required only if more than Sp1.55 S per year needed	L/401		INO		INO			φ201.21		
L7403 DISARTICULATION, ACRYLIC MATERIAL  ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW L7404 DISARTICULATION, ACRYLIC MATERIAL  NO  NO  S423.12  UPPER EXTREMITY PROSTHESIS, NOT UPPER EXTREMITY PROSTHESIS, NOT  L7499 OTHERWISE SPECIFIED  WASRP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% based on documentation  MS										
ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL  UPPER EXTREMITY PROSTHESIS, NOT THERWISS EPECIFIED YES NO MARP-18% or Invoice + 20% ABSRP-18% or Invoice + 20% BEPAIR OF PROSTHETIC DEVICE, REPAIR OR L7510 REPAIR PROSTHETIC DEVICE, LABOR L7510 REPLACE MINOR PARTS REPAIR PROSTHETIC DEVICE, LABOR L7520 COMPONENT, PER 15 MINUTES REPAIR PROSTHETIC DEVICE, LABOR PROSTHETIC DONNING SLEEVE, ANY L7600 MATERIAL, EACH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH L7900 MALE VACUUM ERECTION SYSTEM BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS L8001 FORM, MN SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PRO	1 7403	· ·	NO		NO			\$268.11		
PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL  UPPER EXTREMITY PROSTHESIS, NOT L7499 OTHERWISE SPECIFIED YES NO MERPAIR OF PROSTHETIC DEVICE, REPAIR OR REPAIR OF PROSTHETIC DEVICE, LABOR REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES Imit exceeded FORM, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST	27.100							<b>\$200</b>		
L7404 DISARTICULATION, ACRYLIC MATERIAL NO NO \$423.12  UPPER EXTREMITY PROSTHESIS, NOT UPPER EXTREMITY PROSTHESIS, NOT UPPER EXTREMITY PROSTHESIS, NOT M based on documentation of the passed on documentation of the pas										
L7499 OTHERWISE SPECIFIED  REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS  YES  NO  MSRP-18% or Invoice + 20% based on documentation  REPAIR OF PROSTHETIC DEVICE, LABOR REPLACE MINOR PARTS  REPAIR PROSTHETIC DEVICE, LABOR  REPAIR OF PROSTHETIC DEVICE, REPAIR OF PA required if calendar year  NO  S10.00  MASRP-18% or Invoice + 20%  BASRAST OR SEAL, FOR USE WITH  PROSTHETIC DEVICE, LABOR  NO  NO  S10.00  MSRP-18% or Invoice + 20%  NO  S10.00  MSRP-	L7404		NO		NO			\$423.12		
REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS  REPAIR PROSTHETIC DEVICE, LABOR L7520 COMPONENT, PER 15 MINUTES  REPAIR PROSTHETIC DONNING SLEEVE, ANY L7600 MATERIAL, EACH  GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH L7900 MALE VACUUM ERECTION SYSTEM  NO  NO  NO  S10.00  MORP-18% or Invoice + 20% based on documentation  MSRP-18% or Invoice + 20% base									MSRP-18% or Invoice + 20%	
REPLACE MINOR PARTS REPAIR PROSTHETIC DEVICE, LABOR REPAIR PROSTHESIC, MAY REPLACE MINUTES REPAIR PROSTHESIS, MASPECTOMY REPLACE MINUTES REPAIR PROSTHESIS, MASTECTOMY REPLACE MINUTES REPLACE MINUTES REPAIR PROSTHESIS REPLACE MINUTES REPAIR PROSTHESIS REPLACE MINUTES REPLACE MIN	L7499	OTHERWISE SPECIFIED	YES		NO			M		✓
REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES  PROSTHETIC DONNING SLEEVE, ANY L7600 MATERIAL, EACH  PROSTHETIC DONNING SLEEVE, ANY  L7600 MATERIAL, EACH  PROSTHETIC DONNING SLEEVE, ANY  STATE OF THE OFFICE OF SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH  L7700 EACH  NO  NO  NO  S109.12  NO  S109.12  NO  NO  \$109.12  NO  S109.12  NO  S109.12  NO  S109.12  NO  S109.12  NO  S109.12  PA required if calendar year NO  S109.12  PA required only if more than sper year needed  PA required only if more than sper year needed  S500  NO  S109.12  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  NO  S109.12  NO  S109.12  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed  PA required only if more than sper year needed										
L7520 COMPONENT, PER 15 MINUTES   limit exceeded   \$500 NO   \$10.00    PROSTHETIC DONNING SLEEVE, ANY   YES   NO   MSRP-18% or Invoice + 20%   based on documentation   MSRP-18% or Invoice + 20%   MSRP-18% or In	L7510				NO			M	based on documentation	✓
PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH  GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH  NO  MALE VACUUM ERECTION SYSTEM  BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST	1.7500			<b>Ф</b> ЕОО	NO			¢40.00		
L7600 MATERIAL, EACH  GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH  L7900 MALE VACUUM ERECTION SYSTEM  NO  NO  SH19.12  NO  NO  S418.65  PA required if calendar year NO  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8002 FORM, BILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8002 FORM, BILATERAL, ANY SIZE, ANY TYPE  Imit exceeded year NO  S109.12  PA required if calendar year NO  S33.65  PA required only if more than year NO  S91.55  PA required only if more than PA required only if more than S per year needed  PA required only if more than S per year needed  PA required only if more than S per year needed  PA required only if more than S per year needed	L/520	·	iimit exceeded	\$500	INO			\$10.00	MSPD 18% or Invoice + 20%	<b>v</b>
GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH  NO NO NO S109.12  L7900 MALE VACUUM ERECTION SYSTEM NO BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS L8000 FORM, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST PROSTHESIS BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS BREAST	1.7600		YES		NO			M		✓
PROSTHETIC SOCKET INSERT, ANY TYPE, L7700 EACH  NO NO NO S109.12  L7900 MALE VACUUM ERECTION SYSTEM NO BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS L8000 FORM, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded SPERIAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if calendar year NO SPI.55 Sper vear needed PA required only if more than Sper vear needed SPI.55 Sper vear needed SPA required only if more than Sper vear needed SPI.55 Sper vear needed	2,000							101	account decementation	
L7700 EACH  L7900 MALE VACUUM ERECTION SYSTEM  NO  NO  NO  NO  S109.12  S418.65  PA required only if more than limit exceeded year NO  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS  L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS  FORM, BILATERAL, ANY SIZE, ANY TYPE  Imit exceeded year NO  S109.12  PA required only if more than limit exceeded year NO  S91.55  PA required only if more than specific calendar year NO  S120.43  PA required only if more than specific part of the part of t										
BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$33.65 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$91.55 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS I BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$91.55 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 5 per year needed	L7700		NO		NO			\$109.12		
WITHOUT INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$33.65 Per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$91.55 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$91.55 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 per year needed					NO					✓
L8000 FORM, ANY SIZE, ANY TYPE limit exceeded year NO \$33.65 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$91.55 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if calendar WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 5 per year needed  BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 5 per year needed		BREAST PROSTHESIS, MASTECTOMY BRA,		5 per						
BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE limit exceeded year NO BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8002 FORM, BILATERAL, ANY SIZE, ANY TYPE limit exceeded year NO Sper calendar limit exceeded year NO			•	calendar						
WITH INTEGRATED BREAST PROSTHESIS L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS L8002 FORM, BILATERAL, ANY SIZE, ANY TYPE  WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE  PA required if calendar year NO  Sper calendar year NO  \$120.43  PA required only if more than	L8000		limit exceeded		NO			\$33.65	5 per year needed	
L8001 FORM, UNILATERAL, ANY SIZE, ANY TYPE limit exceeded year NO \$91.55 5 per year needed  BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if calendar limit exceeded year NO \$120.43 5 per year needed  PA required only if more than 5 per year needed  \$120.43 5 per year needed										
BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS PA required if calendar Imit exceeded year NO \$120.43 5 per year needed	1,0004		•		NO			CO4 55		
WITH INTEGRATED BREAST PROSTHESIS PA required if limit exceeded year NO \$120.43 PA required only if more than 5 per year needed	L8001	i i i i i i i i i i i i i i i i i i i	iimit exceeded	,	NO			\$91.55	o per year needed	
L8002 FORM, BILATERAL, ANY SIZE, ANY TYPE limit exceeded year NO \$120.43 5 per year needed			DA required if	•					PA required only if more than	
	1 8002		•		NO			\$120 <i>4</i> 3		
	2002	TOTAL, DIETTETOTE, ANTI OIZE, ANTI TITE	CACCCGCG	your	140			ψ120.70	o por your noodou	
L8010 BREAST PROSTHESIS, MASTECTOMY SLEEVE NO NO NO \$47.84 End Dated 3/31/2025 ✓	L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	NO		NO			\$47.84	End Dated 3/31/2025	<b>✓</b>

		Purchase		I MSEA FEE SO	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	EXTERNAL BREAST PROSTHESIS GARMENT,								
	WITH MASTECTOMY FORM, POST								
L8015	MASTECTOMY	NO		NO			\$46.36		
			5 per						
		PA required if	calendar					PA required only if more than	
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	limit exceeded	year	NO			\$174.40	5 per year needed	
			2 per						
1.0000	BREAST PROSTHESIS, SILICONE OR EQUAL,	PA required if	calendar	NO			<b>#050.00</b>	PA required only if more than	
L8030	WITHOUT INTEGRAL ADHESIVE	limit exceeded	year	NO			\$252.26	2 per year needed	
1 0021	BREAST PROSTHESIS, SILICONE OR EQUAL,	NO		NO			\$246 E0		
L8031	WITH INTEGRAL ADHESIVE NIPPLE PROSTHESIS, PREFABRICATED,	NO		NO			\$346.58		
L8032	REUSABLE, ANY TYPE, EACH	NO		NO			\$41.63		
L0032	CUSTOM BREAST PROSTHESIS, POST	NO		NO			Ψ41.03		
L8035	MASTECTOMY, MOLDED TO PATIENT MODEL	YES		NO			\$2,834.00		
20000	BREAST PROSTHESIS, NOT OTHERWISE	120		110			Ψ2,004.00	MSRP-18% or Invoice + 20%	
L8039	SPECIFIED	YES		NO			М	based on documentation	✓
	NASAL PROSTHESIS, PROVIDED BY A NON-	. = -							
L8040	PHYSICIAN	NO		NO			\$491.73		
	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-								
L8041	PHYSICIAN	YES		NO			\$592.68		
	ORBITAL PROSTHESIS, PROVIDED BY A NON-								
L8042	PHYSICIAN	YES		NO			\$665.93		
	UPPER FACIAL PROSTHESIS, PROVIDED BY A								
L8043	NON-PHYSICIAN	YES		NO			\$745.84		
	HEMI-FACIAL PROSTHESIS, PROVIDED BY A								
L8044	NON-PHYSICIAN	YES		NO			\$825.76		
	AURICULAR PROSTHESIS, PROVIDED BY A						<b>.</b>		
L8045	NON-PHYSICIAN	YES		NO			\$742.15		
1.0040	PARTIAL FACIAL PROSTHESIS, PROVIDED BY	V/F0		NO			<b>#500.74</b>		
L8046	A NON-PHYSICIAN  NASAL SEPTAL PROSTHESIS, PROVIDED BY A	YES		NO			\$532.74		
L8047	NON-PHYSICIAN	NO		NO			\$273.03		
L0U47	NON-PHYSICIAN	NO		NO			φ213.03		
	UNSPECIFIED MAXILLOFACIAL PROSTHESIS,							MSRP-18% or Invoice + 20%	
L8048	BY REPORT, PROVIDED BY A NON-PHYSICIAN	YES		NO			М	based on documentation	✓
20070	REPAIR OR MODIFICATION OF MAXILLOFACIAL			.,,			141	2000 on doddinonation	
	PROSTHESIS, LABOR COMPONENT, 15 MINUTE								
	INCREMENTS, PROVIDED BY A NON-	PA required if							
L8049	PHYSICIAN	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		
	TRUSS, ADDITION TO STANDARD PAD, WATER								
L8320	PAD	NO		NO			\$50.05		
	TRUSS, ADDITION TO STANDARD PAD,								
L8330	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		

		Purchase			Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	PROSTHETIC SHEATH/SOCK, INCLUDING A								
	GEL CUSHION LAYER, BELOW KNEE OR								
L8417	ABOVE KNEE, EACH	NO		NO			\$58.17		
	PROSTHETIC SOCK, MULTIPLE PLY, BELOW								
L8420	KNEE, EACH	NO		NO			\$19.17		
	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE								
L8430	KNEE, EACH	NO		NO			\$21.08		
	PROSTHETIC SOCK, MULTIPLE PLY, UPPER								
L8435	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		
10:=0	PROSTHETIC SOCK, SINGLE PLY, FITTING,	NO		N/O			05.11		
L8470	BELOW KNEE, EACH	NO		NO			\$5.11		
10400	PROSTHETIC SOCK, SINGLE PLY, FITTING,	NO		NO			Φ <b>7</b> ο 4		
L8480	ABOVE KNEE, EACH	NO		NO			\$7.04		
1.0405	PROSTHETIC SOCK, SINGLE PLY, FITTING,	NO		NO			<b>CO. 50</b>		
L8485	UPPER LIMB, EACH	NO		NO			\$8.50	MODD 400/ as love's a 2000/	
1.0400	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	VEC		NO				MSRP-18% or Invoice + 20%	✓
L8499		YES YES		NO NO			M \$500.07	based on documentation	<u> </u>
L8500	ARTIFICIAL LARYNX, ANY TYPE	YES	0	NO			\$529.27		
		DA required if	6 per						
L8501	TRACHEOSTOMY SPEAKING VALVE	PA required if limit exceeded	calendar	NO			\$112.12		
L0301	ARTIFICIAL LARYNX REPLACEMENT BATTERY /	iiiiii exceeded	year	NO			Φ112.12	MSRP-18% or Invoice + 20%	
L8505	ACCESSORY, ANY TYPE	YES		NO			М	based on documentation	✓
20000	ACCECCENT, AINT THE	TLO		140			IVI	based on documentation	<u> </u>
	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS.								
L8507	PATIENT INSERTED, ANY TYPE, EACH	NO		NO			\$27.18		
	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS.						Ψ2σ		
	INSERTED BY A LICENSED HEALTH CARE								
L8509	PROVIDER, ANY TYPE	NO		NO			\$70.86		
L8510	VOICE AMPLIFIER	NO		NO			\$163.95		
	INSERT FOR INDWELLING	-							
	TRACHEOESOPHAGEAL PROSTHESIS, WITH								
	OR WITHOUT VALVE, REPLACEMENT ONLY,								
L8511	EACH	NO		NO			\$47.19		
	GELATIN CAPSULES OR EQUIVALENT, FOR								
	USE WITH TRACHEOESOPHAGEAL VOICE								
L8512	PROSTHESIS, REPLACEMENT ONLY, PER 10	NO		NO			\$1.42		
	CLEANING DEVICE USED WITH								
	TRACHEOESOPHAGEAL VOICE PROSTHESIS,								
	PIPET, BRUSH, OR EQUAL, REPLACEMENT								
L8513	ONLY, EACH	NO		NO			\$3.38		
	TRACHEOESOPHAGEAL PUNCTURE DILATOR,								
L8514	REPLACEMENT ONLY, EACH	NO		NO			\$61.19		
	GELATIN CAPSULE, APPLICATION DEVICE FOR								
	USE WITH TRACHEOESOPHAGEAL VOICE						4		
L8515	PROSTHESIS, EACH	NO		NO			\$48.05		

		Purchase		I WISEA Fee SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	HEADSET/HEADPIECE FOR USE WITH	. oquii ou		11011101		1 1100	7 1100		
L8615	COCHLEAR IMPLANT DEVICE, REPLACEMENT	NO		NO			\$329.19		
L0013	MICROPHONE FOR USE WITH COCHLEAR	NO		INO			\$329.19		
L8616	IMPLANT DEVICE, REPLACEMENT	NO		NO			\$76.68		
L0010	TRANSMITTING COIL FOR USE WITH	NO		INO			\$70.00		
L8617	COCHLEAR IMPLANT DEVICE, REPLACEMENT	NO		NO			\$66.97		
20017	TRANSMITTER CABLE FOR USE WITH	110		140			ψ00.51		
	COCHLEAR IMPLANT DEVICE OR AUDITORY								
L8618	OSSEOINTEGRATED DEVICE, REPLACEMENT	NO		NO			\$19.13		
	COCHLEAR IMPLANT, EXTERNAL SPEECH			770			Ţ.c.i.c		
	PROCESSOR AND CONTROLLER, INTEGRATED								
L8619	SYSTEM, REPLACEMENT	YES		NO			\$6,281.98		
	ZINC AIR BATTERY FOR USE WITH COCHLEAR								
	IMPLANT DEVICE AND AUDITORY								
	OSSEOINTEGRATED SOUND PROCESSORS,								
L8621	REPLACEMENT, EACH	NO		NO			\$0.45		
	ALKALINE BATTERY FOR USE WITH								
	COCHLEAR IMPLANT DEVICE, ANY SIZE,								
L8622	REPLACEMENT, EACH	NO		NO			\$0.24		
	LITHIUM ION BATTERY FOR USE WITH								
	COCHLEAR IMPLANT DEVICE SPEECH								
	PROCESSOR, OTHER THAN EAR LEVEL,								
L8623	REPLACEMENT, EACH	NO		NO			\$47.21		
	LITHIUM ION BATTERY FOR USE WITH								
	COCHLEAR IMPLANT OR AUDITORY								
	OSSEOINTEGRATED DEVICE SPEECH								
1 000 4	PROCESSOR, EAR LEVEL, REPLACEMENT,	110		NO			<b>#</b> 400.00		
L8624	EACH	NO		NO			\$136.38		
	EXTERNAL RECHARGING SYSTEM FOR								
	BATTERY FOR USE WITH COCHLEAR IMPLANT								
1,0005	OR AUDITORY OSSEOINTEGRATED DEVICE,	NO		NO			£404.00		
L8625	REPLACEMENT ONLY, EACH COCHLEAR IMPLANT, EXTERNAL SPEECH	NO		NO			\$184.66		
L8627	PROCESSOR, COMPONENT, REPLACEMENT	YES		NO			\$6,279.07		1
L0021	COCHLEAR IMPLANT, EXTERNAL	ILO		INO			ψυ,∠13.01		
L8628	CONTROLLER COMPONENT, REPLACEMENT	YES		NO			\$1,128.41		
20020	TRANSMITTING COIL AND CABLE,	120		110			ψ1,120.71		
	INTEGRATED. FOR USE WITH COCHLEAR								1
L8629	IMPLANT DEVICE, REPLACEMENT	YES		NO			\$163.32		
	AUDITORY OSSEOINTEGRATED DEVICE.						Ţ:::::=		
	EXTERNAL SOUND PROCESSOR, EXCLUDES								
	TRANSDUCER/ACTUATOR, REPLACEMENT								
L8691	ONLY, EACH	YES		NO			\$1,683.79		
	AUDITORY OSSEOINTEGRATED DEVICE,								
	EXTERNAL SOUND PROCESSOR, USED								1
	WITHOUT OSSEOINTEGRATION, BODY WORN,								1
	INCLUDES HEADBAND OR OTHER MEANS OF								1
L8692	EXTERNAL ATTACHMENT	YES		NO			\$2,388.81		

		Purchase		I WISEA I CC SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	AUDITORY OSSEOINTEGRATED DEVICE,				104			11000	
	TRANSDUCER/ACTUATOR, REPLACEMENT								
L8694	ONLY, EACH	YES		YES			\$923.36		
	EXTERNAL RECHARGING SYSTEM FOR								
	BATTERY (EXTERNAL) FOR USE WITH								
	IMPLANTABLE NEUROSTIMULATOR,						***		
L8695	REPLACEMENT ONLY	NO		NO			\$12.69		
	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC								
	NERVE STIMULATION DEVICE, REPLACEMENT,								
L8696	EACH	NO		NO			\$209.01		
	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC,						*		
	RIGID, WITH SOFT INTERFACE MATERIAL,								
	CUSTOM FABRICATED, INCLUDES FITTING							MSRP-18% or Invoice + 20%	
S1040	AND ADJUSTMENT(S)	YES		NO			М	based on documentation	✓
	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								
S5497	DIEM	NO		NO			\$10.00		✓
	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								
S5498	DIEM	NO		NO			\$10.00		✓
	HOME INFUSION THERAPY, CATHETER CARE /								
	MAINTENANCE, COMPLEX (MORE THAN ONE								
	LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY								
	SERVICES, PROFESSIONAL PHARMACT SERVICES, CARE COORDINATION, AND ALL								
	NECESSARY SUPPLIES AND EQUIPMENT								
	(DRUGS AND NURSING VISITS CODED								
S5501	SEPARATELY), PER DIEM	NO		NO			\$10.00		✓
	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								
S5502	CURRENTLY IN USE)	NO		NO			\$10.00		✓

		Purchase	KT Wicarcare	I IVISEA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	HOME INFUSION THERAPY, ALL SUPPLIES								
	NECESSARY FOR RESTORATION OF								
S5517	CATHETER PATENCY OR DECLOTTING	NO		NO			\$10.00		✓
	HOME INFUSION THERAPY, ALL SUPPLIES								
S5518	NECESSARY FOR CATHETER REPAIR	NO		NO			\$35.00		✓
			4 per						
			calendar month for						
	TRACHEOSTOMY SUPPLY, NOT OTHERWISE	PA required if	members					MSRP-18% or Invoice + 20%	
S8189	CLASSIFIED	limit exceeded	under 21	NO			M	based on documentation	✓
20.00	HOME ADMINISTRATION OF AEROSOLIZED	mint oxidodddu	G.1.G.0.1 1						
	DRUG THERAPY (E.G., PENTAMIDINE);								
	ADMINISTRATIVE SERVICES, PROFESSIONAL								
	PHARMACY SERVICES, CARE COORDINATION,								
	ALL NECESSARY SUPPLIES AND EQUIPMENT								
	(DRUGS AND NURSING VISITS CODED								
S9061	SEPARATELY), PER DIEM	NO		NO			\$20.00		<b>√</b>
	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								
S9325	CODE WITH \$9326, \$9327 OR \$9328)	NO		NO			\$50.00		✓
	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								
S9326	SEPARATELY), PER DIEM	NO		NO			\$50.00		✓
23020	HOME INFUSION THERAPY, INTERMITTENT						Ţ20.00		
	(LESS THAN TWENTY-FOUR HOURS) PAIN								
	MANAGEMENT INFUSION; ADMINISTRATIVE								
	SERVICES, PROFESSIONAL PHARMACY								
	SERVICES, CARE COORDINATION, AND ALL								
	NECESSARY SUPPLIES AND EQUIPMENT								
60007	(DRUGS AND NURSING VISITS CODED	NO		NO			<b>\$25.00</b>		,
S9327	SEPARATELY), PER DIEM	NO		NO			\$25.00		V
	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								
S9328	CODED SEPARATELY), PER DIEM	NO		NO			\$25.00		✓

		Purchase		I WISLA FEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		<b>V</b>
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			NO			\$50.00		·
59330	SEPARATELY), PER DIEM HOME INFUSION THERAPY, INTERMITTENT	NO		NO			\$50.00		<b>✓</b>
S9331	(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		<b>√</b>
\$9336	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		<b>V</b>
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		<b>V</b>
\$9340	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		√

		Purchase			Rental	Rental			
		PA			PA	Rental	Purchase		Medicare Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		<b>√</b>
20040	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						040.00		,
S9342	SEPARATELY), PER DIEM	NO		NO			\$12.00		✓
<b>S</b> 9343	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		<b>√</b>
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		V
\$9347	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		<b>√</b>
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		<b>√</b>

		Purchase		I WISLA FEE SC	Rental				Medicare
		Purchase			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		<b>√</b>
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		<b>√</b>
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		<b>*</b>
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		<b>√</b>
\$9361	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		<b>√</b>

		Purchase		I WISLATEE SC	Rental				Medicare
		PA			PA	Rental	Purchase		Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	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		<b>√</b>
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 \$9365- \$9368 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		V
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		<b>√</b>

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
	2000 <b>p</b>	. oqu ou		11011001	. oquii ou		11100		
\$9367	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		<b>√</b>
	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								
S9368	DIEM	NO		NO			\$110.00		✓
\$9370	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		<b>√</b>
	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								
S9372	MAINTAIN PATENCY)	NO		NO			\$25.00		<b>√</b>
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		<b>√</b>

		Dunalaga			Dontal				Madiaara
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		<b>√</b>
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		<b>~</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	YES		NO			М	MSRP-18% or Invoice + 20% based on documentation	✓

		Purchase			Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	Bypass list
00.400	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			10			0.00		,
S9490	HOME INFUSION THERAPY, ANTIBIOTIC,	NO		NO			\$50.00		<b>√</b>
\$9494	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		<b>V</b>
39494	HOME INFUSION THERAPY, ANTIBIOTIC,	NO		INO			φ30.00		V
50407	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	NO.		NO			\$c0.00		
S9497	DIEM HOME INFUSION THERAPY, ANTIBIOTIC,	NO		NO			\$60.00		<b>√</b>
\$9500	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		<b>√</b>
\$9502	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		<b>√</b>

		Purchase		I WISLA FEE SU	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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		<b>√</b>
\$9504	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		<b>√</b>
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		<b>~</b>
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		<b>~</b>
\$9542	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		<b>√</b>

		Purchase			Rental				Medicare
Hopon	Description	PA	Limite	Dontal	PA	Rental	Purchase	Maria	Bypass
HCPCS	Description	required	Limits	Rental	required	Price	Price	Notes	list
	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								
S9559	DIEM	NO		NO			\$10.00		✓
	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								
S9560	DIEM	NO		NO			\$20.00		✓
	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								
00-00	NURSING VISITS CODED SEPARATELY), PER						<b>*</b> • • • • •		
S9562	DIEM	NO		NO			\$15.00		
	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								
S9590	CODED SEPARATELY), PER DIEM	NO		NO			\$20.00		
	,,		192						
			per						
T4504	ADULT SIZED DISPOSABLE INCONTINENCE	PA required if	calendar	NO			¢0.70		<b>√</b>
T4521	PRODUCT, BRIEF/DIAPER, SMALL, EACH	limit exceeded	month 192	INO			\$0.78		· ·
			per						
	ADULT SIZED DISPOSABLE INCONTINENCE	PA required if	calendar						
T4522	PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	limit exceeded	month	NO			\$0.81		✓
			192						
	ADULT SIZED DISDOSABLE INCONTINUENCE	DA required if	per						
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	PA required if limit exceeded	calendar month	NO			\$0.86		_
17020	TROBOOT, BRIEF/BIALER, LARGE, LAOIT	mint caceeded	192	140			ψ0.00		,
	ADULT SIZED DISPOSABLE INCONTINENCE		per						
	PRODUCT, BRIEF/DIAPER, EXTRA LARGE,	PA required if	calendar						
T4524	EACH	limit exceeded	month	NO			\$0.86		✓

		Purchase	KI Wiedredie	I IVISEA FEE SC	Rental				Medicare
HCPCS	Description	PA required	Limits	Rental	PA required	Rental Price	Purchase Price	Notes	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		<b>√</b>
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		<b>√</b>
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		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>
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		

			KT Wicalcala	IVISEA FEE SC					
HCPCS	Description	Purchase PA required	Limits	Rental	Rental PA required	Rental Price	Purchase Price	Notes	Medicare Bypass list
			150						
			per						
	INCONTINENCE PRODUCT, DISPOSABLE	PA required if	calendar						
T4541	UNDERPAD, LARGE, EACH	limit exceeded	month	NO			\$0.43		✓
			150						
			per						
	INCONTINENCE PRODUCT, DISPOSABLE	PA required if	calendar						
T4542	UNDERPAD, SMALL SIZE, EACH	limit exceeded	month	NO			\$0.43		✓
			192						
	ADULT SIZED DISPOSABLE INCONTINENCE		per						
	PRODUCT, PROTECTIVE BRIEF/DIAPER,	PA required if	calendar						
T4543	ABOVE EXTRA LARGE, EACH	limit exceeded	month	NO			\$1.54		✓
	ADULT SIZED DISPOSABLE INCONTINENCE		180						
	PRODUCT, PROTECTIVE UNDERWEAR/PULL-	PA required if	1.						
T4544	ON, ABOVE EXTRA LARGE, EACH	limit exceeded	month	NO			\$1.35		
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	YES		NO			\$686.64		
1/0004	POLISHING/RESURFACING OF OCULAR	110		NO			<b>#</b> 40 <b>F</b> 7		
V2624	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		
\/2626	FABRICATION AND FITTING OF OCULAR	NO		NO			¢250.40		
V2628 V2629	CONFORMER PROSTHETIC EYE, OTHER TYPE	NO YES		NO NO			\$250.49 \$125.00		<b>✓</b>
V Z 0 Z 9	FROSTILLIO LTL, OTHER TIPE	IES		INO			\$123.00		V