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HCPCS code	Description of Code	Category	Auth. Required	in LTC per	dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required.	Quantity limits (maximum that may be dispensed)	Rental or Purchase	Policy review date
					Covered for recipients who administer medications other than insulin			
					themselves or with the assistance of a care giver. Diagnosis required.			
	Syringe with needle, sterile, 1cc	Miscellaneous			With a diagnosis of diabetes (205.00-205.90), syringes are billed with	medical	Purchase	
A4206	or less, each	supplies	No		S8490	necessity	only	March-09
					Covered for recipients who administer medications other than insulin			
					themselves or with the assistance of a care giver. Diagnosis required.			
	Syringe with needle, sterile, 2cc,	Miscellaneous			With a diagnosis of diabetes (205.00-205.90), syringes are billed with	medical	Purchase	
A4207	each	supplies	No		S8490	necessity	only	March-09
					Covered for recipients who administer medications other than insulin			
					themselves or with the assistance of a care giver. Diagnosis required.			
	Syringe with needle, sterile, 3cc,	Miscellaneous			With a diagnosis of diabetes (205.00-205.90), syringes are billed with	medical	Purchase	
A4208	each	supplies	No	Yes	S8490	necessity	only	March-09
					Covered for recipients who administer medications other than insulin			
					themselves or with the assistance of a care giver. Diagnosis required.			
	Syringe with needle, sterile, 5 cc	Miscellaneous			With a diagnosis of diabetes (205.00-205.90), syringes are billed with	medical	Purchase	
A4209	or greater, each	supplies	No	Yes	S8490	necessity	only	March-09
					Covered for recipients who administer medication themselves or with			
	Needle-free injection device,	Miscellaneous			the assistance of a care giver and are not able to safely administer		Purchase	
A4210	each	supplies	Always	Yes	medication using a conventional syringe with needle	1 per 5 years	only	March-09
					Covered for recipients who administer medications themselves or with			
					the assistance of a caregiver. Only to be used where a more specific			
	Supplies for self-administered	Miscellaneous			code is not available. Used for sharps disposal containers with	medical	Purchase	
A4211	injections	supplies	No		modifier U3 - see manual	necessity	only	March-09
	Noncoring needle or stylet with or			Y - NF		medical	Purchase	
A4212	without catheter	supplies	No	N-ICF/DD	Covered when medically necessary. Should not be billed with A4220.	necessity	only	January-08
					Covered for recipient who administer medications other than insulin			
					themselves or with the assistance of a caregiver or for wound			
	Syringe, sterile, 20 cc or greater,	Miscellaneous			irrigation. With a diagnosis of diabetes (205.00-205.90), syringes are	medical	Purchase	
A4213	each	supplies	No	Yes	billed with S8490	necessity	only	March-09
					Covered when needles are dispensed without syringes, or when			
		Miscellaneous			dispensed with a syringe code that does not include needles when	medical	Purchase	
A4215	Needle, sterile, any size, each	supplies	No	Yes	medically necessary	necessity	only	January-08



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A4216	Sterile water, saline, and / or dextrose, diluent / flush, 10 ml	Miscellaneous supplies	No		Covered when medically necessary. Document reason for need and reason for quantity. Should not be billed with A4221. Only non-legend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug.	300 units per month	Purchase only	January-08
					Covered when medically necessary. Document reason for need,			
		.		\ \ \\ \\ \\	including need for sterility, and reason for quantity. Only non-legend	400 ''	.	
	0. "	Miscellaneous 			sterile saline irrigation solutions may be billed as a medical supply,	100 units per	Purchase	
A4217	Sterile water / saline, 500 ml	supplies	No	N-ICF/DD	legend sterile saline solutions must be billed by a pharmacy as a drug.	month	only	January-08
					Covered when medically necessary for use with inhaled solutions.			
					Only non-legend sterile saline irrigation solutions may be billed as a			
	Ota dia Calina da atau da atau	NAC H		V NE	medical supply, legend sterile saline solutions must be billed by a	000 11	D	
A 4040	Sterile Saline or water, metered	Miscellaneous	NI-		pharmacy as a drug. Document reason for need and frequency of	300 units per	Purchase	
A4218	dose dispenser, 10 ml	supplies	No	N-ICF/DD	use. Use U3 modifier for vials other than 10 ml	month	only	January-08
					Covered for regimients with implement disfusion pures. Includes			
	Defill hit for implementable infraion	dui a infincion			Covered for recipients with implanted infusion pump. Includes		Durahaaa	
A 4000	Refill kit for implantable infusion	drug infusion	NI-	NI.	appropriate noncoring needles, filters, connectors, etc which may not		Purchase	
A4220	pump	supplies	No	No	be billed separately. Usual use is 1 per month, document excess need	5 per month	only	January-08
	Cumpling for maintanance of drug				Covered for recipients with drug infusion catheters. Includes gloves,			
	Supplies for maintenance of drug	drug infusion		Y - NF	alcohol wipes, tapes, catheter insertion devices, dressings for the catheter site and flush solutions not directly related to drug infusion,		Purchase	
A4221	infusion catheter, per week (list	drug infusion	No		,	4 nor month		lonuon, 00
A4221	drug separately)	supplies	No	N-ICF/DD	as well as all cannulas, and needles.	4 per month	only	January-08
	Infusion aumplies for systemal				Covered for recipients with external drug infusion pumps. Includes the			
	Infusion supplies for external	drug infusion		Y - NF	cassette or bag, diluting solutions, tubing and other administration		Purchase	
A4222	drug infusion pump, per cassette	drug infusion	No	N-ICF/DD	supplies, port cap changes, compounding charges and preparation	CO nor month		lonuon, 00
H4ZZZ	or bag (list drugs separately) Infusion supplies not used with	supplies	INO	N-ICF/DD	icharges.	60 per month	only	January-08
					Covered when medically necessary. Includes the cassette or bag,			
	external infusion pump, per	drug infusion		Y - NF	diluting solutions, tubing and other administration supplies, port cap		Purchase	
A4223	cassette or bag (list drugs	drug infusion	No			60 par manth		January 00
H4ZZ3	separately) Infusion set for external insulin	supplies	No	IN-ICF/DD	changes, compounding charges and preparation charges.	60 per month	only Purchase	January-08
A 4220		diabatas	No	No.	Covered for reginients with external insulin number. Befor to manual	15 per month		Documber 07
A4230	pump, nonneedle cannula type Infusion set for external insulin	diabetes	INO	No	Covered for recipients with external insulin pumps. Refer to manual	15 per month	only Purchase	December-07
A4231		diabatas	No	No	Covered for recipients with external inculin number. Refer to manual	15 per month		December-07
H4231	pump, needle type Syringe with needle for external	diabetes	INO	INU	Covered for recipients with external insulin pumps. Refer to manual	15 per month	only Purchase	December-07
A4232	insulin pump, sterile, 3 cc	diabetes	No	No	Covered for recipients with external insulin pumps. Refer to manual	15 per month	only	December-07
74232	madim pump, steme, a cc	นเลมอเอง	INU	INU	Toorered for recipients with external insulin pumps. Itelef to manual	19 her mount	Offig	December 101



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	Replacement battery, alkaline							
	(other than J cell), for use with							
	medically necessary home blood						Durahasa	
A 4000	glucose monitor owned by	alia la ata a	NI-	V		F	Purchase	D
A4233	patient, each	diabetes	No	Yes	Covered for diabetic recipients who own a blood glucose monitor	5 per year	only	December-07
	Replacement battery, J cell, for							
	use with medically necessary							
	home blood glucose monitor						Purchase	
A4234	owned by patient, each	diabetes	No	Yes	Covered for diabetic recipients who own a blood glucose monitor	5 per year	only	December-07
	Replacement battery, alkaline							
	(other than J cell), for use with							
	medically necessary home blood							
	glucose monitor owned by						Purchase	
A4235	patient, each	diabetes	No	Yes	Covered for diabetic recipients who own a blood glucose monitor	5 per year	only	December-07
	Replacement battery, alkaline							
	(other than J cell), for use with							
	medically necessary home blood							
	glucose monitor owned by						Purchase	
A4236	patient, each	diabetes	No	Yes	Covered for diabetic recipients who own a blood glucose monitor	5 per year	only	December-07
		Miscellaneous			Covered when medically necessary for injections / sterilizing	5 pints per	Purchase	
A4244	Alcohol or peroxide, per pint	supplies	No	Yes	equipment	month	only	December-08
		Miscellaneous	Sometimes		Covered when medically necessary for injections / sterilizing	6 boxes per	Purchase	
A4245	Alcohol wipes, per box	supplies	- see	Yes	equipment. PA required for over 6 boxes per month	month	only	December-08
					Covered when dispensed by approved dialysis equipment supplier.			
	Betadine or pHisoHex solution,				For indications other than dialysis, must be billed by a pharmacy as a	medical	Purchase	
A4246	per pint	Renal Dialysis	No	No	drug. Refer to manual	necessity	only	December-08
					Covered when dispensed by approved dialysis equipment supplier.			
	Betadine or iodine swabs/wipes,				For indications other than dialysis, must be billed by a pharmacy as a	medical	Purchase	
A4247	per box	Renal Dialysis	No	No	drug. Refer to manual	necessity	only	December-08
	Chlorhexidine contianing	Miscellaneous			Not covered as a medical supply. Must be billed by a pharmacy as a			
A4248	antiseptic, 1 ml	supplies			drug. Refer to manual			December-08
	Urine test or reagent strips or				Covered for diabetic recipients who choose not to use blood glucose	2 boxes per	Purchase	
A4250	tablets (100 tablets or strips)	diabetes	No	Yes	monitoring or for diabetic recipients at risk for ketoacidosis	month	only	December-07
	Blood ketone test or reagent				Covered for diabetics at risk of ketoacidosis for whom urine ketone		Purchase	
A4252	strip, each	diabetes	Always	Yes	testing is not sufficient. Refer to manual	90 per month	only	December-07



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	Blood glucose test or reagent							
	strips for home blood glucose		For excess			4 boxes of 50		
	monitor, per 50 strips (1 unit = 50		quantities			strips per	Purchase	
A4253	strips)	diabetes	only	yes	Covered for recipients with diabetes. Refer to manual	month	only	December-07
	Platforms for home blood				Covered for diabetic recipients who do home blood glucose	4 boxes per	Purchase	
A4255	glucose monitor, 50 per box	diabetes	No	Yes	monitoring	month	only	December-07
	typical, low and high calibrator				Covered for diabetic recipients who do home blood glucose		Purchase	
A4256	solution / chips	diabetes	No	Yes	monitoring	1 per month	only	December-07
	Replacement lens shield							
	cartridge for use with laser skin			Y - NF	Covered for diabetic recipients who own and use a laser skin piercing		Purchase	
A4257	piercing device, each	diabetes	No	N-ICF/DD	device	1 per month	only	December-07
	Spring-powered device for				Covered for diabetic recipients who do home blood glucose		Purchase	
A4258	lancet, each	diabetes	No	Yes	monitoring	1 per month	only	December-07
					Covered for diabetic recipients who do home blood glucose	4 boxes per	Purchase	
A4259	Lancets, per box	diabetes	No	Yes	monitoring	month	only	December-07
	Cervical cap for contraceptive						Purchase	
A4261	use	Family Planning	No	No	Covered for female recipients when prescribed for contraception	1 / year	only	January-08
A4264	Permanent implantable contraceptive intratubal occlusion device (s) and delivery system	Family Planning	No	No	Covered effective 1/1/2010 when implanted by a physician. Cannot be dispensed by medical supplier or pharmacy.	2 per lifetime	Purchase only	January-10
A4265	Paraffin, per lb	Wound care	No	Yes	Covered when used as part of a home therapy treatment plan	1 lb / month	Purchase only	January-08
A4266	Diaphragm for contraceptive use	Family Planning	No	No	Covered for female recipients when prescribed for contraception	1 / year	Purchase only	January-08
	Contraceptive supply, condom,	<u> </u>		l	Covered for male or female recipients when prescribed for		Purchase	
A4267	male, each	Family Planning	No	No	contraception or disease prevention	90 / month	only	January-08
A4268	Contraceptive supply, condom, female, each	Family Planning	No	No	Covered for female recipients when prescribed for contraception or disease prevention	90 / month	Purchase only	January-08
A4269	Contraceptive supply, spermicide (e.g. foam, gel), each	Family Planning	No	No	Covered for male or female recipients when prescribed for contraception	6 / month	Purchase only	January-08
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Prosthetics	No	No	Covered for recipients with external breast prostheses	60 / month	Purchase only	January-08
A4281	tubing for breast pump, replacement	Breast pump	No	No	Covered for recipients who are nursing or infants of nursing mothers with patient owned breast pumps	1 per 6 months	Purchase only	January-08



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	Adapter for breast pump,				Covered for recipients who are nursing or infants of nursing mothers		Purchase	
A4282		Propot numn	No	No	with patient owned breast pumps	1 / voor		lonuon, 00
H4Z0Z	replacement	Breast pump	INO	NO		1 / year	only	January-08
	Cap for breast pump bottle,	 			Covered for recipients who are nursing or infants of nursing mothers		Purchase	
A4283	replacement	Breast pump	No	No	with patient owned breast pumps	1 / dispensing	only	January-08
	Breast shield and splash							
	protector for use with breast				Covered for recipients who are nursing or infants of nursing mothers		Purchase	
A4284	pump, replacement	Breast pump	No	No	with patient owned breast pumps	2 / year	only	January-08
	Polycarbonate bottle for use with							
A4285	breast pump, replacement	Breast pump			Not covered. Bottles for healthy infants are not a medical supply.			January-08
	Locking ring for breast pump,				Covered for recipients who are nursing or infants of nursing mothers		Purchase	
A4286	replacement	Breast pump	No	No	with patient owned breast pumps	1 per year	only	January-08
	Disposable drug delivery system,							•
	flow rate of 50 ml or greater per	Miscellaneous		Y - NF	Covered for recipients requiring drug infusion using a disposable	10 per	Purchase	
A4305	hour	supplies	No	N-ICF/DD		dispensing	only	May-10
	Disposable drug delivery system,	- опринес				and particulary	,	interfy 10
	flow rate of less than 50 ml per	Miscellaneous		Y - NF	Covered for recipients requiring drug infusion using a disposable	10 per	Purchase	
A4306	hour	supplies	No	N-ICF/DD		dispensing	only	May-10
711000	Tiou.	очррнос	140	11 101755	Covered for recipients with indwelling catheters. Generally, 1	1 per	Only	way 10
					indwelling catheter is appropriate per month. Up to 3 indwelling	insertion up to		
	Insertion tray without drainage		Sometimes		catheters per month are covered without authorization. Includes	31 per month		
	bag and without catheter		- see		sterile lubricant packet (A4332) and non-sterile or sterile gloves	when	Purchase	
A4310	I =	Urological			· · · · · · · · · · · · · · · · · · ·	_		April 00
A4310	(accessories only)	Urological	manual	N-ICF/DD	(A4927 or A4930)	authorized	only	April-09
	la a auti a a tana a a ith a a tana in a a a				Consequent for an explainment with incharge line and the state of Consequents (4		
	Insertion tray without drainage				Covered for recipients with indwelling catheters. Generally, 1	1 per		
	bag with indwelling catheter,				indwelling catheter is appropriate per month. Up to 3 indwelling	insertion up to		
	Foley type, two-way latex with		Sometimes		catheters per month are covered without authorization. Includes	31 per month		
	coating (Teflon, silicone, silicone		- see		sterile lubricant packet (A4332) and non-sterile or sterile gloves	when	Purchase	
A4311	elastomer or hydrophilic, etc)	Urological	manual	N-ICF/DD	, , ,	authorized	only	April-09
					Covered for recipients with indwelling catheters. Generally, 1	1 per		
					indwelling catheter is appropriate per month. Up to 3 indwelling	insertion up to		
	Insertion tray without drainage		Sometimes		catheters per month are covered without authorization. Includes	31 per month		
	bag with indwelling catheter,		- see	Y - NF	sterile lubricant packet (A4332) and non-sterile or sterile gloves	when	Purchase	
A4312	Foley type, two-way, all silicone	Urological	manual	N-ICF/DD	(A4927 or A4930) and catheter (A4344)	authorized	only	April-09



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	T		T	Т				
					Covered for recipients with indwelling catheters. Generally, 1	1 per		
	Insertion tray without drainage				indwelling catheter is appropriate per month. Up to 3 indwelling	insertion up to	 	
	bag with indwelling catheter,		Sometimes		catheters per month are covered without authorization. Includes	31 per month	 	
	Foley type, three-way, for		- see		sterile lubricant packet (A4332) and non-sterile or sterile gloves	when	Purchase	
A4313	continuous irrigation	Urological	manual	N-ICF/DD	(A4927 or A4930) and catheter (A4346)	authorized	only	April-09
					Covered for recipients with indwelling catheters. Generally, 1		 	
	Insertion tray with drainage bag				indwelling catheter is appropriate per month. Up to 3 indwelling	1 per	 	
	with indwelling catheter, Foley				catheters per month are covered without authorization. Includes	insertion up to	 	
	type, two-way latex with coating		Sometimes		sterile lubricant packet (A4332) non-sterile or sterile gloves (A4927 or	31 per month	 	
	(Teflon, silicone, silicone		- see	Y - NF	A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and	when	Purchase	
A4314	elastomer or hydrophilic, etc)	Urological	manual	N-ICF/DD	catheter (A4338)	authorized	only	April-09
					Covered for recipients with indwelling catheters. Generally, 1		 	
					indwelling catheter is appropriate per month. Up to 3 indwelling	1 per	 	
					catheters per month may be needed for recipients with frequent UTIs	insertion up to	 	
	Insertion tray with drainage bag		Sometimes		or other medical complications. Includes sterile lubricant packet	31 per month	 	
	with indwelling catheter, Foley		- see		(A4332) non-sterile or sterile gloves (A4927 or A4930), bag (A4357,	when	Purchase	
A4315	type, two-way, all silicone	Urological	manual		A4358, A5102 or A5112), tubing (A4331), and catheter (A4344)	authorized	only	April-09
71.010	lype, me may, amemorie	0.0.0g.0a.			Covered for recipients with indwelling catheters with a history of			7 00
					obstruction of the catheter. Generally, 1 indwelling catheter is		 	
					appropriate per month. Up to 3 indwelling catheters per month may	1 per	 	
	Insertion tray with drainage bag				be needed for recipients with frequent UTIs or other medical	insertion up to	 	
	with indwelling catheter, Foley		Sometimes		complications. Includes sterile lubricant packet (A4332) non-sterile or	31 per month	 	
	type, three-way, for continuous		- see	Y - NF	sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or	when	Purchase	
A4316	irrigation	Urological	manual		A5112), tubing (A4331), and catheter (A4346)	authorized	only	April-09
711010		o rologica:	manda	11101755	it to 112), tabing (111001), and cametor (111010)	90 irrigation	<u> </u>	7.15111 00
						syringes /	 	
	Irrigation tray with bulb or piston	Miscellaneous		Y - NF	Covered for recipients with indwelling catheter or other medical	trays per	Purchase	
A4320	syringe, any purpose	supplies	No			month	only	February-09
A-020	Therapeutic agent for urinary	Juppiles	140	14 101 /00	Therapeutic solutions with active ingredients and legend sterile saline	monu	Office	i colualy-09
A4321	catheter irrigation	Urological			solutions must be billed by a pharmacy as a drug		 	April-09
777021	Carioto irrigation	Officiogical			Solutions must be billed by a pharmacy as a drug	90 irrigation		Aprili-03
						syringes /	 	
	Irrigation syringe, bulb or piston,				Covered for recipients with indwelling catheter or other medical	trays per	Purchase	
A4322	lingation syninge, build or pistori, leach	Urological	No	Yes	condition requiring irrigation. Includes A4320	month	only	April-09
74322	Cauli	Ululugical	INU	162	condition requiring impation. Includes A4320	HIOHUI	Offig	April-09



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	Male external catheter with							
	integral collection chamber, any				Covered for male recipients with urinary incontinence who do not have		Purchase	
A4326	type, each	Urological	No	N-ICF/DD	an indwelling catheter.	31 per month	only	April-09
	Female external urinary							
	collection device; meatal cup,				Covered for female recipients with urinary incontinence who do not		Purchase	
A4327	each	Urological	No		have an indwelling catheter.	4 per month	only	April-09
	Female external urinary			Y - NF	Covered for female recipients with urinary incontinence who do not		Purchase	
A4328	collection device; pouch, each	Urological	No		have an indwelling catheter.	31 per month	only	April-09
	Perianal fecal collection pouch			Y- NF			Purchase	
A4330	with adhesive, each	Urological	No	N-ICF/DD	Covered for recipients with fecal incontinence.	31 per month	only	April-09
	Extension drainage tubing, any							
	type, with connector / adaptor, for				Covered for recipients with urinary incontinence and leg bag or			
	use with urinary leg bag or				urostomy pouch. Generally, tubing may be needed once per week, but		Purchase	
A4331	urostomy pouch, each	Urological	No	N-ICF/DD	may be replaced daily for frequent UTIs or other medical conditions	31 per month	only	April-09
					Covered for recipients who use catheters with sterile insertion, as			
	Lubricant, individual sterile	Miscellaneous			medically necessary for other diagnoses. 1 packet per sterile	288 per	Purchase	
A4332	packet, each	supplies	No	Yes	catheterization is covered.	month	only	November-09
	Urinary catheter anchoring							
	device, adhesive skin				Covered for recipients who use indwelling catheters. Use is expected		Purchase	
A4333	attachment, each	Urological	No		to be 1 every 2-3 days, 1 each day may be needed in some cases.	31 per month	only	April-09
	Urinary catheter anchoring				Covered for recipients who use catheters. typical use is expected to		Purchase	
A4334	device, leg strap, each	Urological	No	N-ICF/DD	be 1 each month, 1 each week may be needed in some cases.	5 per month	only	April-09
					Covered for recipients with incontinence. Only to be used when a			
	Incontinence supply,				more specific code is not available. See manual for information about	medical	Purchase	
A4335	miscellaneous	Urological	No		billing miscellaneous supplies	necessity	only	April-09
	Incontinence supply, urethral			Y - NF		200 per	Purchase	
A4336	insert, any type, each	Urological	No	N-ICF/DD	Covered effective 1/1/2010 for recipients with urinary incontinence.	month	only	January-10
						1 indewlling		
	Indwelling catheter; Foley type,					catheter per		
	two-way latex with coating					insertion up to		
	(Teflon, silicone, silicone		Sometimes		Covered for recipients with indwelling catheters. Generally, 1	31 per month		
	elastomer, or hydrophilic, etc.),		- see		indwelling catheter is appropriate per month. Up to 3 indwelling	when	Purchase	
A4338	each	Urological	manual	N-ICF/DD	catheters per month are covered without authorization.	authorized	only	April-09



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						1 indewlling		
						catheter per		
						insertion up to		
	Indwelling catheter; Specialty		Sometimes		Covered for recipients with indwelling catheters. Generally, 1	31 per month		
	type (e.g. Coude, mushroom,		- see	Y - NF	indwelling catheter is appropriate per month. Up to 3 indwelling	when	Purchase	
A4340	wing, etc.), each	Urological	manual	N-ICF/DD	catheters per month are covered without authorization.	authorized	only	April-09
						1 indewlling		
						catheter per		
						insertion up to		
			Sometimes		Covered for recipients with indwelling catheters. Generally, 1	31 per month		
	Indwelling catheter, Foley type,		- see	Y - NF	indwelling catheter is appropriate per month. Up to 3 indwelling	when	Purchase	
A4344	two-way, all silicone, each	Urological	manual	N-ICF/DD	catheters per month are covered without authorization.	authorized	only	April-09
						1 indewlling		
						catheter per		
					Covered for recipients who use indwelling catheter and have a history	insertion up to		
	Indwelling catheter, Foley type,		Sometimes		of obstruction of the catheter. Generally 1 indwelling catheter is	31 per month		
	three-way for continuous		- see	Y - NF	appropriate per month, up to 3 indwelling catheters per month are	when	Purchase	
A4346	irrigation, each	Urological	manual	N-ICF/DD	covered without authorization	authorized	only	April-09
	Male external catheter with or							
	without adhesive, disposable,			Y - NF	Covered for male recipients with urinary incontinence. Most recipients		Purchase	
A4349	each	Urological	No	N-ICF/DD	can be served with 2 per day.	90 per month	only	April-09
	Intermittent urinary catheter;				Covered for recipients who use intermittent catheterization. Most			
	straight tip, with or without				recipients can be served with 150 - 180 catheters per month.	300		
	coating (Teflon, silicone, silicone				Additional quantities may be needed for recipients with a history of	intermittent		
	elastomeric, or hydrophilic, etc.),			Y - NF	frequent UTIs. Documentation must include frequency of needed	catheters per	Purchase	
A4351	each	Urological	No	N-ICF/DD	catheterization and reason for frequency.	month	only	April-09
	Intermittent urinary catheter;				Covered for recipients who use intermittent catheterization. Most		_	-
	Coude (curved) tip, with or				recipients can be served with 150 - 180 catheters per month.	300		
	without coating (Teflon, silicone,				Additional quantities may be needed for recipients with a history of	intermittent		
	silicone elastomeric, or			Y - NF	frequent UTIs. Documentation must include frequency of needed	catheters per	Purchase	
A4352	hydrophilic, etc.), each	Urological	No	N-ICF/DD	catheterization, reason for frequency and reason for Coude tip.	month	only	April-09



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(*************************************	Windows and account of the control of the							
					Covered for recipients who use intermittent catheterization. Most			
					recipients can be served with 150 - 180 catheters per month.			
					Additional quantities may be needed for recipients with a history of			
					frequent UTIs. Documentation must include frequency of needed	300		
					catheterization, reason for frequency and reason for sterile	intermittent		
			Sometimes		catheterization. Up to 200 intermittent catheters per month are	catheters per		
	Intermittent urinary catheter, with		- see	Y - NF	covered without authorization. Includes sterile lubricant packet	month when	Purchase	
A4353	insertion supplies	Urological	manual	N-ICF/DD	(A4332) and sterile or non-sterile gloves (A4930 or A4327).	authorized	only	April-09
					Covered for recipients with indwelling catheters. Generally, 1			
					indwelling catheter / insertion tray is appropriate per month. Up to 3	1 per		
					indwelling catheters / insertion trays per month are covered without	insertion up to		
			Sometimes		authorization. Includes sterile lubricant packet (A4332) and non-sterile	31 per month		
	Insertion tray with drainage bag		- see	Y - NF	or sterile gloves (A4927 or A4930) and drainage bag (A4357, A4358,	when	Purchase	
A4354	but without catheter	Urological	manual	N-ICF/DD	A5102, or A5112)	authorized	only	April-09
	Irrigation tubing set for							
	continuous bladder irrigation				Covered for recipients with three-way indwelling Foley Catheters when			
	through a three-way indwelling			Y - NF	the recipient has a history of obstruction of the catheter. Continuous		Purchase	
A4355	Foley catheter, each	Urological	No		irrigation is rarely necessary for more than 2 consecutive weeks	31 per month	only	April-09
	External urethral clamp or							•
	compression device (not to be			Y - NF			Purchase	
A4356	used for catheter clamp), each	Urological	No	N-ICF/DD	Covered for male recipients with urinary incontinence.	1 per month	only	April-09
					Covered for recipients with catheters. Most recipients can be served	31 drainage		
	Bedside drainage bag, day or		Sometimes		with 1 per month, additional may needed for recipients with frequent	devices per		
	night, with or without anti-reflux		- see	Y - NF	UTIs or other medical complications. Quantities over 10 per month	month when	Purchase	
A4357	device, with or without tube, each	Urological	manual	N-ICF/DD	require PA.	authorized	only	April-09
					Covered for recipients with catheters. Most recipients can be served	31 drainage	-	-
	Urinary drainage bag, leg or		Sometimes		with 2 per month, additional may needed for recipients with frequent	devices per		
	abdomen, vinyl, with or without		- see	Y - NF	UTIs or other medical complications. Quantities over 10 per month	month when	Purchase	
A4358	tube, with straps, each	Urological	manual	N-ICF/DD	require PA.	authorized	only	April-09
	Disposable external urethral	-					·	•
	clamp or compression device,			Y - NF	Covered effective 1/1/2010 for male recipients with minimal urinary		Purchase	
A4360	with pad and/or pouch, each	Urological	No	N-ICF/DD	incontinence.	30 per month	only	January-10
		-		Y - NF	Covered for recipients with ostomies. Most recipients can be served		Purchase	-
A4361	Ostomy faceplate, each	Ostomy	No	N-ICF/DD	with 2 per month.	4 per month	only	January-08
	Skin barrier; solid, four by four or				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A4362	equivalent; each	Ostomy	No	N-ICF/DD	with 1 per site per day.	31 per month	only	January-08



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	In		1	1 1/ 1/-		1		r
	Ostomy clamp, any type,				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A4363	replacement only, each	Ostomy	No		with 1 per site per 3 - 6 months.	2 per month	only	January-08
	Adhesive, liquid or equivalent,				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A4364	any type, per oz.	Ostomy	No		with 4 - 6 oz per site per month	20 per month	only	January-08
					Covered for recipients with ostomies who use pouches without vent.		Purchase	
A4366	Ostomy vent, any type, each	Ostomy	No	N-ICF/DD	Maximum use is one per pouch change.	31 per month	only	January-08
				Y - NF	Covered for recipients with ostomies. typical use is 1 per site per		Purchase	
A4367	Ostomy belt, each	Ostomy	No	N-ICF/DD	month.	3 per month	only	January-08
				Y - NF	Covered for recipients with ostomies who use pouches without filters.		Purchase	
A4368	Ostomy filter, any type, each	Ostomy	No	N-ICF/DD	Maximum use is 1 per pouch change.	31 per month	only	January-08
	Ostomy skin barrier, liquid			Y - NF	Covered for recipients with ostomies. typical use is 2 - 3 oz per month	15 oz per	Purchase	
A4369	(spray, brush, etc.), per oz	Ostomy	No	N-ICF/DD	per site	month	only	September-08
	Ostomy skin barrier, powder, per			Y - NF	Covered for recipients with ostomies. typical use is 1-2 oz per month	6 oz per	Purchase	
A4371	oz	Ostomy	No	N-ICF/DD	per site	month	only	September-08
	Ostomy skin barrier, solid 4x4 or							
	equivalent, standard wear, with			Y - NF			Purchase	
A4372	built-in convexity, each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion), with			Y - NF			Purchase	
A4373	built-in convexity, any size, each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
		-					-	
	Ostomy pouch, drainable, with			Y - NF	Covered for recipients with ostomies. typical use is 1 per site per day.		Purchase	
A4375	faceplate attached, plastic, each	Ostomy	No	N-ICF/DD	Includes A4361	31 per month	only	January-08
		·					•	
	Ostomy pouch, drainable, with			Y - NF	Covered for recipients with ostomies. typical use is 1 per site per day.		Purchase	
A4376	faceplate attached, rubber, each	Ostomy	No	N-ICF/DD	Includes A4361	31 per month	only	January-08
	Ostomy pouch, drainable, for use	•		Y - NF		·	Purchase	
A4377	on faceplate, plastic, each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
	Ostomy pouch, drainable, for use	· · · · · · · · · · · · · · · · · · ·		Y - NF		·	Purchase	Í
A4378	on faceplate, rubber, each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
	1 1	,					,	,
	Ostomy pouch, urinary, with			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per site		Purchase	
A4379	faceplate attached, plastic, each	Ostomy	No		per day. Includes A4361	31 per month	only	January-08
	, , , , , , , , , , , , , , , , , , , ,	- ,		<u> </u>	,		,	, , , , ,
				-		i		
	Ostomy pouch, urinary, with			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per site		Purchase	



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A4382 on to Ost A4383 on to Ost A4384 silic Ost equ A4385 with Ost bar	stomy pouch, urinary, for use a faceplate, heavy plastic, each stomy pouch, urinary, for use a faceplate, rubber, each stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or quivalent, extended wear, atthout built-in convexity, each stomy pouch, closed, with barrier attached, with built-in convexity, each	Ostomy Ostomy Ostomy Ostomy	No No No No	N-ICF/DD Y - NF N-ICF/DD Y - NF N-ICF/DD	Covered for recipients with urinary ostomies. typical use is 1 per site per day. Covered for recipients with urinary ostomies. typical use is 1 per site per day. Covered for recipients with ostomies. typical use is 1 per site per	31 per month 31 per month 31 per month 8 per month	only Purchase only Purchase only Purchase only Purchase	January-08 January-08 January-08 January-08
A4382 on to Ost A4383 on to Ost A4384 silico Ost equ A4385 with Ost bar	n faceplate, heavy plastic, each stomy pouch, urinary, for use in faceplate, rubber, each stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with parrier attached, with built-in	Ostomy	No No	N-ICF/DD Y - NF N-ICF/DD Y - NF N-ICF/DD Y - NF	per day. Covered for recipients with urinary ostomies. typical use is 1 per site per day. Covered for recipients with ostomies. typical use is 1 per site per week.	31 per month 8 per month	only Purchase only Purchase only	January-08
A4382 on to Ost A4383 on to Ost A4384 silico Ost equ A4385 with Ost bar	n faceplate, heavy plastic, each stomy pouch, urinary, for use in faceplate, rubber, each stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with parrier attached, with built-in	Ostomy	No No	N-ICF/DD Y - NF N-ICF/DD Y - NF N-ICF/DD Y - NF	per day. Covered for recipients with urinary ostomies. typical use is 1 per site per day. Covered for recipients with ostomies. typical use is 1 per site per week.	31 per month 8 per month	only Purchase only Purchase only	January-08
A4383 on S A4384 silic Ost equ A4385 with Ost bar	stomy pouch, urinary, for use in faceplate, rubber, each stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or equivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with barrier attached, with built-in	Ostomy	No No	Y - NF N-ICF/DD Y - NF N-ICF/DD Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per site per day. Covered for recipients with ostomies. typical use is 1 per site per week.	31 per month 8 per month	Purchase only Purchase only	January-08
A4383 on to Ost A4384 silico Ost equ A4385 with Ost bar	n faceplate, rubber, each stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in	Ostomy	No	N-ICF/DD Y - NF N-ICF/DD Y - NF	per day. Covered for recipients with ostomies. typical use is 1 per site per week.	8 per month	only Purchase only	j
A4384 silic Ost equ A4385 with Ost bar	stomy faceplate equivalent, licone ring, each stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in	Ostomy	No	Y - NF N-ICF/DD Y - NF	Covered for recipients with ostomies. typical use is 1 per site per week.	8 per month	Purchase only	j
A4384 silic Ost equ A4385 with Ost bar	stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in			N-ICF/DD Y - NF	week.	·	only	January-08
A4385 with Ost bar	stomy skin barrier, solid 4x4 or quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in			Y - NF		·	·	January-08
A4385 equ with Ost bar	quivalent, extended wear, ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in	Ostomy	No		Covered for recipients with ostomies. typical use is 1 per site per 2 - 3		Durchasa	
A4385 with Ost bar	ithout built-in convexity, each stomy pouch, closed, with arrier attached, with built-in	Ostomy	No		Covered for recipients with ostomies. typical use is 1 per site per 2 - 3		Purchase	
Ost bar	stomy pouch, closed, with arrier attached, with built-in	Ostomy	No	I N-ICF/DD	1			ĺ
bar	arrier attached, with built-in				days.	31 per month	only	January-08
	•							1
A4387 con	nvexity each			Y - NF			Purchase	1
		Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
Ost	stomy pouch, drainable, with							
ext	ktended wear barrier attached			Y - NF	Covered for recipients with ostomies. typical use is 1 per site per 2-3		Purchase	1
A4388 (on	ne piece), each	Ostomy	No	N-ICF/DD	days.	31 per month	only	January-08
Ost	stomy pouch, drainable, with	•						
bar	arrier attached, with built-in			Y - NF			Purchase	1
A4389 con	onvexity (one piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per site per day.	31 per month	only	January-08
Ost	stomy pouch, drainable, with	·				·		
ext	ktended wear barrier attached,							1
with	ith built-in convexity (one			Y - NF	Covered for recipients with ostomies. typical use is 1 per site per 2-3		Purchase	1
	ece), each	Ostomy	No	N-ICF/DD		31 per month	only	January-08
	stomy pouch, urinary, with					,	,	, , , , , , , , , , , , , , , , , , ,
	ktended wear barrier attached			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per site		Purchase	1
	ne piece), each	Ostomy	No		per 2 - 3 days.	31 per month	only	January-08
	stomy pouch, urinary, with			11101722		о г рог гиотии	oy	<u> </u>
	andard wear barrier attached,							1
	ith built-in convexity (one			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per site		Purchase	1
	ece), each	Ostomy	No	N-ICF/DD		31 per month	only	January-08
	stomy pouch, urinary, with	Ostorny	INO	14 101 /00	por auy.	or por monar	Orliy	January-00
	ktended wear barrier attached.							
	ith built-in convexity (one			Y - NF	Covered for recipients with urinary estemics, typical use is 1 per site		Purchase	
	ece), each	Ostomy	No		Covered for recipients with urinary ostomies. typical use is 1 per site per 2 - 3 days.	31 per month	only	January-08



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	Ostomy deodorant, with or							
	without lubricant, for use in			Y - NF	Covered for recipients with ostomies. typical use is 1 oz per site per	32 oz per	Purchase	
A4394	ostomy pouch, per fluid ounce	Ostomy	No	N-ICF/DD	day.	month	only	September-08
	Ostomy deodorant for use in			Y - NF	Covered for recipients with ostomies. typical use is 2 - 3 tabs per day	100 per	Purchase	
A4395	ostomy pouch, solid, per tablet	Ostomy	No	N-ICF/DD	per site	month	only	January-08
	Ostomy belt with peristomal			Y - NF	Covered for recipients with ostomies. typical use is 1 per 3 months per		Purchase	
A4396	hernia support	Ostomy	No	N-ICF/DD	site	1 per month	only	January-08
				Y - NF	Covered for recipients with ostomies. typical use is 1 per week per		Purchase	
A4397	Irrigation supply; sleeve, each	Ostomy	No	N-ICF/DD	site	10 per month	only	January-08
	Ostomy irrigation supply, bag,			Y - NF			Purchase	
A4398	each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per 3 months	1 per month	only	January-08
	Ostomy irrigation supply; cone /				Covered for recipients with ostomies. typical use is 1 per 3 months		Purchase	
A4399	catheter, with or without brush	Ostomy	No	N-ICF/DD	l l	1 per month	only	January-11
					Covered for recipients with ostomies. A4400 should be used the first			
					time a recipient receives irrigation supplies. After the first time,			
				Y - NF	dispense only those supplies that are needed and bill with A4397,		Purchase	
A4400	Ostomy irrigation set	Ostomy	No	N-ICF/DD	A4398 or A4399 following those guidelines.	1 per site	only	January-08
						13 oz per		
		Miscellaneous			Covered for recipients with ostomies or who catheterize, or when	month (3 4.3	Purchase	
A4402	Lubricant, per oz.	supplies	No	Yes	medically necessary for other recipients	oz tubes)	only	January-08
					Covered for recipients with ostomies. typical use is 1 per site per 2 -3		Purchase	
A4404	Ostomy ring, each	Ostomy	No	N-ICF/DD		25 per month	only	January-08
	Ostomy skin barrier, non-pectin				Covered for recipients with ostomies. typical use is approximately 1/8 -	16 oz per	Purchase	
A4405	based, paste, per ounce	Ostomy	No		1/4 oz per day per site.	month	only	January-08
	Ostomy skin barrier, pectin-				Covered for recipients with ostomies. typical use is approximately 1/8 -	16 oz per	Purchase	
A4406	based, paste, per oz	Ostomy	No	N-ICF/DD	1/4 oz per day per site.	month	only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion),				Covered for recipients with ostomies. typical use is 1 per 2 - 3 days			
	extended wear, with built-in			Y - NF	per site. Recipients who need to change the barrier more than once		Purchase	
A4407	convexity, 4 X 4 or smaller, each	Ostomy	No	N-ICF/DD	daily should not be using extended wear barriers	31 per month	only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion),			1	Covered for recipients with ostomies. typical use is 1 per 2 - 3 days			
	extended wear, with built-in				per site. Recipients who need to change the barrier more than once		Purchase	
A4408	convexity, larger than 4 X 4, each	Ostomy	No	N-ICF/DD	daily should not be using extended wear barriers	31 per month	only	January-08



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	1							
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 or smaller, each	Ostomy	No		Covered for recipients with ostomies. typical use is 1 per 2 - 3 days per site. Recipients who need to change the barrier more than once daily should not be using extended wear barriers	31 per month	Purchase only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion),				Covered for recipients with ostomies. typical use is 1 per 2 - 3 days			
	extended wear, without built-in			Y - NF	per site. Recipients who need to change the barrier more than once		Purchase	
A4410	convexity, larger than 4 X 4, each	Ostomy	No	N-ICF/DD	daily should not be using extended wear barriers	31 per month	only	January-08
	Ostomy skin barrier, solid 4 x 4				Covered for recipients with ostomies. typical use is 1 per 2 - 3 days			
	or equivalent, extended wear,			Y - NF	per site. Recipients who need to change the barrier more than once		Purchase	
A4411	with built-in convexity, each	Ostomy	No	N-ICF/DD	daily should not be using extended wear barriers	31 per month	only	January-08
	Ostomy pouch, drainable, high							
	output, for use on a barrier with							
	flange (2 piece system), without				Covered for recipients with ostomies. typical use is 1 per 4-5 days per		Purchase	
A4412	filter, each	Ostomy	No	N-ICF/DD	site.	31 per month	only	January-08
	Ostomy pouch, drainable, high							
	output, for use on a barrier with							
	flange (2 piece system), with				Covered for recipients with ostomies. typical use is 1 per 4-5 days per		Purchase	
A4413	filter, each	Ostomy	No	N-ICF/DD	site.	31 per month	only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion),							
	without built-in convexity, 4 X 4 or			Y - NF			Purchase	
A4414	smaller, each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per day per site.	31 per month	only	January-08
	Ostomy skin barrier, with flange							
	(solid, flexible or accordion),							
	without built-in convexity, larger			Y - NF			Purchase	
A4415	than 4 X 4, each	Ostomy	No		Covered for recipients with ostomies. typical use is 1 per day per site.	31 per month	only	January-08
	Ostomy pouch, closed, with filter			Y - NF			Purchase	
A4416	(one piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	September-08
	Ostomy pouch, closed, with			1				
	barrier attached, with built-in			1				
	convexity, with filter (one piece),			Y - NF			Purchase	
A4417	each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	September-08



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	Ostomy pouch, closed; without barrier attached, with filter (one			Y - NF			Purchase	
A4418	piece), each	Ostomy	No		Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	September-08
71110	p.000); caon	Cotonly	110	11 101 755	Service for recipionic with esternios: typical ace to 2 per day per cite.	oz por monar	Offiny	Coptombor co
	Ostomy pouch, closed; for use							
	on barrier with nonlocking flange,			Y - NF			Purchase	
A4419	with filter (two piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	September-08
	Ostomy pouch, closed; for use	•			, , , , , , , , , , , , , , , , , , , ,	·	j	· ·
	on barrier with locking flange			Y - NF			Purchase	
A4420	(two piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	September-08
		•			Covered for recipients with ostomies. Only to be used when a more	·		·
				Y - NF	specific code is not available. See manual for information about billing	medical	Purchase	
A4421	Ostomy supply, miscellaneous	Ostomy	No	N-ICF/DD	miscellaneous supplies	necessity	only	January-08
	Ostomy absorbent material	-			Covered for recipients with ostomies. typical use is 2 -3 per day. If			
	(sheet/ pad/ crystal packet) for				product is not available in packing less than 100, providers may			
	use in ostomy pouch to thicken			Y - NF	dispense 100 at a time, but should not dispense additional until	100 per	Purchase	
A4422	liquid stomal output, each	Ostomy	No	N-ICF/DD	needed.	month	only	January-08
	Ostomy pouch, closed; for use							
	on barrier with locking flange,			Y - NF			Purchase	
A4423	with filter (two piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 2 per day per site.	62 per month	only	January-08
	Ostomy pouch, drainable, with							
	barrier attached, with filter (one				Covered for recipients with ostomies. typical use is 1 per 1 - 2 days		Purchase	
A4424	piece), each	Ostomy	No	N-ICF/DD	per site.	31 per month	only	January-08
	Ostomy pouch, drainable; for use							
	on barrier with nonlocking flange,							
	with filter (two piece system),				Covered for recipients with ostomies. typical use is 1 per 1 - 2 days		Purchase	
A4425	each	Ostomy	No	N-ICF/DD	per site.	31 per month	only	February-08
	Ostomy pouch, drainable; for use							
	on barrier locking flange, (two				Covered for recipients with ostomies. typical use is 1 per 1 - 2 days		Purchase	
A4426	piece system), each	Ostomy	No	N-ICF/DD	per site.	31 per month	only	February-08
	Ostomy pouch, drainable; for use			I				
	on barrier locking flange, with]		Covered for recipients with ostomies. typical use is 1 per 1 - 2 days		Purchase	
A4427	filter (two piece system), each	Ostomy	No	N-ICF/DD	per site.	31 per month	only	February-08



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A4428 (Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each Ostomy pouch, urinary, with							
A4428 (with faucet-type tap with valve (one piece), each							
A4428 ((one piece), each			l				
k					Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
k	Ostomy pouch urinary with	Ostomy	No	N-ICF/DD	days per site.	31 per month	only	February-08
C	• • • • • • • • • • • • • • • • • • • •							
	barrier attached, with built-in							
A4429 \	convexity, with faucet-type tap				Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
	with valve (one piece), each	Ostomy	No	N-ICF/DD	days per site.	31 per month	only	February-08
	Ostomy pouch, urinary, with							
	extended wear barrier attached,							
	with built-in convexity, with faucet-							
t	type tap with valve (one piece),				Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
A4430	each	Ostomy	No	N-ICF/DD	days per site.	31 per month	only	February-08
						_		
	Ostomy pouch, urinary, with							
ŀ	barrier attached, with faucet-type				Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
A4431 t	tap with valve (one piece), each	Ostomy	No	N-ICF/DD	days per site.	31 per month	only	February-08
(Ostomy pouch, urinary; for use							
(on barrier with nonlocking flange,							
١,	with faucet-type tap with valve			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
A4432 ((two piece), each	Ostomy	No	N-ICF/DD	days per site.	31 per month	only	February-08
(Ostomy pouch, urinary; for use	-				-	-	
(on barrier with locking flange			Y - NF			Purchase	
A4433 ((two piece), each	Ostomy	No	N-ICF/DD	Covered for recipients with ostomies. typical use is 1 per day per site.	31 per month	only	February-08
(Ostomy pouch, urinary; for use	·						
- (on barrier with locking flange,							
	with faucet-type tap with valve			Y - NF	Covered for recipients with urinary ostomies. typical use is 1 per 1 - 2		Purchase	
	(two piece), each	Ostomy	No		days per site.	31 per month	only	February-08
	Tape, nonwaterproof, per 18 sq	Miscellaneous		1		400 units per	Purchase	, <u> </u>
	inches	supplies	No	Yes	Covered for patients with wounds or when medically necessary	month	only	February-08
	Tape, waterproof, per 18 sq	Miscellaneous				400 units per	Purchase	,
	inches	supplies	No	Yes	Covered for patients with wounds or when medically necessary	month	only	February-08
	Adhesive remover or solvent (for				,,,,,		- ,	,
	tape, cement or other adhesive),	Miscellaneous				15 oz per	Purchase	
	per oz.	supplies	No	Yes	Covered for patients using adhesive on the skin.	month	only	February-08
	Adhesive remover, wipes, any	2 1- 12 0			Covered for recipients with ostomies. Most recipients can be served	250 per	Purchase	222.2.2., 30
	type, each	Ostomy	No		with 3 - 4 wipes per day per site	month	only	January-10



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		Miscellaneous				1 per 3	Purchase	
A4458	Enema bag with tubing, reusable	supplies	No	Yes	Covered for patients with constipation or when medically necessary.	months	only	February-08
	Surgical dressing holder,			Y - NF	Covered for patients with dressings on the abdomen or for whom		Purchase	
A4461	nonreusable, each	Wound care	No	N-ICF/DD	adhesives are contraindicated	31 per month	only	February-08
	Surgical dressing holder,			Y - NF	Covered for patients with dressings on the abdomen or for whom		Purchase	
A4463	reusable, each	Wound care	No	N-ICF/DD	adhesives are contraindicated	5 per month	only	February-08
		Miscellaneous		Y - NF	Covered for patients with lymphedema. typical use is one per affected		Purchase	
A4465	Nonelastic binder for extremity	supplies	No	N-ICF/DD	extremity.	4 per month	only	February-08
	Garment, belt, sleeve or other							
	covering, elastic or similar							
	stretchable material, any type,				Covered for recipients requiring support of a weak body part, but not		Purchase	
A4466	each	Orthotics	No	No	needing the support of a rigid support	2 per year	only	January-10
	Tracheostoma filter, any type,			Y - NF			Purchase	
A4481	any size, each	Respiratory	No	N-ICF/DD	Covered for patients with tracheostomy.	90 per month	only	October-08
	Moisture exchanger, disposable,							
	for use with invasive mechanical				Covered for patients using invasive ventilation. Most recipients can be		Purchase	
A4483	ventilation	Respiratory	No	No	served with 60 per month.	90 per month	only	October-08
					Covered for patients with edema or varicose veins, or other medical			
			For excess		conditions requiring compression. Note: this code is only to be used			
	Surgical stockings above knee	Miscellaneous	quantities		for stockings with at least 15 mmHg compression at the ankle, which	4 units per 6	Purchase	
A4490	length, each	supplies	only	No	is the minimum considered therapeutic	months	only	October-08
	-				Covered for patients with edema or varicose veins, or other medical		-	
			For excess		conditions requiring compression. Note: this code is only to be used			
	Surgical stockings thigh length,	Miscellaneous	quantities		for stockings with at least 15 mmHg compression at the ankle, which	4 units per 6	Purchase	
A4495	each	supplies	only	No	is the minimum considered therapeutic	months	only	October-08
					Covered for patients with edema or varicose veins, or other medical		-	
			For excess		conditions requiring compression. Note: this code is only to be used			
	Surgical stockings below knee	Miscellaneous	quantities		for stockings with at least 15 mmHg compression at the ankle, which	4 units per 6	Purchase	
A4500	length, each	supplies	only	No	is the minimum considered therapeutic	months	only	October-08
		• •			Covered for patients with edema or varicose veins, or other medical		•	
			For excess		conditions requiring compression. Note: this code is only to be used			
	Surgical stockings full length,	Miscellaneous	quantities		for stockings with at least 15 mmHg compression at the ankle, which	4 units per 6	Purchase	
A4510	each	supplies	only	No	is the minimum considered therapeutic	months	only	October-08
	Incontinence garment, any type				Not covered. Use more specific codes for incontinence garments		•	
A4520	(e.g. brief, diaper), each	incontinence			(T4521-T4543)			October-08
		Miscellaneous						
A4550	Surgical trays	supplies			Not covered when dispensed by medical supply or pharmacy provider.			January-09



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A4554	Disposable underpads, all sizes	incontinence			Not covered. Use more specific codes for underpads (T4542, T4541)			October-08
A4556	Electrodes (e.g. apnea monitor), per pair	Miscellaneous supplies	No	Y - NF	Covered for patients with medically necessary apnea monitors, etc. With typical care, electrodes can generally be reused repeatedly. Most recipients can be served with no more than 8 pair per month. Not to be used for recipients getting monthly TENS supplies (A4595).	32 pairs per month	Purchase only	October-0
					Covered for patients with medically necessary apnea monitors, TENS	O poiro por		
					units, etc. With typical care, lead wires can generally be reused repeatedly. Most recipients can be served with no more than 2 pair of	2 pairs per dispensing, 4		
	Lead wires (e.g. apnea monitor),	Miscellaneous		Y - NF	leads per 6 months. Refer to manual for quantity limits when used	pairs per 6	Purchase	
A4557	per pair	supplies	No		with specific equipment, ie, TENS	months	only	January-1
	Conductive gel or paste, for use	обрриос			Covered for use in the home by patients with medically necessary		0,	
	with electrical device (e.g. TENS,	Miscellaneous		Y - NF	apnea monitors, etc. Not to be used for recipients getting monthly	10 oz per	Purchase	
A4558	NMES), per ounce	supplies	No		TENS supplies (A4595).	month	only	October-0
	Coupling gel or paste, for use	Miscellaneous		Y - NF	Covered for use in the home by patients with medically necessary	10 oz per	Purchase	
A4559	with ultrasound device	supplies	No	N-ICF/DD	ultrasound device	month	only	October-0
		Miscellaneous				1 per 6	Purchase	
A4561	Pessary, rubber, any type	supplies	No	No	Covered for female recipients with prolapsed bladder or uterus	months	only	October-0
		Miscellaneous				1 per 6	Purchase	
A4562	Pessary, nonrubber, any type	supplies	No	No	Covered for female recipients with prolapsed bladder or uterus	months	only	October-0
		Miscellaneous					Purchase	
A4565	Slings	supplies	No	No	Covered when needed to support an impaired or injured body part.	2 per month	only	October-0
	Shoulder sling or vest design, abduction restrainer, with or without swathe control,				Covered when needed for immedilization or to support injured neet		Purchase	
A4566	prefabricated, includes fitting and	Orthotics	No		Covered when needed for immobilizaion or to support injured, post- surgical, and / or weak areas of the shoulder girdle	1 por voor		lonuon, 1
A4300	adjustment	Orthotics	INO	INO	Covered when need to support an impaired or injured body part. Most	1 per year	only	January-1
		Miscellaneous			recipients can be served with 2 per incident/injury (one to use, one to		Purchase	
A4570	Splint	supplies	No	No	wash)	2 per month	only	October-0
11-1010	Topical hyperbaric oxygen	Зиррпоз	110		Not covered. Technology is not proven effective and is not the	2 poi monti	Offiny	00.000-0
A4575	chamber, disposable	Wound care			standard of care in the community.			June-07
	3., 3.9 333.	Miscellaneous						555 07
A4580	Cast supplies (e.g. plaster)	supplies			Not covered. Included in payment for the service			October-0
	Special casting material (e.g.	Miscellaneous						
A4590	fiberglass)	supplies			Not covered. Included in payment for the service			October-0



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	Electrical stimulator supplies, 2				Covered for recipients using medically necessary TENS units. Includes all supplies necessary for use of the TENS unit for one month, including adhesive, adhesive remover, batteries, conductive paste or gel and electrodes. Not to be billed with A4556, A4558,			
A4595	lead, per month, (e.g. TENS, NMES)	TENS	No	No	A4630. One unit covered for 2 lead TENS, two units covered for 4 lead TENS.	2 per month	Purchase only	December-08
A4595	Sleeve for intermittent limb	TENS	NO	INO	leau i cino.	z per monun	Offig	December-06
	compression device,	Compression			Covered for recipients with patient owned intermittent limb	1 per affected	Purchase	
A4600	replacement only, each	devices	No	No	compression device.	limb per year	only	October-08
74000	Lithium ion battery for	Miscellaneous	110	140	compression device.	2 per 3	Purchase	October 00
A4601	nonprosthetic use, replacement	supplies	No	No	Covered for use in patient owned equipment other than prostheses	months	only	October-08
74001	nonprosinetic use, replacement	Зиррпоз	140	140	Covered for use with humidified positive airway pressure devices.	111011113	Offig	October 00
	Tubing with integrated heating				typical use is 1 per 3 months. Up to 4 per month may be necessary for			
	element for use with positive	Positive Airway			individuals using PAP via trach or invasive ventilation. Maintain		Purchase	
A4604	airway pressure device	Pressure	No	No	documentation of medical need for quantity dispensed.	4 per month	only	October-08
711001	an way pressure device	1 1000010		. 10	Covered for ventilator dependent recipients with tracheostomy who	i poi monar	Oy	0010001 00
					require closed suctioning to prevent hypoxemia. Most recipients can			
	Tracheal Suction Catheter,				be served with one per week, one per day may be required for		Purchase	
A4605	closed system, each	Respiratory	No	No	· · · · · · · · · · · · · · · · · · ·	31 per month	only	July-08
	,	, ,			Covered for recipients with medically necessary oximeter device.			, , , , ,
	Oxygen probe for use with				When dispensing reusable, rather than disposable, probes, use		Purchase	
A4606	oximeter device, replacement	Respiratory	No	No	modifier U3 and include a description "reusable oximeter probe"	10 per month	only	October-08
	Transtracheal oxygen catheter,	Tracheostomy			Covered for recipients requiring transtracheal oxygen administration.		Purchase	
A4608	each	supplies	No	No	typical usage is one per 3 months	1 per month	only	October-08
		, ,			,, ,		,	
	Battery, heavy duty; replacement						Purchase	
A4611	for patient-owned ventilator	Respiratory	No	No	Covered for recipients with patient owned ventilators.	2 per year	only	October-08
	Battery Cables, replacement for				·		Purchase	
A4612	patient-owned ventilator	Respiratory	No	No	Covered for recipients with patient owned ventilators.	4 per year	only	October-08
	Battery charger; replacement for						Purchase	
A4613	patient-owned ventilator	Respiratory	No	No	Covered for recipients with patient owned ventilators.	1 per year	only	October-08
	Peak expiratory flow rate meter,				Covered for patients with asthma or similar conditions requiring		Purchase	
A4614	hand held	Respiratory	No	Yes	regular tracking of peak expiratory flow	1 per year	only	October-08
					Covered for recipients with respiratory equipment. Most recipients can			
					be served with one per month. Additional may be required for			
					recipients with respiratory infections or nasal discharge. Not		Purchase	
A4615	Cannula, nasal	Respiratory	No	No	separately billable for recipients receiving oxygen service	4 per month	only	October-08



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		1		1		0011	Б.	
					Covered for recipients with respiratory equipment. Not separately	90 feet per	Purchase	_
A4616	tubing (oxygen) per foot	Respiratory	No	No	billable for recipients receiving oxygen service	month	only	October-08
							Purchase	
A4617	Mouthpiece	Respiratory	No	No	Covered for recipients receiving medication via nebulizer.	1 per month	only	October-08
					Covered for recipients with respiratory equipment. Most recipients can		Purchase	
A4618	Breathing circuits	Respiratory	No	No	be served with 1 every 3 -4 days.	15 per month	only	October-08
					Covered for recipients receiving oxygen who cannot tolerate mask /		Purchase	
A4619	Face tent	Respiratory	No	No	cannula	4 per month	only	October-08
		. ,			Covered for recipients with respiratory equipment who do not require		,	
					a fixed concentration of oxygen. Not separately billable for recipients		Purchase	
A4620	Variable concentration mask	Respiratory	No	No	receiving oxygen service	1 per month	only	October-08
		,	-		Covered for recipients with tracheostomy. Most recipients can be			
1		Tracheostomy			served with 1 per day, additional may be required for recipients with		Purchase	
A4623	Tracheostomy, inner cannula	supplies	No	No	vulnerability to infection.	90 per month	only	November-08
71.020	Tracheal suction catheter, any	Саррисс		+	Covered for recipients with tracheostomy. Most recipients can be	oo por monar	Oy	11010111201 00
	type other than closed system,	Tracheostomy		Y - NF	served with 2 - 3 per day, additional may be required for recipients	200 per	Purchase	
A4624	leach	supplies	No		1 , , , , , , , , , , , , , , , , , , ,	month	only	November-08
74024	Caon	Зарріїсз	110	14 101 700		month	Offig	November 00
					Covered for reginients with new trachesetemy for up to 14 days			
					Covered for recipients with new tracheostomy for up to 14 days	44		
	T 1 1 1 1	T		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	following surgery. Includes plastic tray, basin, sterile gloves (A4930),	14 per	D	
	Tracheostomy care kit for new	Tracheostomy			tube brush (A4626), 3 pipe cleaners, 1 pre-cut trach dressing, 1 roll of		Purchase	
A4625	tracheostomy	supplies	No		gauze, 4 4x4 sponges, 2 cotton tip applicators (S8189), 30" twill tape.	tracheostomy	only	November-08
	Tracheostomy cleaning brush,	Tracheostomy			Covered for recipients with tracheostomy. Not to be billed with A4624		Purchase	
A4626	each	supplies	No	N-ICF/DD	or A4629.	31 per month	only	November-08
	Spacer, bag or reservoir, with or				Covered for recipients using metered dose inhalers. Most recipients			
	without mask, for use with	Miscellaneous		Y - NF	can be served with 1 per 3 months. A second spacer is covered for	2 per 3	Purchase	
A4627	metered dose inhaler	supplies	No	N-ICF/DD	recipients who keep a metered dose inhaler at school or work.	months	only	November-08
					Covered for recipients requiring orpharyngeal suctioning. Because			
	Oropharyngeal suction catheter,	Tracheostomy		Y - NF	oropharyngeal suctioning is not sterile, most recipients can be served		Purchase	
A4628	each	supplies	No		with 1 every 2 - 3 days.	12 per month	only	November-08
	1	''			Covered for recipients with tracheostomy more than 14 days	'	,	
	Tracheostomy care kit for	Tracheostomy		Y - NF	established. Includes tube brush (A4626), 2 pipe cleaners, 2 cotton tip		Purchase	
A4629	established tracheostomy	supplies	No		applicators (S8189), 30" twill tape, 2 4x4 sponges.	31 per month	only	November-08
,	Total individual individual in its	22551100	. ,	110. /00	[4FF.154.5.5 (55.155), 55 thin tape, 2 th topoligos.	1 0 1 PO. 111011011	O. 11 y	



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	Replacement batteries, medically							
	necessay, transcutaneous					0 0	D	
A 4000	electrical stimulator, owned by	TENO	N _a	l Na	Covered for use with potions award TENC wait Included in A4COF	2 per 6	Purchase	Dagambar 00
A4630	patient	TENS	No	No	Covered for use with patient owned TENS unit. Included in A4695.	months	only	December-08
	Replacement bulb / lamp for	Miscellaneous		Y - NF			Purchase	
A4633	ultraviolet light therapy system,		No		Covered for use in national support ultraviolet light the representation	2 505 1005		lanuari 00
A4633	each	supplies	INO	N-ICF/DD	Covered for use in patient owned ultraviolet light therapy system	2 per year	only	January-09
	Replacement bulb for therapeutic						Purchase	
A4634	light box, tabletop model	SAD lights	No	Yes	Covered for use in patient owned SAD light.	1 per year	only	December-08
	Underarm pad, crutch,	Miscellaneous				2 per 6	Purchase	
A4635	replacement, each	supplies	No	Yes	Covered for use on patient owned crutches	months	only	January-09
	Replacement, handgrip, cane,	Miscellaneous			·	2 per 6	Purchase	
A4636	crutch or walker, each	supplies	No	Yes	Covered for use on patient owned equipment	months	only	January-09
	Replacement, tip, cane, crutch,	Miscellaneous				4 per 6	Purchase	
A4637	walker, each	supplies	No	Yes	Covered for use on patient owned equipment	months	only	January-09
	Replacment battery for patient-	Miscellaneous						
A4638	owned ear pulse generator	supplies			Not covered, as the underlying device is not covered (E2120)			January-09
	Replacement pad for infrared	Miscellaneous			Not covered, as the underlying device is not covered because it is			
A4639	heating pad system	supplies			investigative (E0221)			January-09
		Pressure						
	Replacement pad for use with	reducing			Covered for use with patient owned alternating pressure pad for			
	medically necessary alternating	support			recipients meeting criteria for Group 1 Pressure Reducing Support	1 per 6	Purchase	
A4640	pressure pad owned by patient	surfaces	No		Surfaces. Refer to manual	months	only	November-08
			Sometimes					
		Miscellaneous	- see		Only to be used when a more specific code is not available. Refer to	medical	Purchase	
A4649	Surgical Supply; miscellaneous	supplies	manual	N-ICF/DD	manual for billing information.	necessity	only	January-09
	Calibrated microcapillary tube,					medical	Purchase	
A4651	each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
						medical	Purchase	
A4652	Microcapillary tube sealant	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Peritoneal dialysis catheter			l		medical	Purchase	
A4653	anchoring device, belt, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Syringe, with or without needle,	Miscellaneous		l	Covered when medically necessary, or as part of Method II dialysis	400 per	Purchase	
A4657	each	supplies	No	No	billing. Refer to manual for dialysis billing.	month	only	January-09



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	Sphygmomanometer / blood pressure apparatus with cuff and	Miscellaneous			Covered for recipients for whom frequent monitoring of blood pressure is medically necessary, or as part of Method II dialysis		Purchase	
A4660	stethoscope	supplies	No	Yes	billing. Refer to manual for dialysis billing	1 per 5 years	only	January-09
		Miscellaneous			Covered for use with recipient owned sphygmomanometer. Not to be	1 - 1 - 1 - 1	Purchase	, , , , , , , , , , , , , , , , , , ,
A4663	Blood pressure cuff only	supplies	No	Yes	billed with A4660 or A4670	1 per year	only	January-09
					Covered for recipients for whom frequent monitoring of blood			
					pressure is medically necessary and who cannot accurately use a			
	Automatic blood pressure	Miscellaneous			manual sphygmomanometer, or as part of Method II dialysis billing.		Purchase	
A4670	monitor	supplies	No	Yes	Refer to manual for dialysis billing	1 per 5 years	only	January-09
	Disposable cycler set used with					medical	Purchase	
A4671	cycler dialysis machine, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Drainage extension line, sterile,					medical	Purchase	l
A4672	for dialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Extension line with easy lock					medical	Purchase	
A4673	connectors, used with dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Chemicals / antiseptics solutions					PI	Dl	
A 4074	used to clean / sterilize dialysis	December 2	N.I.	N	On the last of Mail and Relative Defects are all	medical	Purchase	1
A4674	equipment, per 8 oz Activated carbon filter for	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity medical	only Purchase	January-09
A4680	hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual			lonuon, 00
A4000	Dialyzer (artificial kidneys), all	Renai Dialysis	INO	INO	Covered as part of Method II dialysis billing. Refer to mandal	necessity	only	January-09
	types, all sizes, for hemodialysis,					medical	Purchase	
A4690	each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
A4030	Bicarbonate concentrate,	iteriai Diaiysis	INO	INO	Covered as part of Method II dialysis billing. Refer to mandar	Hecessity	Offig	January-09
	solution, for hemodialysis, per					medical	Purchase	
A4706	gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
711700	Bicarbonate concentrate,	Ttorial Dialyolo	140	110	Covered do part of Motriod II diaryolo Siming. Peore to manda	Hoodooky	Offiny	barraary co
	powder, for hemodialysis, per					medical	Purchase	
A4707	packet	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Acetate concentrate solution, for				7, 200 200 200 200 200 200 200 200 200 20	medical	Purchase	
A4708	hemodialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Acid concentrate, solution, for				, , ,	medical	Purchase	,
A4709	hemodialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Treated water (deionized,						-	-
	distilled, or reverse osmosis) for					medical	Purchase	
A4714	peritoneal dialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09



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A4719	"Y set" tubing for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	medical necessity	Purchase only	January-09
A47 19	,	Renai Dialysis	INO	INO	Covered as part of Method II dialysis billing. Refer to mandal	Hecessity	Offig	January-09
	Dialysate solution, any							
	concentration of dextrose, fluid							
	volume greater than 249 cc, but							
	less than or equal to 999 cc, for			l		medical	Purchase	
A4720	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any							
	concentration of dextrose, fluid							
	volume greater than 999 cc, but							
	less than or equal to 1999 cc, for					medical	Purchase	
A4721	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any							
	concentration of dextrose, fluid							
	volume greater than 1999 cc, but							
	less than or equal to 2999 cc, for					medical	Purchase	
A4722	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any							
	concentration of dextrose, fluid							
	volume greater than 2999 cc, but							
	less than or equal to 3999 cc, for					medical	Purchase	
A4723	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any	j			, , ,		•	
	concentration of dextrose, fluid							
	volume greater than 3999 cc, but							
	less than or equal to 4999 cc, for					medical	Purchase	
A4724	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any							, , , , , , , , , , , , , , , , , , , ,
	concentration of dextrose, fluid							
	volume greater than 4999 cc, but							
	less than or equal to 5999 cc, for					medical	Purchase	
A4725	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution, any			 	The second secon	112222,		
	concentration of dextrose, fluid							
	volume greater than 5999 cc, for					medical	Purchase	
A4726	peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09



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					·			
	Dialysate solution, nondextrose					medical	Purchase	
A4728	containing, 500 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Fistula cannulation set for					medical	Purchase	
A4730	hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Topical anesthetic, for dialysis,					medical	Purchase	
A4736	per gram	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Injectable anesthetic, for dialysis,					medical	Purchase	
A4737	per 10 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Shunt accessory, for					medical	Purchase	
A4740	hemodialysis, any type, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Blood tubing, arterial or venous,					medical	Purchase	
A4750	for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Blood tubing, arterial and venous					medical	Purchase	
A4755	combined, for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate solution test kit, for							
	peritoneal dialysis, any type,					medical	Purchase	
A4760	each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate concentrate, powder,							
	addititive for peritoneal dialysis,					medical	Purchase	
A4765	per packet	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Dialysate concentrate, solution,							
	addititive for peritoneal dialysis,					medical	Purchase	
A4766	per 10 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Blood collection tube, vacuum,					medical	Purchase	
A4770	for dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Serum clotting time tube, for					medical	Purchase	
A4771	dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Blood glucose test strips, for				Covered as part of Method II dialysis billing. For conditions other than	5 boxes of 50	Purchase	
A4772	dialysis, per 50	Renal Dialysis	No	No	dialysis, use A4253. Refer to manual	per month	only	January-09
	Occult blood test strips, for					medical	Purchase	
A4773	diaylsis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
						medical	Purchase	
A4774	Ammonia test strips, for dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Contracts, repair and							
	maintenance, for hemodialysis					medical	Purchase	
A4780	equipment	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09



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	Protamine sulfate, for					medical	Purchase	
A4802	hemodialysis, per 50 mg	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Disposable catheter tips for					medical	Purchase	
A4860	peritoneal dialysis, per 10	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Plumbing and / or electrical work							
	for home hemodialysis					medical	Purchase	
A4870	equipment	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Drain bag / bottle, for dialysis,					medical	Purchase	
A4911	each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Miscellaneous dialysis supplies,					medical	Purchase	
A4913	not otherwise specificed	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
	Venous pressure clamp, for					medical	Purchase	
A4918	hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
		•	Sometimes		Covered for use by the recipient or by caregivers when ordered by the	4 boxes of	•	
		Miscellaneous	- see		prescribing provider for use in performing cares for the recipient.	100 per	Purchase	
A4927	Gloves, nonsterile, per 100	supplies	manual	Yes	Refer to manual	month	only	November-08
	•					medical	Purchase	
A4928	Tourniquet, for dialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual	necessity	only	January-09
		•			Covered as part of Method II dialysis billing. Only billable by Method II	medical	Purchase	
A4928	Surgical mask, per 20	Renal Dialysis	No	No	dialysis providers. Refer to manual	necessity	only	January-09
	·	•	Sometimes				·	·
		Miscellaneous	- see		Covered when ordered by the physician for use during sterile	200 pair per	Purchase	
A4930	Gloves, sterile, per pair	supplies	manual	Yes	procedures. Refer to manual	month	only	January-09
	Oral thermometer, reusable, any	Miscellaneous			Covered for recipients with medical necessity to regularly monitor		Purchase	·
A4931	type, each	supplies	No	Yes	temperature. Not covered as a routine "just in case" supply.	1 per year	only	January-09
	Rectal thermometer, reusable,	Miscellaneous			Covered for recipients with medical necessity to regularly monitor		Purchase	·
A4932	any type, each	supplies	No	Yes	temperature. Not covered as a routine "just in case" supply.	1 per year	only	January-09
		• •			Covered for recipients with ostomies. Most recipients can be served		·	·
	Ostomy pouch, closed; with			Y - NF	with 60 per month, additional may be required due to high output or		Purchase	
A5051	barrier attached (1 piece), each	Ostomy	No		adhesion problems.	90 per month	only	October-08
		,			Covered for recipients with ostomies. Most recipients can be served	·	•	
	Ostomy pouch, closed; without			Y - NF	with 60 per month, additional may be required due to high output or		Purchase	
A5052	barrier attached (1 piece), each	Ostomy	No		adhesion problems.	90 per month	only	October-08
		,			Covered for recipients with ostomies. Most recipients can be served	,	•	
	Ostomy pouch, closed; for use			Y - NF	with 60 per month, additional may be required due to high output or		Purchase	
A5053	on faceplate, each	Ostomy	No		adhesion problems.	90 per month	only	October-08



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	Ostomy pouch, closed; for use on barrier with flange (2 piece),			Y - NF	Covered for recipients with ostomies. Most recipients can be served with 60 per month, additional may be required due to high output or		Purchase	
A5054	leach	Ostomy	No		adhesion problems.	90 per month	only	October-08
7,0004	Cacii	Ostoniy	140		Covered for recipients with ostomies. Most recipients can be served	30 per month	Purchase	October 00
A5055	Stoma cap	Ostomy	No		with 1 per day.	31 per month	only	October-08
	Ostomy pouch, drainable, with	,,				i i	,	
	extended wear barrier attached,			Y - NF	Covered for recipients with ostomies. Typical use is 1 per 2 - 3 days		Purchase	
A5056	with filter, (1 piece), each	Ostomy	No		per site. Not to be billed with A4368	31 per month	only	January-12
	Ostomy pouch, drainable, with					·		
	extended wear barrier attached,			Y - NF	Covered for recipients with ostomies. Typical use is 1 per 2 - 3 days		Purchase	
A5057	with filter, (1 piece), each	Ostomy	No	N-ICF/DD	per site. Not to be billed with A4368	31 per month	only	January-12
	Ostomy pouch, drainable; with				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A5061	barrier attached, (1 piece), each	Ostomy	No	N-ICF/DD	with 1 per day.	31 per month	only	October-08
				1				
	Ostomy pouch, drainable; without				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A5062	barrier attached, (1 piece), each	Ostomy	No	N-ICF/DD	with one per day.	31 per month	only	October-08
	Ostomy pouch, drainable; for use			\			.	
4.5000	on barrier with flange (2-piece	0.1			Covered for recipients with ostomies. Most recipients can be served		Purchase	0
A5063	system), each	Ostomy	No		with one per day.	31 per month	only	October-08
A 5074	Ostomy pouch, urinary; with	0.1	N.1 -		Covered for recipients with ostomies. Most recipients can be served	04	Purchase	0.44100
A5071	barrier attached (1 piece), each	Ostomy	No		with one per day.	31 per month	only	October-08
A 5070	Ostomy pouch, urinary; without	0-4	NIa		Covered for recipients with ostomies. Most recipients can be served	04	Purchase	O - t - b 00
A5072	barrier attached (1 piece), each	Ostomy	No	N-ICF/DD	with one per day.	31 per month	only	October-08
	Ostomy pouch, urinary; for use			I V NE	Covered for regimients with establish Most regimients can be conved		Durahaaa	
A E O 7 2	on barrier with flange (2 piece),	Ootomy	No		Covered for recipients with ostomies. Most recipients can be served with one per day.	21 nor month	Purchase	Octobor 00
A5073	each	Ostomy	No		Covered for recipients with continent stomas. Most recipients can be	31 per month	only Purchase	October-08
A5081	Continent device; plug for continent stoma	Ootomy	No		served with one per day.	21 nor month		October 00
ASU61	Continent storna Continent device, catheter for	Ostomy	INO		Covered for recipients with continent stomas. Most recipients can be	31 per month	only Purchase	October-08
A5082	continent device, carrieter for continent stoma	Ostomy	No		served with one per month.	31 per month	only	October-08
A3062	Continent device, stoma	OSIOITIY	INU	IN-ICF/DD	pserved with one per month.	3 i per monun	Offig	October-08
	absorptive cover for continent			Y - NF	Covered for recipient with Continent Intestinal Reservoir. Most	200 per	Purchase	
A5083	stoma	Ostomy	No		recipients can be served with 5 - 7 per day.	month	only	December-07
7,0000	otoma	Ostorry	110	14 101 /00	rediplotte dati be served with 5 7 per day.	111011111	Offig	December 01



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					Covered for recipients with catheters. Most recipients can be served	31 drainage		
	Bedside drainage bottle, with or		Sometimes		with 1 per month, additional may needed for recipients with frequent	devices per		
	without tubing, rigid or		- see		UTIs or other medical complications. Quantities over 10 per month	month when	Purchase	
A5102	expandable, each	Urological	manual	Yes	require PA.	authorized	only	April-09
	Urinary suspensory with leg bag,			Y - NF	Covered for recipients who are incontinent of bladder. Most recipients		Purchase	-
A5105	with or without tube, each	Urological	No	N-ICF/DD	can be served with 3 - 5 per month	5 per month	only	April-09
					Covered for recipients with catheters. Most recipients can be served	31 drainage		
	Urinary drainage bag, leg or		Sometimes		with 1 per month, additional may needed for recipients with frequent	devices per		
	abdomen, latex, with or without		- see		UTIs or other medical complications. Quantities over 10 per month	month when	Purchase	
A5112	tube, with straps, each	Urological	manual	Yes	require PA.	authorized	only	January-11
	Leg strap; latex, replacement			Y - NF			Purchase	
A5113	only, per set	Urological	No		Most recipients can be served with 1 per 3 months.	1 per month	only	April-09
	Leg strap; foam or fabric,			Y - NF			Purchase	
A5114	replacement only, per set	Urological	No		Most recipients can be served with 2 per month.	3 per month	only	April-09
	Skin barrier, wipes or swabs,			Y - NF	Covered for recipients with ostomies. Most recipients can be served	250 per	Purchase	
A5120	each	Ostomy	No	N-ICF/DD	with 6 - 7 per day	month	only	October-08
	Skin barrier; solid, 6 x 6 or			Y - NF	Covered for recipients with ostomies. Most recipients can be served		Purchase	
A5121	equivalent; each	Ostomy	No		with 1 per site per day.	31 per month	only	October-08
	Skin barrier; solid 8 x 8 or				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A5122	equivalent; each	Ostomy	No		with 1 per site per day.	31 per month	only	October-08
	Adhesive or nonadhesive; disk or				Covered for recipients with ostomies. Most recipients can be served		Purchase	
A5126	foam pad	Ostomy	No		with 1 per site per day.	31 per month	only	October-08
	Appliance cleaner, incontinence		Sometimes		Covered for recipients with incontinence or ostomy devices. Most	3 sixteen		
	and ostomy appliances, per 16		- see		recipients can be served with two 16 ounce bottles per month. More	ounce bottles	Purchase	
A5131	OZ	Ostomy	manual	N-ICF/DD	than 3 sixteen ounce bottles in a month requires PA	per month	only	October-08
	Percutaneous catheter / tube							
	anchoring device, adhesive skin				Covered for recipients with percutaneous catheter. Most recipients		Purchase	
A5200	attachment	Ostomy	No	No	can be served with 2 per month.	5 per month	only	January-09
	For diabetics only, fitting				Covered for diabetic recipients with history of amputation of all or part			
	(including follow-up), custom				of either foot, history of previous foot ulceration or pre-ulcerative			
	preparation and supply of off-the-				calluses of either foot; peripheral neuropathy of either foot; foot			
	shelf depth-inlay shoe				deformity of either foot or poor circulation of either foot. Most			
	manufactured to accommodate				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5500	multidensity insert(s), per shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09



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V	Tor dispeties only fitting		Γ	ī	Covered for dishetic recipients with history of approximation of all an act	I	I	I
	For diabetics only, fitting				Covered for diabetic recipients with history of amputation of all or part			
	(including follow-up), custom				of either foot, history of previous foot ulceration or pre-ulcerative			
	preparation and supply of shoe				calluses of either foot; peripheral neuropathy of either foot; foot			
	molded from cast(s) of patient's				deformity of either foot or poor circulation of either foot. Most	١		
	foot (custom molded shoe), per	_			recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5501	shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09
					Covered for diabetic recipients with history of amputation of all or part			
	For diabetics only, modification				of either foot, history of previous foot ulceration or pre-ulcerative			
	(including fitting) of off-the-shelf				calluses of either foot; peripheral neuropathy of either foot; foot			
	depth-inlay shoe or custom				deformity of either foot or poor circulation of either foot. Most			
	molded shoe with roller or rigid				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5503	rocker bottome, per shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09
					Covered for diabetic recipients with history of amputation of all or part			
	For diabetics only, modification				of either foot, history of previous foot ulceration or pre-ulcerative			
	(including fitting) of off-the-shelf				calluses of either foot; peripheral neuropathy of either foot; foot			
	depth-inlay shoe or custom				deformity of either foot or poor circulation of either foot. Most			
	molded shoe with wedge(s), per				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5504	shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09
					Covered for diabetic recipients with history of amputation of all or part			
	For diabetics only, modification				of either foot, history of previous foot ulceration or pre-ulcerative			
	(including fitting) of off-the-shelf				calluses of either foot; peripheral neuropathy of either foot; foot			
	depth-inlay shoe or custom				deformity of either foot or poor circulation of either foot. Most			
	molded shoe with metatarsal bar,				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5505	per shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09
					Covered for diabetic recipients with history of amputation of all or part	,	,	ĺ
	For diabetics only, modification				of either foot, history of previous foot ulceration or pre-ulcerative			
	(including fitting) of off-the-shelf				calluses of either foot; peripheral neuropathy of either foot; foot			
	depth-inlay shoe or custom				deformity of either foot or poor circulation of either foot. Most			
	molded shoe with off-set heel(s),				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5506	per shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09
			110		Covered for diabetic recipients with history of amputation of all or part	, , , ,	,	
	For diabetics only, not otherwise				of either foot, history of previous foot ulceration or pre-ulcerative			
	specified modification (including				calluses of either foot; peripheral neuropathy of either foot; foot			
	fitting) of off-the-shelf depth-inlay				deformity of either foot or poor circulation of either foot. Most			
	shoe or custom molded shoe,				recipients can be served with 1 pair (2 units) per 6 months. A	4 shoes per	Purchase	
A5507	per shoe	Footwear	No	No	maximum of 4 units may be dispensed at a time	year	only	January-09



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A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay or custom molded shoe, per shoe	Footwear			Not covered - deluxe features are not an efficient use of Medicaid funds			January-09
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Footwear	No	No	Covered for diabetic recipients with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most recipients can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time	4 shoes per	Purchase only	January-09
A5510	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	Footwear	No	No	Covered for diabetic recipients with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most recipients can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time	year 6 inserts per year	Purchase only	January-09
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Footwear	No	No	Covered for diabetic recipients with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most recipients can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time	6 inserts per year	Purchase only	January-09
A6000	Noncontact wound-warming wound cover for use with the noncontact wound warming device and warming card	Wound care			Not covered. Technology is not proven effective and is not the standard of care in the community.			January-09



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	Collagen based wound filler, dry				Covered for recipients with chronic wounds and dermal ulcers. Most			
	form, sterile, per gram of			Y - NF	recipients can be served with less than 10 grams per wound per	90 units per	Purchase	
A6010	collagen	Wound care	No	N-ICF/DD	month. Use A1-A9 modifiers as appropriate	month	only	January-09
					Covered for recipients with chronic wounds and dermal ulcers. Most			
	Collagen based wound filler,			Y - NF	recipients can be served with less than 10 grams per wound per	90 units per	Purchase	
A6011	gel/paste, per gram of collagen	Wound care	No	N-ICF/DD	month. Use A1-A9 modifiers as appropriate	month	only	January-11
					Covered for recipients with moderate to heavily draining wounds. Most			
					recipients can be served with 1 collagen dressing change every 4 -7			
	Collagen dressing, sterile, pad				days for each wound. Additional dressing changes may be required if		Purchase	
A6021	size 16 sq in or less, each	Wound care	No	N-ICF/DD	infection is present. Use A1-A9 modifiers as appropriate	10 per month	only	January-09
	L				Covered for recipients with moderate to heavily draining wounds. Most			
	Collagen dressing, sterile, pad				recipients can be served with 1 collagen dressing change every 4 -7			
	size more than 16 sq in but less				days for each wound. Additional dressing changes may be required if	4.0	Purchase	
A6022	than or equal to 48 sq in, each	Wound care	No	N-ICF/DD	infection is present. Use A1-A9 modifiers as appropriate	10 per month	only	January-09
					Course of forms sinismuse with most denote to be suited denimination when the Most			
					Covered for recipients with moderate to heavily draining wounds. Most			
				l v NE	recipients can be served with 1 collagen dressing change every 4 -7		Dimahaaa	
A COOO	Collagen dressing, sterile, pad	\\/	NI-		days for each wound. Additional dressing changes may be required if	40	Purchase	Jan. 1 200
A6023	size more than 48 sq in, each	Wound care	No	N-ICF/DD	infection is present. Use A1-A9 modifiers as appropriate	10 per month	only	January-09
	Colleges dressing wound filler			Y - NF	Covered for recipients with chronic wounds and dermal ulcers. Most	10 (6 inch)	Durchasa	
A6024	Collagen dressing wound filler,	Mound core	No		recipients can be served with less than 24 inches per wound per month. Use A1-A9 modifiers as appropriate	units per	Purchase	lonuon, 00
A6024	sterile, per 6 in Gel sheet for dermal or	Wound care	INO	N-ICF/DD	Covered for recipients with wounds with little or no drainage. Most	month	only	January-09
	epidermal application (e.g.,			Y - NF	recipients can be served with 1 gel sheet per wound per week. Use		Purchase	
A6025	silicone, hydrogel, other), each	Wound care	No		A1-A9 modifiers as appropriate.	5 per month	only	January 00
A0023	Silicorie, riyuroger, orrier), eacri	Would care	INO	N-ICF/DD	Covered for recipients with fistulas or other wounds with significant	5 per monun	Offig	January-09
				Y - NF	drainage. Most recipients can be served with 1 pouch per week per		Purchase	
A6154	Wound pouch, each	Wound care	No		wound. Use A1-A9 modifiers as appropriate	15 per month	only	January-09
70104	Two data podoti, each	vvound care	INO	14-101/00	Covered for recipients with moderate to heavily draining full thickness	10 per monun	Offig	January-09
	Alginate or other fiber gelling				wounds. Most recipients can be served with 1 alginate dressing			
	dressing, wound cover, sterile,				change every day for each wound. Additional dressing changes may			
	pad size 16 sq in or less, each			Y - NF	be required if infection is present. Use A1-A9 modifiers as		Purchase	
A6196	dressing	Wound care	No		appropriate	60 per month	only	January-09
, 10 100	u. 000g	. 7 Garia Gare	. 10	1.1.101,00	[appropriate	oo por monur	Orny	January 00



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A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing	Wound care	No		Covered for recipients with moderate to heavily draining full thickness wounds. Most recipients can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing	Wound care	No	Y - NF	Covered for recipients with moderate to heavily draining full thickness wounds. Most recipients can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Wound care	No		Covered for recipients with moderate to heavily draining full thickness wounds. Most recipients can be served with 2 units of alginate wound filler every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	120 per month	Purchase only	January-09
A6203	Composite dressing, pad size 16 sq in or less, with adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds. Most recipients can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	30 per month	Purchase only	January-09
A6204	Composite dressing, pad size more than 16 sq in but less than or equal to 48 sq in, with adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds. Most recipients can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	30 per month	Purchase only	January-09
A6205	Composite dressing, pad size more than 48 sq in, with adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds. Most recipients can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	30 per month	Purchase only	January-09
A6206	Contact layer, sterile, 16 sq in or less, each dressing	Wound care	No	Yes	Covered for recipients with open wounds. Most recipients can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	Wound care	No	Yes	Covered for recipients with open wounds. Most recipients can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6208	Contact layer, sterile, more than 48 sq in, each dressing	Wound care	No	Yes	Covered for recipients with open wounds. Most recipients can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09



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A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing.	Wound care	No		Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	30 per month	Purchase only	January-09
A6215	Foam dressing, wound filler, sterile, per gram	Wound care	No	Y - NF	Covered for recipients with full thickness wounds with moderate to heavy exudate. Most recipients can be served with 1 dressing change per day. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate	·	Purchase only	January-09



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A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing	Miscellaneous supplies	No	Yes	Covered for recipients with wounds, tracheostomies or other medical conditions requiring gauze pads that do not require sterile gauze pads. For wound care, most recipients can be served with 3 dressing changes per day. For other indications, most recipients can be served with 12 dressings per day. Use A1-A9 modifiers as appropriate	500 per month	Purchase only	January-09
	Gauze, nonimpregnated, nonsterile, pad size more than 16							
A6217	sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds that do not require sterile gauze pads. Most recipients can be served with 3 dressing changes per day. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January-09
A0211	Gauze, nonimpregnated,	Would care	INO	163	Use AT-A9 modifiers as appropriate.	month	Offig	January-09
	nonsterile, pad size more than 48 sq in, without adhesive border,				Covered for recipients with wounds that do not require sterile gauze pads. Most recipients can be served with 3 dressing changes per day.		Purchase	
A6218	each dressing	Wound care	No	Yes	Use A1-A9 modifiers as appropriate.	month	only	January-09
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds that require sterile gauze pads. Most recipients can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate	120 per month	Purchase only	January-09
A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds that require sterile gauze pads. Most recipients can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate	120 per month	Purchase only	January-09
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds that require sterile gauze pads. Most recipients can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate	120 per month	Purchase only	January-09
10005	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive			.,	Covered for recipients with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most recipients can be served with one dressing change per day. Use A1 - A9 modifiers as		Purchase	
A6222	border, each dressing	Wound care	No	Yes	appropriate.	90 per month	only	January-09



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A6223	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq in but less than 48 sq in, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most recipients can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	90 per month	Purchase only	January-09
A6224	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most recipients can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	90 per month	Purchase only	January-09
A6228	Gauze, impregnated, water or typical saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline seperately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January-09
A6229	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq in but less than 48 sq in, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline seperately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January-09
A6230	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Wound care	No	Yes	Covered for recipients needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline seperately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January-09
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in for less, each dressing	Wound care	No	Yes	Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 16 sq in but less than 48 sq in, each dressing	Wound care	No	Yes	Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09



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	ener basis service services en este esta como en esta como en en esta en esta en en esta en en esta en entre e							
	Gauze, impregnated, hydrogel,							
	for direct wound contact, sterile,				Covered for recipients with full thickness wounds with minimal or no			
	pad size more than 48 sq in,				exudate. Most recipients can be served with 1 dressing change per		Purchase	
A6233	each dressing	Wound care	No	Yes	wound per day. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
	Hydrocolloid dressing, wound							
	cover, sterile, pad size 16 sq in or				Covered for recipients with wounds with light to moderate exudate.			
	less, without adhesive border,			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6234	each dressing	Wound care	No	N-ICF/DD	A9 modifiers as appropriate.	60 per month	only	January-09
	Hydrocolloid dressing, wound							
	cover, sterile, pad size more than							
	16 sq in but less than 48 sq in,				Covered for recipients with wounds with light to moderate exudate.			
	without adhesive border, each			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6235	dressing	Wound care	No	N-ICF/DD	A9 modifiers as appropriate.	60 per month	only	January-09
	Hydrocolloid dressing, wound							
	cover, sterile, pad size more than				Covered for recipients with wounds with light to moderate exudate.			
	48 sq in, without adhesive			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6236	border, each dressing	Wound care	No		A9 modifiers as appropriate.	60 per month	only	January-09
	Hydrocolloid dressing, wound					·		
	cover, sterile, pad size 16 sq in or				Covered for recipients with wounds with light to moderate exudate.			
	less, with any size adhesive			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6237	border, each dressing	Wound care	No	N-ICF/DD	A9 modifiers as appropriate.	60 per month	only	January-09
	Hydrocolloid dressing, wound					·		
	cover, sterile, pad size more than							
	16 sq in but less than 48 sq in,				Covered for recipients with wounds with light to moderate exudate.			
	with any size adhesive border,			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6238	each dressing	Wound care	No	N-ICF/DD	A9 modifiers as appropriate.	60 per month	only	January-09
	Hydrocolloid dressing, wound				,, ,	·	•	j
	cover, sterile, pad size more than				Covered for recipients with wounds with light to moderate exudate.			
	48 sq in, with any size adhesive			Y - NF	Typical use is 3 - 4 dressing changes per week per wound. Use A1-		Purchase	
A6239	border, each dressing	Wound care	No	N-ICF/DD	A9 modifiers as appropriate.	60 per month	only	January-09
					Covered for recipients with wounds with light to moderate exudate.	,	,	
	Hydrocolloid dressing, wound			Y - NF	Typical use is 3 - 4 dressing changes per week per wound with 1 - 2		Purchase	
A6240	filler, paste, sterile, per oz	Wound care	No	N-ICF/DD	oz per change. Use A1-A9 modifiers as appropriate.	90 per month	only	January-09
					Covered for recipients with wounds with light to moderate exudate.	,	•	j
	Hydrocolloid dressing, wound			Y - NF	Typical use is 3 - 4 dressing changes per week per wound with 1 - 2		Purchase	
A6241	filler, dry form, sterile, per gram	Wound care	No	N-ICF/DD	gram per change. Use A1-A9 modifiers as appropriate.	90 per month	only	January-09
					• • • • • • • • • • • • • • • • • • • •		•	



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A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than 48 sq in, without adhesive border, each dressing	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than 48 sq in, with any size adhesive border, each dressing	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	Wound care	No	Y - NF	Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January-09
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Wound care	No		Covered for recipients with full thickness wounds with minimal or no exudate. Most recipients can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-11
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Renal Dialysis	No	No	Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be billed by a pharmacy as a drug. Refer to manual	medical necessity	Purchase only	January-09
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Wound care	No		Covered for recipients with moderately or highly exudative wounds. Most recipients can be served with 1 dressing change per day per wound. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January-09



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	Specialty absorptive dressing,			I				1
	wound cover, sterile, pad size							
	more than 16 sq in but less than				Covered for recipients with moderately or highly exudative wounds.			
	48 sq in, without adhesive			Y - NF	Most recipients can be served with 1 dressing change per day per		Purchase	
A6252	border, each dressing	Wound care	No		wound. Use A1-A9 modifiers as appropriate	90 per month	only	January 00
A0232	· ·	Wound care	INO	N-ICF/DD	would. Use A1-A9 modifiers as appropriate	90 per monun	Offig	January-09
	Specialty absorptive dressing,							
	wound cover, sterile, pad size			l v NE	Covered for recipients with moderately or highly exudative wounds.		Donahaaa	
4.0050	more than 48 sq in, without	10/10 10 10 10 10 10 10 10 10 10 10 10 10 1	N.I.		Most recipients can be served with 1 dressing change per day per	00	Purchase	la 00
A6253	adhesive border, each dressing	Wound care	No	N-ICF/DD	wound. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
	Specialty absorptive dressing,							
	wound cover, sterile, pad size 16			l	Covered for recipients with moderately or highly exudative wounds.			
	sq in or less, with any size				Most recipients can be served with 1 dressing change every other day		Purchase	
A6254	adhesive border, each dressing	Wound care	No	N-ICF/DD	per wound. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
	Specialty absorptive dressing,							
	wound cover, sterile, pad size							
	more than 16 sq in but less than				Covered for recipients with moderately or highly exudative wounds.			
	48 sq in, with any size adhesive			Y - NF	Most recipients can be served with 1 dressing change every other day		Purchase	
A6255	border, each dressing	Wound care	No	N-ICF/DD	per wound. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
	Specialty absorptive dressing,							
	wound cover, sterile, pad size				Covered for recipients with moderately or highly exudative wounds.			
	more than 48 sq in, with any size				Most recipients can be served with 1 dressing change every other day		Purchase	
A6256	adhesive border, each dressing	Wound care	No	N-ICF/DD	per wound. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
					Covered for recipients with open partial thickness wounds with			
					minimal exudate, or with closed wounds. Typical use is 1 dressing			
	Transparent film, sterile, 16 sq in			Y - NF	change 3 - 4 times per week per wound. Use A1 - A9 modifiers as		Purchase	
A6257	or less, each dressing	Wound care	No	N-ICF/DD	appropriate.	60 per month	only	January-09
					Covered for recipients with open partial thickness wounds with			
	Transparent film, sterile, more				minimal exudate, or with closed wounds. Typical use is 1 dressing			
	than 16 sq in but less than 48 sq			Y - NF	change 3 - 4 times per week per wound. Use A1 - A9 modifiers as		Purchase	
A6258	in, each dressing	Wound care	No	N-ICF/DD	appropriate.	60 per month	only	January-09
					Covered for recipients with open partial thickness wounds with		-	
					minimal exudate, or with closed wounds. Typical use is 1 dressing			
	Transparent film, sterile, more			Y - NF	change 3 - 4 times per week per wound. Use A1 - A9 modifiers as		Purchase	
A6259	than 48 sq in, each dressing	Wound care	No	N-ICF/DD	appropriate.	60 per month	only	January-09



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	Wound cleansers, any type, any				Covered for recipients with wounds. If a legend wound cleanser is prescribed, refer to pharmacy policy. Typical use is 1 per week. Use		Purchase	
A6260	size	Wound care	No	Yes	A1-A9 modifiers as appropriate.	10 per month	only	January-11
					Covered for recipients with wounds requiring fillers. Only to be used		-	
					when a more specific code is not available for wound filler prescribed			
	Wound filler, gel/paste, per fluid				by the physician. Typical use is less than one ounce per day per		Purchase	
A6261	ounce, not otherwise specificed	Wound care	No	N-ICF/DD	wound. Use A1-A9 modifiers as appropriate.	30 per month	only	January-11
					Covered for recipients with wounds requiring fillers. Only to be used			
				1	when a more specific code is not available for wound filler prescribed			
	Wound filler, dry form, per gram,				by the physician. Typical use is one gram per day per wound. Use		Purchase	
A6262	other otherwise specified.	Wound care	No	N-ICF/DD	A1-A9 modifiers as appropriate.	60 per month	only	January-11
	Gauze, impregnated, other than				Covered for recipients with wounds requiring impregnated gauze for			
	water, normal saline, or zinc				moisture or antimicrobial properties. Most recipients can be served			
	paste, sterile, any width, per				with one dressing change per day. Use A1 - A9 modifiers as		Purchase	
A6266	linear yard.	Wound care	No	Yes	appropriate.	60 per month	only	January-09
					Covered for recipients with wounds, tracheostomies or other medical			
	Carra manimum and tail at a till				conditions requiring gauze pads that require sterile gauze pads. For			
	Gauze, nonimpregnated, sterile,	Missallansan			wound care, most recipients can be served with 3 dressing changes	500	Dimahaaa	
A C 4 O O	pad size 16 sq in or less, without	Miscellaneous	Nia	Vaa	per day. For other indications, most recipients can be served with 12	500 per	Purchase	lenuen, 00
A6402	adhesive border, each dressing	supplies	No	Yes	dressings per day. Use A1-A9 modifiers as appropriate	month	only	January-09
	Gauze, nonimpregnated,							
	nonsterile, pad size more than 16 sq in but less than or equal to 48				Covered for recipients with wounds that do not require sterile gauze			
	sq in, without adhesive border,				pads. Most recipients can be served with 3 dressing changes per day.	120 nor	Purchase	
A6403	each dressing	Wound care	No	Yes	Use A1-A9 modifiers as appropriate.	120 per	only	lanuary 00
A0403	Gauze, nonimpregnated,	wound care	INO	165	Use AT-A9 modifiers as appropriate.	month	Offig	January-09
	nonsterile, pad size more than 48				Covered for recipients with wounds that do not require sterile gauze			
	sq in, without adhesive border,				pads. Most recipients can be served with 3 dressing changes per day.	120 per	Purchase	
A6404	each dressing	Wound care	No	Yes	Use A1-A9 modifiers as appropriate.	month	only	January-09
A0404	Gaon diessing	vvouliu cale	INU	169	Covered for recipients with wounds that require packing for wet-to-dry	HIOHUI	Offig	January-09
	Packing strips, nonimpregnated,				treatment. Typical use depends on size of wound, most recipients			
	sterile, up to 2 in in width, per			Y - NF	can be served with 30 yards per month. Use A1-A9 modifiers as		Purchase	
A6407	linear yard	Wound care	No		appropriate	60 per month	only	January-09
710407	miodi yara	Miscellaneous	140	1.4 101 /00	Jappiophiaio	CO POI IIIOIIIII	Purchase	Juliaaly 00
A6410	Eye pad, sterile, each	supplies	No	Yes	Covered to protect an injured eye from further injury.	30 per month	only	January-09



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		Miscellaneous					Purchase	
A6411	Eye pad, nonsterile, each	supplies	No	Yes	Covered to protect an injured eye from further injury.	30 per month	only	January-09
	<u>_</u>	Miscellaneous 			Covered to protect an eye from damage due to light, or to treat		Purchase	
A6412	Eye pad, occlusive, each	supplies	No	Yes	conditions such as amblyopia	30 per month	only	January-09
10110	Adhesive bandage, first-aid type,							
A6413	any size, each	Wound care			Not covered - not efficient use of Medicaid funds			December-07
	Padding bandage, nonelastic,				On any life and an invariant and a second an			
	nonwover/nonknitted, width			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Covered to pad and protect the wound surface. Most recipients can		D	
10111	greater than or equal to 3 in and	144			be served with 30 yards per month per wound. Use A1-A9 modifiers		Purchase	
A6441	less than 5 in, per yd	Wound care	No	N-ICF/DD	as appropriate.	60 per month	only	January-09
	Conforming handage panelectic				Covered to wrap wounds and to secure other dressings. Most			
	Conforming bandage, nonelastic, knitted/woven, nonsterile, width			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6442		Moundoore	No					lanuary 00
A044Z	less than 3 in, per yd	Wound care	No	N-ICF/DD	modifiers as appropriate.	month	only	January-09
	Conforming bandage, nonelastic,							
	knitted/woven, nonsterile, width				Covered to wrap wounds and to secure other dressings. Most			
	greater than or equal to 3 in and			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6443	less than 5 in, per yd	Wound care	No		modifiers as appropriate.	'		lonuon, 00
A0443	Conforming bandage, nonelastic,	Woulld care	INO	N-ICF/DD	modifiers as appropriate.	month	only	January-09
	knitted/woven, nonsterile, width				Covered to wrap wounds and to secure other dressings. Most			
	greater than or equal to 5 in, per			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6444		Moundoore	No					lanuari 00
A0444	yd	Wound care	No	N-ICF/DD	modifiers as appropriate.	month	only	January-09
	Conforming bandage, nonelastic,				Covered to wrap wounds and to secure other dressings. Most			
	knitted/woven, sterile, width less			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6445	than 3 in, per yd	Wound care	No		modifiers as appropriate.	month	only	January-09
A0443	triari 3 iri, per yu	Wound care	INO	N-ICF/DD	modifiers as appropriate.	monu	Offig	January-09
	Conforming bandage, nonelastic,							
	knitted/woven, sterile, width				Covered to wrap wounds and to secure other dressings. Most			
	greater than or equal to 3 in and			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6446	less than 5 in, per yd	Wound care	No		modifiers as appropriate.	month	only	January-09
70440	Conforming bandage, nonelastic,	vvoulid cale	INU	14-101/00	μπουιπείο αο αρφιομπαίε.	HIOHHI	Offig	January-09
	knitted/woven, sterile, width				Covered to wrap wounds and to secure other dressings. Most			
	greater than or equal to 5 in, per			Y - NF	recipients can be served with 1 yard per dressing change. Use A1-A9	120 per	Purchase	
A6447	lyd	Wound care	No		modifiers as appropriate.	month	only	January-09
/\U++1	الالا	Would cale	140		Infodmers as appropriate.	monu	Orlly	January-03



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	•							
					Covered for support for conditions such as sprains, strains and			
					venous ulcers. Most recipients who do not have a multi-layer			
	Light compression bandage,				bandage system can be served with 2 per week. Recipients using a			
	elastic, knitted/woven, width less	Miscellaneous		Y - NF	multi-layer bandage system may need to change dressings up to		Purchase	
A6448	than 3 in, per yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
					Covered for support for conditions such as sprains, strains and			
	Light compression bandage,				venous ulcers. Most recipients who do not have a multi-layer			
	elastic, knitted/woven, width				bandage system can be served with 2 per week. Recipients using a			
	greater than or equal to 3 in and	Miscellaneous		Y - NF	multi-layer bandage system may need to change dressings up to		Purchase	
A6449	less than 5 in, per yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
					Covered for support for conditions such as sprains, strains and			
	Light compression bandage,				venous ulcers. Most recipients who do not have a multi-layer			
	elastic, knitted/woven, width				bandage system can be served with 2 per week. Recipients using a			
	greater than or equal to 5 in, per	Miscellaneous		Y - NF	multi-layer bandage system may need to change dressings up to		Purchase	
A6450	yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
	Moderate compression bandage,							
	elastic, knitted/woven, load				Covered for support for conditions such as sprains, strains and			
	resistance of 1.25 to 1.34 fl lbs at				venous ulcers. Most recipients who do not have a multi-layer			
	50% maximum stretch, width				bandage system can be served with 2 per week. Recipients using a			
	greater than or equal to 3 in and	Miscellaneous		Y - NF	multi-layer bandage system may need to change dressings up to		Purchase	
A6451	less than 5 in, per yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
	High compression bandage,							
	elastic, knitted/woven, load							
	resistance greater than or equal				Covered for support for conditions such as sprains, strains and			
	to 1.35 ft lbs at 50% maximum				venous ulcers. Most recipients who do not have a multi-layer			
	stretch, width greater than or				bandage system can be served with 2 per week. Recipients using a			
	equal to 3 in and less than 5 in,	Miscellaneous		Y - NF	multi-layer bandage system may need to change dressings up to		Purchase	
A6452	per yd.	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
					Covered for support for conditions such as sprains, strains and			
					venous ulcers. Most recipients who do not have a multi-layer			
	Self-adherent bandage, elastic,				bandage system can be served with 1 - 2 per week. Recipients using			
	nonknitted/nonwoven, width less	Miscellaneous		Y - NF	a multi-layer bandage system may need to change dressings up to		Purchase	
A6453	than 3 in, per yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09



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						1		
					Covered for support for conditions such as sprains, strains and			
	Self-adherent bandage, elastic,				venous ulcers. Most recipients who do not have a multi-layer			
	nonknitted/nonwoven, width				bandage system can be served with 1 - 2 per week. Recipients using			
	greater than or equal to 3 in and	Miscellaneous			a multi-layer bandage system may need to change dressings up to		Purchase	
A6454	less than 5 in, per yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
					Covered for support for conditions such as sprains, strains and			
	Self-adherent bandage, elastic,				venous ulcers. Most recipients who do not have a multi-layer			
	nonknitted/nonwoven, width				bandage system can be served with 1 - 2 per week. Recipients using			
	greater than or equal to 5 in, per	Miscellaneous		Y - NF	a multi-layer bandage system may need to change dressings up to		Purchase	
A6455	yd	supplies	No	N-ICF/DD	twice per day. Use A1-A9 modifiers as appropriate.	60 per month	only	January-09
	Zinc paste impregnated							
I	bandage, nonelastic,							
	knitted/woven, width greater than				Covered for recipients for whom a soft, flexible wrap is required. Most			
	or equal to 3 in and less than 5	Miscellaneous		Y - NF	recipients can be served with 30 yards per month. Use A1-A9		Purchase	
A6456	in, per yd	supplies	No	N-ICF/DD	modifiers as appropriate	60 per month	only	January-09
	Tubular dressing with or without				Covered for recipients who require a tubular dressing to secure a		Purchase	
A6457	elastic, any width, per linear yd	Wound care	No	Yes	dressing. Use A1-A9 modifiers as appropriate	90 per month	only	January-09
	Compression burn garment,							
	bodysuit (head to foot), custom				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6501	fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn garment, chin				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6502	strap, custom fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn garment,				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6503	facial hood, custom fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn garment,				Covered for recipients with burn injuries. Most recipients can be		Purchase	-
A6504	glove to wrist, custom fabricated	Burn treatment	No	No	served with 2 per 3 months	2 per month	only	January-09
					·	·	,	•
	Compression burn garment,				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6505	glove to elbow, custom fabricated	Burn treatment	No	No	served with 2 per 3 months	2 per month	only	January-09
	, , , , , , , , , , , , , , , , , , , ,		-			1	- ,	,
	Compression burn garment,				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6506	glove to axilla, custom fabricated	Burn treatment	No	No	served with 2 per 3 months	2 per month	only	January-09
11200	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			†	and the property of the proper		,	
	Compression burn garment, foot				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6507	to knee length, custom fabricated	Burn treatment	No		served with 2 per 3 months	2 per month	only	January-09
. 10001	1.555 longin, odolom labiloatoa	2 3.11 d Gadinone	.,,		100.100 mm. = po. 0 monaio	po:o	0,	January 00



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	Compression burn garment, foot				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6508	to thigh length, custom fabricated	Burn treatment	No	No	served with 2 per 3 months	2 per month	only	January-09
710000	Compression burn garment,	Dani treatment	110	110	Served With 2 per 6 months	2 per monu	Offiny	oundary 00
	upper trunk to waist, including							
	arm openings (vest), custom				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6509	fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
- 10000	Compression burn garment,					россия	31119	
	trunk, including arms down to leg							
	openings (leotard), custom				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6510	fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn garment,				·	•	,	, i
	lower trunk including leg							
	openings (panty), custom				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6511	fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn garment, not				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6512	otherwise classified	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Compression burn mask, face							
	and/or neck, plastic or equal,				Covered for recipients with burn injuries. Most recipients can be		Purchase	
A6513	custom fabricated	Burn treatment	No	No	served with 1 per 3 months	1 per month	only	January-09
	Gradient compression stocking,							
	below knee, 18 - 30 mm Hg,	Compression			Covered for recipients requiring mild compression. Most recipients	4 units per 3	Purchase	
A6530	each	devices	No	No	can be served with 2 pair (4 units) per 6 months.	months	only	January-09
	Gradient compression stocking,							
	below knee, 30 - 40 mm Hg,	Compression			Covered for recipients requiring firm compression. Most recipients can	4 units per 3	Purchase	
A6531	each	devices	No	No	be served with 2 pair (4 units) per 6 months	months	only	January-09
	Gradient compression stocking,							
	below knee, 40 - 50 mm Hg,	Compression			Covered for recipients requiring extra firm compression. Most	4 units per 3	Purchase	
A6532	each	devices	No	No	recipients can be served with 2 pair (4 units) per 6 months.	months	only	January-09
	Gradient compression stocking,							
	thigh length, 18 - 30 mm Hg,	Compression			Covered for recipients requiring mild compression. Most recipients	4 units per 3	Purchase	
A6533	each	devices	No	No	can be served with 2 pair (4 units) per 6 months.	months	only	January-09
	Gradient compression stocking,						l <u> </u>	
	thigh length, 30 - 40 mm Hg,	Compression			Covered for recipients requiring firm compression. Most recipients can	•	Purchase	
A6534	each	devices	No	No	be served with 2 pair (4 units) per 6 months	months	only	January-09



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	To				T			
	Gradient compression stocking,							
	thigh length, 40 - 50 mm Hg,	Compression			Covered for recipients requiring extra firm compression. Most	4 units per 3	Purchase	
A6535	each	devices	No	No	recipients can be served with 2 pair (4 units) per 6 months.	months	only	January-09
	Gradient compression stocking,							
	full-length/chap style, 18 - 30 mm	Compression			Covered for recipients requiring mild compression. Most recipients	2 units per 3	Purchase	
A6536	Hg, each	devices	No	No	can be served with 2 units per 6 months.	months	only	January-09
	Gradient compression stocking,			1	'		,	,
	full-length/chap style, 30 - 40 mm	Compression			Covered for recipients requiring firm compression. Most recipients can	2 units per 3	Purchase	
A6537	Hg, each	devices	No	No	be served with 2 units per 6 months	months	only	January-09
710007	Gradient compression stocking,	GCVIOCO	110	140	be served with 2 drine per 6 months	months	Offig	ouridary 00
	full-length/chap style, 40 - 50 mm	Compression			Covered for recipients requiring extra firm compression. Most	2 units per 3	Purchase	
A6538	Hg, each	devices	No	No	recipients can be served with 2 units per 6 months.	months	only	January-09
A0000	Gradient compression stocking,	devices	INU	INO	recipients can be served with 2 drifts per 6 months.	1110111115	Offig	January-09
1		0			Consequent for an electronic and an electronic a	0	Describer	
4.0500	waist length, 18 - 30 mm Hg,	Compression	NI.	l	Covered for recipients requiring mild compression. Most recipients	2 units per 3	Purchase	1
A6539	each	devices	No	No	can be served with 2 units per 6 months.	months	only	January-09
	Gradient compression stocking,							
	waist length, 30 - 40 mm Hg,	Compression			Covered for recipients requiring firm compression. Most recipients can		Purchase	_
A6540	each	devices	No	No	be served with 2 units per 6 months	months	only	January-09
	Gradient compression stocking,							
	waist length, 40 - 50 mm Hg,	Compression			Covered for recipients requiring extra firm compression. Most	2 units per 3	Purchase	
A6541	each	devices	No	No	recipients can be served with 2 units per 6 months.	months	only	January-09
					Covered for recipients with gradient compression stockings who			
	Gradient compression stocking,	Compression			require a garter belt to secure the stockings. Most recipients can be	1 per 3	Purchase	
A6544	garter belt	devices	No	No	served with 1 per 6 months.	months	only	January-09
					Covered when medically necessary for treatment of venous disease		•	
	Gradient compression wrap, non-				of the lower extremities including active venous stasis ulcers and			
	elastic, below knee, 30-50 mm	Compression			lymphedema. Most recipients can be served with 2 units per 6 months	4 units per 3	Purchase	
A6545	Hg, each	devices	No	No	for each leg.	months	only	December-08
	Gradient compression		-		Covered for recipients requiring compression only when a more			
	stocking/sleeve, not otherwise	Compression			specific code is not available. Most recipients can be served with 4	4 units per 3	Purchase	
A6549	specified	devices	No	No	units per 6 months.	months	only	January-10
7.00.10	opeoou	4011000	110	1,10	Covered for recipients using approved negative pressure wound	1110111110	Oi ii y	January 10
	Wound care set, for negative				therapy (E2402). Typical care requires changing dressings used with			
	pressure wound therapy				negative pressure wound therapy 3 times per week per wound.			
	electrical pump, includes all				Documentation must support dressing changes over 15 per month.		Purchase	
\ CEEO		Mound oors	No	l No	1	20 per month		January 00
A6550	supplies and accessories	Wound care	INO	No	Includes all dressings and tubing required for treatment.	30 per month	only	January-09



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	•							
					Covered for recipients using suction pumps. Most recipients can be			
					served with 10 per month. Recipients with frequent suctioning may			
					require additional. When used with negative pressure wound therapy			
	Canister, disposable, used with	Miscellaneous		Y - NF	device, additional canisters are appropriate when wound exudate		Purchase	
A7000	suction pump	supplies	No		exceeds 90 ml per day.	30 per month	only	January-09
	Canister, nondisposable, used	Miscellaneous		Y - NF	Covered for recipients using suction pumps. Most recipients can be		Purchase	
A7001	with suction pump	supplies	No	N-ICF/DD	served with 1 per 2 - 3 months.	1 per month	only	January-09
					Covered for recipients using suction pumps. Most recipients can be			
	Tubing, used with suction pump,	Miscellaneous		Y - NF	served with 1 - 2 per month. Recipients with 2 suction pumps or with		Purchase	
A7002	each	supplies	No	N-ICF/DD	significant risk of infection may need 4 per month.	4 per month	only	January-09
					Covered for recipients requiring nebulized administration of			
					medications using E0570 or E0571. Most recipients can be served			
					with 1 per week, additional quantities may be required for children			
	Administration set, with small				receiving nebulizer treatments at school and home, or for recipients			
	volume nonfiltered pneumatic			Y - NF	receiving multiple medications via nebulizer. Includes lid, jar, baffles,		Purchase	
A7003	nebulizer, disposable	Nebulizer	No	N-ICF/DD	tubing, T-piece and mouthpiece. Used with A7003	15 per month	only	January-09
					Covered for recipients requiring nebulized administration of	i i	•	j
					medications using E0570 or E0571. Most recipients can be served			
					with 1 per week, additional quantities may be required for children			
					receiving nebulizer treatments at school and home, or for recipients			
	Small volume nonfiltered			Y - NF	receiving multiple medications via nebulizer. Includes lid, jar, baffles.		Purchase	
A7004	nebulizer, disposable	Nebulizer	No	N-ICF/DD	Used with A7003	15 per month	only	January-09
	<u> </u>				Covered for recipients requiring nebulized administration of	'	,	,
					medications using K0730, E0570 or E0571. Most recipients can be			
					served with 1 per 6 months, additional quantities may be required for			
	Administration set, with small				children receiving nebulizer treatments at school and home, or for			
	volume nonfiltered pneumatic			Y - NF	recipients receiving multiple medications via nebulizer. Includes lid,		Purchase	
A7005	nebulizer, nondisposable	Nebulizer	No		jar, baffles, tubing, T-piece and mouthpiece.	1 per month	only	January-09
					Jan, 12		Jy	
					Covered for recipients requiring nebulized administration of			
					medications using E0565, E0570, E0571, E0572 or E0585. Most			
					recipients can be served with 1 per month, additional quantities may			
	Administration set, with small				be required for children receiving nebulizer treatments at school and			
	volume filtered pneumatic			Y - NF	home, or for recipients receiving multiple medications via nebulizer.		Purchase	
A7006	nebulizer	Nebulizer	No		Includes filter, lid, jar, baffles, tubing, T-piece and mouthpiece.	1 per month	only	January-09
/1/000	1100411201	TACDUITZOI	110	11101700	Iniciaco inter, na, jar, barnes, tabing, il piece ana mounipiece.	. per month	Citiy	January 00



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					Covered for recipients requiring nebulized administration of humidified			
					gas and medications using E0565. Most recipients can be served			
					with 2 per month, additional quantities may be required for children			
	Large volume nebulizer,				receiving nebulizer treatments at school and home, or for recipients			
	disposable, unfilled, used with			Y - NF	receiving multiple medications via nebulizer. Not to be billed with		Purchase	
A7007	aerosol compressor	Nebulizer	No	N-ICF/DD	E0585	6 per month	only	January-09
	·				Covered for recipients requiring nebulized administration of humidified		-	
	Large volume nebulizer,				gas and medications using E0565 only when there is a compelling			
	disposable, prefilled, used with			Y - NF	reason why neither the patient nor the caregiver can perform the fill.		Purchase	
A7008	aerosol compressor	Nebulizer	No		Not to be billed with E0585	31 per month	only	January-09
	·				Covered for recipients with cystic fibrosis using large volume		•	
					ultrasonic nebulizers (E0575) for delivery of Tobramycin. Because			
					there is no proven medical benefit to nebulizing particles of other			
					drugs to diameters smaller than achievable with a pneumatic model,			
	Reservoir bottle, non-disposable,				ultrasonic nebulizers and associated supplies are not covered for			
	used with large volume ultrasonic			Y - NF	recipients with other diagnoses. Most recipients can be served with 1		Purchase	
A7009	nebulizer	Nebulizer	No		every 2 - 3 months	1 per month	only	January-09
	Corrugated tubing, disposable,				Covered for recipients requiring nebulized administration of humidified		•	
	used with large volume nebulizer,			Y - NF	gas and medications using E0565 or E0585. Most recipients can be		Purchase	
A7010	100 feet	Nebulizer	No			1 per month	only	January-09
	Corrugated tubing, non-				Covered for recipients requiring nebulized administration of humidified		-	
	disposable, used with large			Y - NF	gas and medications using E0565 or E0585. Most recipients can be	1 per 6	Purchase	
A7011	volume nebulizer, 10 feet	Nebulizer	No	N-ICF/DD	served with 1 per year.	months	only	January-09
					Covered for recipients requiring nebulized administration of humidified			
	Water collection device used with			Y - NF	gas and medications using E0565 or E0585. Most recipients can be		Purchase	
A7012	large volume nebulizer	Nebulizer	No	N-ICF/DD	served with 2 per month.	4 per month	only	January-09
					Covered for recipients requiring nebulized administration of			
					medications using E0565, E0570, E0571, E0572, E0574 or E0585.			
	Filter, disposable, with aerosol				Most recipients can be served with 2 per month, additional quantities			
	compressor or ultrasonic			Y - NF	may be required for children receiving nebulizer treatments at school		Purchase	
A7013	generator	Nebulizer	No	N-ICF/DD	and home.	4 per month	only	January-11
					Covered for recipients requiring nebulized administration of			
					medications using E0565, E0570, E0571, E0572, or E0585, or for			
					recipients with cystic fibrosis using ultrasonic nebulizers (E0574,			
	Filter, non-disposable, used with				E0575) for delivery of Tobramycin. Most recipients can be served			
	aerosol compressor or ultrasonic			Y - NF	with 1 per 2 -3 months, additional quantities may be required for		Purchase	
A7014	generator	Nebulizer	No	N-ICF/DD	children receiving nebulizer treatments at school and home	1 per month	only	January-09



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	Aerosol mask, used with DME			Y - NF	Covered for recipients requiring nebulized administration of		Purchase	
A7015	nebulizer	Nebulizer	No	N-ICF/DD	medications. Most recipients can be served with 1 per month.	15 per month	only	January-09
					Covered for recipients with cystic fibrosis using small volume			
					ultrasonic nebulizers (E0574) for delivery of Tobramycin. Because			
					there is no proven medical benefit to nebulizing particles of other			
					drugs to diameters smaller than achievable with a pneumatic model,			
					ultrasonic nebulizers and associated supplies are not covered for			
	Dome and mouthpiece, used with			Y - NF	recipients with other diagnoses. Most recipients can be served with 1	1 per 3	Purchase	
A7016	small volume ultrasonic nebulizer	Nebulizer	No	N-ICF/DD	per 6 months.	months	only	January-09
	Nebulizer, durable, glass or				Covered for recipients requiring nebulized administration of			
	autoclavable plastic, bottle type,			Y - NF	medications using E0565. Most recipients can be served with 1 per 2 -		Purchase	
A7017	not used with oxygen	Nebulizer	No	N-ICF/DD	3 years. Not to be billed with E0585.	1 per year	only	January-09
					Covered for recipients requiring nebulized administration of			
					medications using E0565 or E0585, or for recipients with cystic	30 units (30		
	Water, distilled, used with large				fibrosis using E0575 for delivery of Tobramycin. Most recipients can	liters) per	Purchase	
A7018	volume nebulizer, 1000 ml	Nebulizer	No	Yes	be served with 20 units (20 liters) per month.	month	only	January-09
					Covered when needed for use with a patient-owned cough stimulating			
	Interface for cough stimulating				device. Most patients can be served with 1 every 2 months. Breathing			
	device, includes all components,				circuit includes tubing, filter and patient interface (face mask,		Purchase	
A7020	replacement only	Respiratory	No	No	mouthpiece or tracheal adapter)	1 per month	only	January-11
					Covered for recipients with patient owned high frequency chest wall			
	High frequency chest wall				oscillation air-pulse generator systems (E0483). Cannot be billed with			
	oscillation system vest,				E0483. Authorization for replacement vest will only be considered			
	replacement for use with patient-				when the current vest is broken beyond repair and not under warranty.		Purchase	
A7025	owned equipment, each	Respiratory	Always	No	Refer to manual.	1 per 3 years	only	January-09
	High frequency chest wall							
	oscillation system hose,				Covered for recipients with patient owned high frequency chest wall			
	replacement for use with patient-				oscillation air-pulse generator systems (E0483). Cannot be billed with		Purchase	
A7026	owned equipment, each	Respiratory	No	No	E0483. Hoses are expected to last 2 years. Refer to manual.	1 per year	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep			
					apnea made by a physician with experience diagnosing and treating			
					sleep apnea. Most recipients can be served with 1 per 6 months.	1 per		
	Combination oral/nasal mask,				Suppliers must verify with the recipient that the PAP device is still in	dispensing,		
	used with continuous positive	Positive Airway			use, and that a new mask is required because the existing mask is	up to 3 per	Purchase	
A7027	airway pressure device, each	Pressure	No	No	damaged or ortherwise worn out.	365 days	only	January-09



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	Oral cushion for combination oral/nasal mask, replacement only, each	Positive Airway Pressure	No	No	Covered for recipient with PAP device and combination oral/nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 1 - 2 months. Suppliers must verify with the recipient that the PAP device is still in use, and that a new oral cushion is required because the existing cushion is damaged or ortherwise worn out.	1 per month	Purchase only	January-09
	Nasal pillows for combination oral/nasal mask, replacement only, pair	Positive Airway Pressure	No	No	Covered for recipient with PAP device and combination oral/nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 pair per 1 - 2 months. Suppliers must verify with the recipient that the PAP device is still in use, and that new nasal pillows are required because the existing pillows are damaged or ortherwise worn out. 1 unit equals 1 pair of nasal pillows.	1 unit (1 pair) per month	Purchase only	January-09
	Full face mask used with positive airway pressure device, each	Positive Airway Pressure	No	No	Covered for recipient with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 6 months. Suppliers must verify with the recipient that the CPAP device is still in use, and that a new mask is required because the existing mask is damaged or ortherwise worn out.	1 per dispensing, up to 3 per 365 days	Purchase only	January-09
A7031	Face mask interface, replacement for full face mask, each	Positive Airway Pressure	No	No	Covered for recipient with PAP device and full face mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 1 - 2 months. Suppliers must verify with the recipient that the PAP device is still in use, and that a new interface is required because the existing interface is damaged or ortherwise worn out.	1 per month	Purchase only	January-09
	Cushion for use on nasal mask interface, replacement only, each	Positive Airway Pressure	No	No	Covered for recipient with PAP device and nasal mask interface due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 1 - 2 months. Suppliers must verify with the recipient that the PAP device is still in use, and that a new cushion is required because the existing cushion is damaged or ortherwise worn out.	1 per month	Purchase only	January-09



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					Covered for recipient with PAP device and nasal cannula interface			
					due to a diagnosis of sleep apnea made by a physician with			
					experience diagnosing and treating sleep apnea. Most recipients can			
					be served with 1 per 1 - 2 months. Suppliers must verify with the			
	Pillow for use on nasal cannula				recipient that the PAP device is still in use, and that new pillows are			
	type interface, replacement only,	Positive Airway			required because the existing pillows are damaged or ortherwise worn	1 unit (1 pair)	Purchase	
A7033	pair	Pressure	No	No	out. 1 unit = 1 pair	per month	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep	-		
					apnea made by a physician with experience diagnosing and treating			
	Nasal interface (mask or cannula				sleep apnea. Most recipients can be served with 1 per 6 months.	1 per		
	type) used with positive airway				Suppliers must verify with the recipient that the PAP device is still in	dispensing,		
	pressure device, with or without	Positive Airway			use, and that a new mask is required because the existing mask is	up to 3 per	Purchase	
A7034	head strap	Pressure	No	No	damaged or ortherwise worn out.	365 days	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep			
					apnea made by a physician with experience diagnosing and treating			
					sleep apnea. Most recipients can be served with 1 per year. Suppliers	1 per		
					must verify with the recipient that the PAP device is still in use, and	dispensing,		
	Headgear used with positive	Positive Airway			that a new headgear is required because the existing headgear is	up to 3 per	Purchase	
A7035	airway pressure device	Pressure	No	No	damaged or ortherwise worn out.	365 days	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep		-	
					apnea made by a physician with experience diagnosing and treating			
					sleep apnea. Most recipients can be served with 1 per year. Suppliers			
					must verify with the recipient that the PAP device is still in use, and			
	Chinstrap used with positive	Positive Airway			that a new chinstrap is required because the existing chinstrap is	1 per 6	Purchase	
A7036	airway pressure device	Pressure	No	No	damaged or ortherwise worn out.	months	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep			
					apnea made by a physician with experience diagnosing and treating			
					sleep apnea. Most recipients can be served with 1 per 3 months.			
					Suppliers must verify with the recipient that the PAP device is still in			
	Tubing used with positive airway	Positive Airway			use, and that new tubing is required because the existing tubing is		Purchase	
A7037	pressure device	Pressure	No	No	damaged or ortherwise worn out.	1 per month	only	January-09
					Covered for recipient with PAP device due to a diagnosis of sleep		-	
					apnea made by a physician with experience diagnosing and treating			
					sleep apnea. Most recipients can be served with 2 per month.			
	Filter, disposable, used with	Positive Airway			Suppliers must verify with the recipient that the PAP device is still in		Purchase	
A7038	positive airway pressure device	Pressure	No	No	use.	3 per month	only	January-09



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A7039	Filter, non-disposable, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for recipient with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 6 months. Suppliers must verify with the recipient that the PAP device is still in use.	1 per dispensing, up to 3 per 365 days	Purchase only	January-09
		Miscellaneous					Purchase	
A7040	One way chest drain valve	supplies	No	No	Covered for recipient with chest tube.	1 per month	only	January-09
	Water seal drainage container							
	and tubing for use with implanted	Miscellaneous					Purchase	
A7041	chest tub	supplies	No	No	Covered for recipient with chest tube.	1 per month	only	January-09
		Miscellaneous						
A7042	Implanted pleural catheter, each	supplies			Not dispensed by medical supply providers			January-09
A7043	Vacuum drainage bottle and tubing for use with implanted catheter	Miscellaneous	No	No	Covered for recipient with plaural drainage eetheter	2 nor month	Purchase	October-10
A7043	Carneter	supplies	No	No	Covered for recipient with pleural drainage catheter Covered for recipient with PAP device due to a diagnosis of sleep	2 per month	only	October-10
	Oral interface used with positive	Positive Airway			apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients can be served with 1 per 3 - 4 months. Suppliers must verify with the recipient that the PAP device is still in	1 per dispensing, up to 3 per	Purchase	
A7044	airway pressure device, each	Pressure	No	No	use.	365 days	only	January-09
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Positive Airway Pressure	No	No	Covered for recipient with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients need no more than 1 per year. Suppliers must verify with the recipient that the PAP device is still in use.	1 per 6 months	Purchase only	January-09
	Water chamber for humidifier, used with positive airway				Covered for recipient with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most recipients need no more than 1 per 3 - 6 months. Recipients who receive positive airway pressure via invasive interface may need 1 per month or 1 per week if there is significant risk of			
. =	pressure device, replacement,	Positive Airway			infection. Suppliers must verify with the recipient that the PAP device		Purchase	
A7046	each	Pressure	No		is still in use.	5 per month	only	January-09
A 7504	Tracheostoma valve, including	Tracheostomy	NI-	Y - NF	Covered for reginients with lemma seteme. Tomical use is an analysis	1 per 6	Purchase	lanuar : 00
A7501	diaphragm, each	supplies	No	IN-ICF/DD	Covered for recipients with laryngectomy. Typical use is one per year.	months	only	January-09
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Tracheostomy supplies	No	Y - NF N-ICF/DD	Covered for recipients with laryngectomy. Typical use is one per year.	1 per 6 months	Purchase only	January-09



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	Filter holder or filter cap,							
	reusable, for use in a							
	tracheostoma heat and moisture	Tracheostomy		Y - NF	Covered for recipients with tracheostoma using heat and moisture		Purchase	
A7503	exchange system, each	supplies	No	N-ICF/DD	exchange system. Typical use is one per 3 months.	1 per month	only	January-09
	Filter for use in a tracheostoma							
	heat and moisture exchange	Tracheostomy		Y - NF	Covered for recipients with tracheostoma using heat and moisture		Purchase	
A7504	system, each	supplies	No	N-ICF/DD	exchange system. Typical use is one per day.	30 per month	only	January-09
	Housing, reusable without							
	adhesive, for use in a heat and							
	moisture exchange system				Covered for recipients with tracheostoma using heat and moisture			
	and/or with a tracheostoma	Tracheostomy		Y - NF	exchange system or a tracheostoma valve. Typical use is one per		Purchase	
A7505	valve, each	supplies	No	N-ICF/DD	month.	1 per month	only	January-09
	Adhesive disc for use in a heat							
	and moisture exchange system				Covered for recipients with tracheostoma using heat and moisture			
	and/or with tracheostoma valve,	Tracheostomy		Y - NF	exchange system or a tracheostoma valve. Typical use is one per		Purchase	
A7506	any type, each	supplies	No	N-ICF/DD	day.	30 per month	only	January-09
	Filter holder and integrated filter							
	without adhesive, for use in a							
	tracheostoma heat and moisture	Tracheostomy			Covered for recipients with tracheostoma using heat and moisture		Purchase	
A7507	exchange system, each	supplies	No	N-ICF/DD	exchange system. Typical use is one per day.	90 per month	only	January-09
	Housing and integrated adhesive,							
	for use in a tracheostoma heat							
	and moisture exchange system							
	and/or with a tracheostoma	Tracheostomy			Covered for recipients with tracheostoma using heat and moisture		Purchase	
A7508	valve, each	supplies	No	N-ICF/DD	exchange system. Typical use is one per 2 - 3 days.	20 per month	only	January-09
	Filter holder and integrated filter							
	and adhesive, for use as a							
	tracheostoma heat and moisture	Tracheostomy			Covered for recipients with tracheostoma using heat and moisture		Purchase	
A7509	exchange system, each	supplies	No	N-ICF/DD	exchange system. Typical use is one per day.	30 per month	only	January-09
	Tracheostomy/laryngectomy							
	tube, non-cuffed,				Covered for recipients with tracheostoma. Usual quantity is two per			
	polyvinylchloride (PVC), silicone	Tracheostomy			month. Refer to miscellaneous codes section of MHCP Provider		Purchase	
A7520	or equal, each	supplies	No	No	Manual when dispensing specialized items.	5 per month	only	January-09
	Tracheostomy/laryngectomy				Covered for recipients with tracheostoma. Usual quantity is two per			
	tube, cuffed, polyvinylchloride	Tracheostomy			month. Refer to miscellaneous codes section of MHCP Provider		Purchase	
A7521	(PVC), silicone or equal, each	supplies	No	No	Manual when dispensing specialized items.	5 per month	only	January-09



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	Tracheostomy/laryngectomy							
	tube, stainless steel or equal	Tracheostomy			Covered for recipients with tracheostoma. Usual quantity is one per		Purchase	
A7522	(sterilizable and reusable), each	supplies	No	No	month.	2 per month	only	January-09
	Tracheostomy shower protector,	Tracheostomy			Covered for recipients with tracheostoma. Usual quantity is one per	1 per 6	Purchase	
A7523	each	supplies	No	Yes	year.	months	only	January-09
	Tracheostomy stent/stud/button,	Tracheostomy			Covered for recipients with tracheostoma. Usual quantity is one per		Purchase	
A7524	each	supplies	No	No	year.	1 per month	only	January-09
		Tracheostomy			Covered for recipients with tracheostoma who use a nebulizer. Usual		Purchase	
A7525	Tracheostomy mask, each	supplies	No	No	quantity is one per day.	30 per month	only	January-09
	Tracheostomy tube collar/holder,	Tracheostomy			Covered for recipients with tracheostoma. Usual quantity is one per		Purchase	
A7526	each	supplies	No	No	day.	30 per month	only	January-09
	Trachostomy / laryngectomy tube	Tracheostomy			Covered for recipients with tracheostoma. Usual quantity is one per 2 -		Purchase	
A7527	/ stop, each	supplies	No	No	3 months.	1 per month	only	January-09
	·				Covered for recipients at risk of head injury due to medical condition		•	
	Helmet, protective, soft,				such as seizures or developmental disability. Most recipients over age			
	prefabricated, includes all	Miscellaneous			2 can be served with 1 per year. Recipients under age 2 may need	1 per 3	Purchase	
A8000	components and accessories	supplies	No	No	more frequent replacements	months	only	January-09
	·				Covered for recipients at risk of head injury due to medical condition		•	·
	Helmet, protective, hard,				such as seizures or developmental disability. Most recipients over age			
	prefabricated, includes all	Miscellaneous			2 can be served with 1 per year. Recipients under age 2 may need	1 per 3	Purchase	
A8001	components and accessories	supplies	No	No	more frequent replacements	months	only	January-09
	,		_		Covered for recipients at risk of head injury due to medical condition		,	, , , , , ,
					such as seizures or developmental disability. Most recipients over age			
	Helmet, protective, soft, custom				2 can be served with 1 per year. Recipients under age 2 may need			
	fabricated, includes all	Miscellaneous			more frequent replacements. Document why a prefabricated helmet	1 per 3	Purchase	
A8002	components and accessories	supplies	No	No	will not work for the recipient.	months	only	January-09
		0 0 1 1 1 1 0 0			Covered for recipients at risk of head injury due to medical condition		31,	
					such as seizures or developmental disability. Most recipients over age			
	Helmet, protective, hard, custom				2 can be served with 1 per year. Recipients under age 2 may need			
	fabricated, includes all	Miscellaneous			more frequent replacements. Document why a prefabricated helmet	1 per 3	Purchase	
A8003	components and accessories	supplies	No	No	will not work for the recipient.	months	only	January-09
7.0000	componente una accessino	ouppiioo	140	.,,	Covered for recipients with protective helmets because they are at	1110111110	O. n.y	caridary 50
					risk of head injury due to medical condition such as seizures or			
	Soft interface for helmet,	Miscellaneous			developmental disability. Most recipients can be billed with 1 per 6	1 per 6	Purchase	
A8004	replacement only	supplies	No	No	months. Not to be billed with A8000-A8003.	months	only	January-09
7,0004	replacement only	Jupplies	140	110	[11011115. 1401 to be billed with 7,0000-7,0000.	111011113	Orliy	January-09



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					Covered for recipients with mucositis caused by radiation therapy or			
					chemotherapy, or with chronic dryness of the mouth or throat which			
					has not responded to other treatments. Most individuals can be			
			Sometimes		served with 120 units per month (treatment 4 times daily). Request			
		Miscellaneous	- see		Prior Authorization if quantity greater than 150 units per month is	150 units per	Purchase	
A9155	Artificial saliva, 30 ml	supplies	manual	No	required.	month	only	October-09
A9133	Artificial Saliva, 50 IIII	Supplies	manuai	INU	Not covered by definition. For recipients for whom MHCP is not the	monu	Offig	October-09
					first payer, do not bill A9270 to first payer and then change HCPCS			
		Miscellaneous						
40070	Non-consideration on consider				when billing MHCP. Coding on remittance advice from primary			January 00
A9270	Noncovered item or service	supplies			payer(s) must match coding on claim to MHCP			January-09
	Mechanical wound suction,							
	disposable, includes dressings,							
	all accessories and components,							
A9272	each	Wound care			Not covered. Investigative.			January-12
					Effective 1/1/2011, replaces E0220, E0230 and E0238. Covered for	1 heat and 1		
	Hot water bottle, ice cap or collar,	Cold or heat			recipients who require application of heat or cold for treatment of a	cold device	Purchase	
A9273	heat and/or cold wrap, any type	therapy	No	Yes	medical condition	per year	only	January-11
	External ambulatory insulin							
	delivery system, disposable,				Not covered. Not efficient use of Medicaid funds. Cost of this system			
	each, includes all supplies and				over 4 years is greater than cost of E0784 plus infusion sets over 4			
A9274	accessories	diabetes			years			December-07
	Home glucose disposable meter,						Purchase	
A9275	includes test strips	diabetes	No	Yes	Covered for insulin dependent diabetics. Refer to manual	4 per month	only	February-08
	Sensor, invasive (e.g.							
	subcutaneous), disposable, for							
	use with interstitial continuous							
	glucose monitor, one unit = 1 day				Covered for insulin dependent diabetics with a history of hypoglycemic		Purchase	
A9276	supply	diabetes	no	Yes	unawareness. Refer to manual.	31 per month	only	August-10
	Transmitter, external, for use					'	,	Ŭ .
	with interstitial continuous				Covered for insulin dependent diabetics with a history of hypoglycemic		Purchase	
A9277	glucose monitor	diabetes	Always	Yes	unawareness. Refer to manual.	31 per month	only	March-09
- 10=11	Receiver (monitor), external, for	u.a.z.z.z	7 , 3			pooriur	<u> </u>	
	use with interstitial continuous				Covered for insulin dependent diabetics with a history of hypoglycemic		Purchase	
A9278	glucose monitoring system	diabetes	Always	Yes	unawareness. Refer to manual.	31 per month	only	March-09
70210	Igiacoso monitoring system	GIADOLOS	Aiways	103	diawareness. Acier to mandal.	or per monun	Orny	March



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	Monitoring feature / device, stand-							
	alone or integrated, any type,				Not covered. Replacement / repair of monitoring feature of DME item			
	includes all accessories,				should be billed with the HCPCS code of that item and appropriate			
	components and electronics, not	Miscellaneous			modifiers. Payment rates for DME item include all features. No			
A9279	otherwise classified	supplies			separate payment is made.			January-09
7.102.10					Not covered. Replacement / repair of alert or alarm feature of DME			Carraian'y CC
		Miscellaneous			item should be billed with the HCPCS code of that item and			
A9280	Alert or alarm device	supplies			appropriate modifiers.			January-09
						1 per 366	Purchase	,
A9282	Wig, any type, each	Wigs	No	No	Covered for recipients with alopecia areata only, diagnosis 704.01.	days	only	December-07
					Covered for pressure reduction for existing pressure ulcers on the			
	Foot pressure off loading /				foot. Diagnoses 707.06-707.07 and 707.13-707.15 only. Refer to		Rental or	
A9283	supporting device, any type, each	Wound care	No	Yes	manual.	2 per year	Purchase	December-07
	Spirometer, non-electronic,				Covered with authorization for home monitoring following lung or		Rental or	
A9284	includes all accessories	Respiratory	Always	N-ICF/DD	heart/lung transplant. See manual	1 per year	Purchase	December-08
	Miscellaneous DME supply,							
	accessory and / or service							
	component of another HCPCS	Miscellaneous						
A9900	code	supplies			Not covered. There is no separate payment for these items.			January-09
	DME delivery, set up, and / or							
	dispensing service component of	Miscellaneous 						
A9901	another HCPCS code	supplies	0 "		Not covered. Delivery and set up is included in all DMEPOS rates.			January-09
	Miscellaneous DME supply or	NA' II	Sometimes		Only to be used when a more specific code is not available. PA		Destales	
4.0000	accessory, not otherwise	Miscellaneous	- see		required for items when the submitted charge is over \$400. Refer to	medical	Rental or	
A9999	specified.	supplies	manual	N-ICF/DD	manual for billing information	necessity	Purchase	January-09
	Enteral feeding comply life				31 feeding kits per month are covered for recipients who receive			
	Enteral feeding supply kit; syringe fed, per day, includes but				enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036) per month may be covered for individuals			
	not limited to feeding / flushing				who need additional kits due to work or school. Cannot be billed with			
	syringe, administration set tubing,	Nutritional			feeding/flushing syringe, administration set tubing, dressings, tape	51 in any	Purchase	
B4034	dressings, tape	products	No		lunder B9998. Refer to manual.	combination	only	January-11
D4034	dressings, tape	products	INO	N-ICF/DD	31 feeding kits per month are covered for recipients who receive	COMBINATION	Offity	January-11
	Enteral feeding supply kit; pump				enteral nutrition products through a feeding tube. Up to 51 feeding kits			
	fed, per day, includes but not				of any type (B4034-B4036) per month may be covered for individuals			
	limited to feeding / flushing				who need additional kits due to work or school. Cannot be billed with			
		Nutritional			feeding/flushing syringe, administration set tubing, dressings, tape	51 in any	Purchase	
	syringe, administration set tubing,							



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					31 feeding kits per month are covered for recipients who receive			
	Enteral feeding supply kit; gravity				enteral nutrition products through a feeding tube. Up to 51 feeding kits			
	fed, per day, includes but not				of any type (B4034-B4036) per month may be covered for individuals			
	limited to feeding / flushing				who need additional kits due to work or school. Cannot be billed with			
	syringe, administration set tubing,	Nutritional		Y - NF	feeding/flushing syringe, administration set tubing, dressings, tape	51 in any	Purchase	
B4036	dressings, tape	products	No	N-ICF/DD	under B9998. Refer to manual.	combination	only	July-09
		Nutritional		Y - NF	Covered for recipients requiring enteral nutrition through nasogastric		Purchase	
B4081	Nasogastric tubing with stylet	products	No	N-ICF/DD	tubing	31 per month	only	July-09
		Nutritional		Y - NF	Covered for recipients requiring enteral nutrition through nasogastric	-	Purchase	
B4082	Nasogastric tubing without stylet	products	No	N-ICF/DD	tubing	31 per month	only	July-09
		Nutritional		Y - NF			Purchase	
B4083	Stomach tube, levine type	products	No	N-ICF/DD	Covered for recipients requiring levine type stomach tube	31 per month	only	July-09
					Covered for recipients requiring enteral nutrition through gastrostomy /			
					jejunostomy tube. Most individuals require one feeding tube every 2 -			
	Gastrostomy/Jejunostomy tube,	Nutritional		Y - NF	3 months. Up to 2 tubes per month may be medically necessary for	2 units per	Purchase	
B4087	standard, any material, any type	products	No	N-ICF/DD	some individuals. Refer to policy.	month	only	July-09
		·						
					Covered for recipients requiring enteral nutrition through gastrostomy /			
					jejunostomy tube. Most individuals require one feeding tube every 2 -			
					3 months. Up to 2 tubes per month may be medically necessary for			
	Gastrostomy/Jejunostomy tube,	Nutritional		Y - NF	some individuals. Low profile tubes may be medically necessary for	2 units per	Purchase	
B4088	low-profile, any material, any type	products	No		infants and children and some other individuals. Refer to policy.	month	only	July-09
	Food thickener, administered	Nutritional			Not covered. Does not meet the definition of a nutritional product in		j	,
B4100	orally, per oz	products			Statute or Rule.			July-09
	Enteral formula, for adults, used	•						,
	to replace fluids and electrolytes				Not covered. Does not meet the definition of a nutritional product in			
	(e.g. clear liquids), 500 ml = 1	Nutritional			Statute or Rule. May be covered as a pharmacy benefit using NDC			
B4102	unit	products			code.			July-09
	Enteral formula, for pediatrics,	'						,
	used to replace fluids and				Not covered. Does not meet the definition of a nutritional product in			
	electrolytes (e.g. clear liquids),	Nutritional			Statute or Rule. May be covered as a pharmacy benefit using NDC			
B4103	500 ml = 1 unit	products			code.			July-09
					Not covered. Does not meet the definition of a nutritional product in			,
	Additive for enteral formula (e.g.	Nutritional			Statute or Rule. May be covered as a pharmacy benefit using NDC			
B4104	fiber)	products			code.			July-09



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r	le						1	
	Enteral formula, manufactured							
	blenderized natural foods with							
	intact nutrients, includes proteins,							
	fats, carbohydrates, vitamins and							
	minerals, may include fiber,							
	administered through an enteral		Sometimes					
	feeding tube, 100 calories = 1	Nutritional	- see			1050 units	Purchase	
	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	Enteral formula, nutritionally	· ·			·	•	,	, ,
	complete with intact nutrients,							
	includes proteins, fats,							
	carbohydrates, vitamins and							
	minerals, may include fiber,							
	administered through an enteral		Sometimes					
	feeding tube, 100 calories = 1	Nutritional	- see			1050 units	Purchase	
	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
D4130	Enteral formula, nutritionally	products	manual	163	Overeu for recipients with specific medical needs. Neier to mandal	Per month	Offig	July-03
	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,		<u> </u>					
	administered through an enteral		Sometimes				_	
	feeding tube, 100 calories = 1	Nutritional	- see			1050 units	Purchase	
B4152	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	Enteral formula, nutritionally							
	complete, hydrolyzed proteins							
	(amino acids and peptide chain),							
	includes fats, carbohydrates,							
	vitamins and minerals, may							
	•		Comotimes					
	include fiber, administered	NI COCCESSION	Sometimes			4050	D	
	through an enteral feeding tube,	Nutritional	- see			1050 units	Purchase	
B4153	100 calories = 1 unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09



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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	Nutritional products	Sometimes - see manual	Yes	Covered for recipients with specific medical needs. Refer to manual	1050 units per month	Purchase only	July-09
	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		Sometimes					
	feeding tube, 100 calories = 1	Nutritional	- see			1050 units	Purchase	
B4155	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	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		Sometimes					
	feeding tube, 100 calories = 1	Nutritional	- see			1050 units	Purchase	
B4157	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09



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	And the contract of the contra		, , , , , , , , , , , , , , , , , , , 		T	1		
I	Enteral formula, for pediatrics,			1				
i	nutritionally complete with intact			i				
i	nutrients, includes proteins, fats,			i				
i	carbohydrates, vitamins and			i				
I	minerals, may include fiber			1				
I	and/or iron, administered through		Sometimes	1				
I	an enteral feeding tube, 100	Nutritional	- see	1		1050 units	Purchase	
B4158	calories = 1 unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
1	Enteral formula, for pediatrics,							
i	nutritionally complete soy based			i				
I	with intact nutrients, includes			1				
I	proteins, fats, carbohydrates,			1				
I	vitamins and minerals, may			1				
I	include fiber and/or iron,			1				
I	administered through an enteral		Sometimes	1				
I	feeding tube, 100 calories = 1	Nutritional	- see	İ		1050 units	Purchase	
B4159	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	Enteral formula, for pediatrics,							
I	nutritionally complete, calorically			1				
I	dense (equal to or greater than			1				
I	0.7 kcal/ml) with intact nutrients,			1				
I	includes proteins, fats,			1				
I	carbohydrates, vitamins and			1				
I	minerals, may include fiber,			İ				
I	administered through an enteral		Sometimes	1				
I	feeding tube, 100 calories = 1	Nutritional	- see	İ		1050 units	Purchase	
B4160	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	Enteral formula, for pediatrics,		†				,	,
l	hydrolyzed/amino acids and			1				
l	peptide chain proteins, includes			1				
l	fats, carbohydrates, vitamins and			1				
l	minerals, may include fiber,			1				
İ	administered through an enteral		Sometimes	1				
l	feeding tube, 100 calories = 1	Nutritional	- see	1		1050 units	Purchase	
B4161	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			i		1 000 00		July-09



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	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		Sometimes					
54466	feeding tube, 100 calories = 1	Nutritional	- see	.,		1050 units	Purchase	
B4162	unit	products	manual	Yes	Covered for recipients with specific medical needs. Refer to manual	per month	only	July-09
	Parenteral nutrition solution:							
	carbohydrates (dextrose), 50% or	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4164	less (500 ml = 1 unit), home mix	products			drug. Refer to manual			July-09
D4104	Parenteral nutrition solution:	products			urug. Nerei to mandai			July-09
	amino acid, 3.5%,(500 ml = 1	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4168	unit), home mix	products			drug. Refer to manual			July-09
D-100	Parenteral nutrition solution:	products			arag. Notor to mandal			Guly GG
	amino acid, 5.5% through 7%	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4172	(500 ml = 1 unit), home mix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:	products			anagi risior to manasi			- Cu., CC
	amino acid, 7% through 8.5%	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4176	(500 ml = 1 unit), home mix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:	•						,
	amino acid, greater than 8.5%	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4178	(500 ml = 1 unit), home mix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:	•						·
	carbohydrates (dextrose), greater							
	than 50% (500 ml = 1 unit), home	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4180	mix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution,per	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4185	10 grams lipids	products			drug. Refer to manual			July-09



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sylinnesota Departi	ment of numan Services			_		_		
	Parenteral nutrition solution:							
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, 10 to 51 g of protein,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4189	premix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:	·						·
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, 52 to 73 g of protein,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4193	premix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:	<u> </u>						,
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, 74 to 100 g of protein,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4197	premix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:							- · · , - ·
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, over 100 g of protein,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4199	premix	products			drug. Refer to manual			July-09
	Parenteral nutrition; additives							- · · , - ·
	(vitamins, trace elements,							
	Heparin, electrolytes), home mix,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B4216	per day	products			drug. Refer to manual			July-09
-	Parenteral nutrition supply kit;	Nutritional		Y - NF			Purchase	,
B4220	premix, per day	products	No	N-ICF/DD	Covered for recipients receiving premixed parenterel nutrition.	31 per month	only	July-09
	Parenteral nutrition supply kit;	Nutritional		Y - NF		<u> </u>	Purchase	•
B4222	home mix, per day	products	No	N-ICF/DD	Covered for recipients receiving home mix parenteral nutrition.	31 per month	only	July-09



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	Parenteral nutrition	Nutritional		Y - NF			Purchase	
B4224	administration kit, per day	products	No	N-ICF/DD	Covered for recipients receiving parenteral nutrition	31 per month	only	July-09
	parenteral nutrition solution:							
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements and vitamins,							
	including preparation, any				L			
	strength, renal - Amirosyn RF,	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B5000	NephrAmine, RenAmine - premix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:							
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, hepatic - FreAmine	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B5100	HBC, HepatAmine - premix	products			drug. Refer to manual			July-09
	Parenteral nutrition solution:							
	compounded amino acid and							
	carbohydrates with electrolytes,							
	trace elements, and vitamins,							
	including preparation, any							
	strength, stress - branch chain	Nutritional			Not covered as a medical supply. Must be billed by a pharmacy as a			
B5200	amino acids - premix	products			drug. Refer to manual			July-09
			Sometimes		Covered for recipients receiving enteral nutrition through a feeding			
	Enteral nutrition infusion pump -	Nutritional	- see		tube for whom gravity or syringe feeding is not appropriate. Refer to		Rental or	
B9000	without alarm	products	manual			1 per 5 years	Purchase	July-09
			Sometimes		Covered for recipients receiving enteral nutrition through a feeding			
	Enteral nutrition infusion pump -	Nutritional	- see		tube for whom gravity or syringe feeding is not appropriate. Refer to		Rental or	
B9002	with alarm	products	manual	N-ICF/DD	manual	1 per 5 years	Purchase	July-09
			Sometimes					
	Parenteral nutrition infusion	Nutritional	- see	Y - NF			Rental or	
B9004	pump - portable	products	manual		Covered for recipients receiving parenteral nutrition	1 per 5 years	Purchase	July-09
			Sometimes					
	Parenteral nutrition infusion	Nutritional	- see	Y - NF			Rental or	
B9006	pump - Stationary	products	manual	N-ICF/DD	Covered for recipients receiving parenteral nutrition	1 per 5 years	Purchase	July-09



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			Sometimes					
	Not otherwise classified for	Nutritional	- see		Covered for recipients receiving enteral nutrition nutrition when a	refer to	Rental or	
B9998	enteral supplies	products	manual	N-ICF/DD	more specific code is not available. Refer to manual	manual	Purchase	July-09
			Sometimes					
	Not otherwise classified for	Nutritional	- see	Y - NF	Covered for recipients receiving parenteral nutrition when a more	refer to	Rental or	
B9999	parenteral supplies	products	manual	N-ICF/DD	specific code is not available. Refer to manual.	manual	Purchase	July-09
					Covered for recipients who are unable to safely ambulate in one or			
	Cane, includes all materials	Ambulatory			more locations they routinely access due to a temporary or permanent		Rental or	
E0100	adjustable or fixed, with tip	Assist devices	No	Yes	medical condition. Refer to manual	1 per year	Purchase	August-09
	Cane, quad or three prong,				Covered for recipients who are unable to safely ambulate in one or	. ,		
	includes canes of all materials,	Ambulatory			more locations they routinely access due to a temporary or permanent		Rental or	
E0105	adjustable or fixed, with tips	Assist devices	No	Yes	medical condition. Refer to manual	1 per year	Purchase	August-09
						, ,		
	Crutches, forearm, includes							
	crutches of various materials,				Covered for recipients who are unable to safely ambulate in one or			
	adjustable or fixed, pair,	Ambulatory			more locations they routinely access due to a temporary or permanent	1 pair per	Rental or	
E0110	complete with tips and handgrips	Assist devices	No	Yes	medical condition. Refer to manual	year	Purchase	August-09
	Crutch, forearm, includes				Covered for recipients who are unable to safely ambulate in one or	1 per		<u>J</u>
	crutches of various materials,				more locations they routinely access due to a temporary or permanent	dispensing,		
	adjustable or fixed, each, with	Ambulatory			medical condition when only one crutch is being dispensed. Refer to	up to 2 per	Rental or	
E0111	tips and handgrips	Assist devices	No	Yes	manual	year	Purchase	August-09
	Crutches, underarm, wood,		110		Covered for recipients who are unable to safely ambulate in one or	,		· · · · · · · · · · · · · · · · · · ·
	adjustable or fixed, pair, with	Ambulatory			more locations they routinely access due to a temporary or permanent	1 pair per	Rental or	
E0112	pads, tips and handgrips	Assist devices	No	Yes	medical condition. Refer to manual	year	Purchase	August-09
	pade, upo ana nanagnipo	7.00.01 0.01.000			Covered for recipients who are unable to safely ambulate in one or	1 per		7 1019010100
	Crutch, underarm, wood,				more locations they routinely access due to a temporary or permanent	dispensing,		
	adjustable or fixed, each, with	Ambulatory			medical condition when only one crutch is being dispensed. Refer to	up to 2 per	Rental or	
E0113	pads, tips, handgrips	Assist devices	No	Yes	manual	year	Purchase	August-09
	Crutches, underarm, other than	7.00101 00 11000	110	1.00	Covered for recipients who are unable to safely ambulate in one or	your	. 0.0.00	, lagact oo
	wood, adjustable or fixed, pair,	Ambulatory			more locations they routinely access due to a temporary or permanent	1 pair per	Rental or	
E0114	with pads, tips, handgrips	Assist devices	No	Yes	medical condition. Refer to manual	year	Purchase	August-09
_U11-T	Crutch, underarm, other than	7.00101 00 11003	110	100	Thousand Conditions (Conditional Conditional Conditions	1 per	1 01011000	, luguot 00
	wood, adjustable or fixed, with				Covered for recipients who are unable to safely ambulate in one or	dispensing,		
	pad, tip, handgrip, with or without	Ambulatory			more locations they routinely access due to a temporary or permanent	up to 2 per	Rental or	
E0116	shock absorber, each	Assist devices	l No	Yes	medical condition. Refer to manual		Purchase	Διιαμεt₌Ω0
E0116	snock absorber, each	Assist devices	No	res	medical condition. Refer to manual	year	Purchase	August-09



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					Covered for recipients who are unable to safely ambulate in one or			
					more locations they routinely access due to a temporary or permanent			
	Crutch, underarm, articulating,	Ambulatory			medical condition when standard crutches will not meet the recipient's		Rental or	
E0117	spring assisted, each	Assist devices	No	Yes	medical needs. Refer to manual	2 per year	Purchase	August-09
					Covered for recipients who are unable to safely ambulate in one or			
	Crutch substitute, lower leg				more locations they routinely access due to a temporary or permanent			
	platform, with or without wheels,	Ambulatory			medical condition when standard crutches will not meet the recipient's		Capped	
E0118	each	Assist devices	No	Yes	medical needs. Refer to manual	1 per month	Rental only	August-09
					Covered for recipients who are unable to safely ambulate in one or			
			Sometimes		more locations they routinely access due to a temporary or permanent			
	Walker, rigid (pickup), adjustable	Ambulatory	- see		medical condition. Authorization required only when requesting		Rental or	
E0130	or fixed height	Assist devices	manual	Yes	payment over the fee schedule rate for pediatric walker.	1 per 5 years	Purchase	October-09
					Covered for recipients who are unable to safely ambulate in one or			
			Sometimes		more locations they routinely access due to a temporary or permanent			
	Walker, folding (pickup),	Ambulatory	- see		medical condition. Authorization required only when requesting		Rental or	
E0135	adjustable or fixed height	Assist devices	manual	Yes	payment over the fee schedule rate for pediatric walker.	1 per 5 years	Purchase	October-09
					Covered for recipients who are unable to safely ambulate in one or			
					more locations they routinely access due to a temporary or permanent			
	Walker, with trunk support,		Sometimes		medical condition, and who require trunk support. Authorization			
	adjustable or fixed height, any	Ambulatory	- see		required only when requesting payment over the fee schedule rate for		Rental or	
E0140	type	Assist devices	manual	Yes	pediatric walker.	1 per 5 years	Purchase	October-09
					Covered for recipients who are unable to safely ambulate in one or			
			Sometimes		more locations they routinely access due to a temporary or permanent			
	Walker, rigid, wheeled,	Ambulatory	- see		medical condition. Authorization required only when requesting		Rental or	
E0141	adjustable or fixed height	Assist devices	manual	Yes	payment over the fee schedule rate for pediatric walker.	1 per 5 years	Purchase	October-09
					Covered for recipients who are unable to safely ambulate in one or			
			Sometimes		more locations they routinely access due to a temporary or permanent			
	Folding walker, wheeled,	Ambulatory	- see		medical condition. Authorization required only when requesting		Rental or	
E0143	adjustable or fixed height	Assist devices	manual	Yes	payment over the fee schedule rate for pediatric walker.	1 per 5 years	Purchase	October-09
					Covered for recipients who are unable to safely ambulate in one or			
					more locations they routinely access due to a temporary or permanent			
	Walker, enclosed, 4 sided		Sometimes		medical condition, and who require the enclosed walker. Authorization			
	framed, rigid or folding, wheeled,	Ambulatory	- see		required only when requesting payment over the fee schedule rate for		Rental or	
E0144	with posterior seat	Assist devices	manual	Yes	pediatric walker.	1 per 5 years	Purchase	October-09



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Covered for recipients who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent Walker, heavy duty, multiple Sometimes Imedical condition, and who have another medical condition. breaking system, variable wheel Ambulatory - see Authorization required only when requesting payment over the fee Rental or E0147 resistance Assist devices schedule rate for pediatric walker. 1 per 5 years Purchase October-09 manual Yes Covered for recipients who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent Walker, heavy duty, without Sometimes medical condition, and who have another medical condition. wheels, rigid or folding, any type, Authorization required only when requesting payment over the fee Ambulatory Rental or - see E0148 Assist devices schedule rate for pediatric walker. Purchase October-09 manual 1 per 5 years Covered for recipients who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent Sometimes medical condition, and who have another medical condition. Walker, heavy duty, wheeled, Ambulatory Authorization required only when requesting payment over the fee - see Rental or E0149 rigid or folding, any type, each Assist devices schedule rate for pediatric walker. 1 per 5 years Purchase October-09 manual Platform attachment, forearm Ambulatory Rental or Covered for recipients using forearm crutch E0153 crutch, each Assist devices No Purchase October-09 Yes 2 per year Platform attachment, walker, Ambulatory Rental or E0154 each Assist devices No Yes Covered for recipients requiring a platform attachment for a walker Purchase October-09 2 per year Wheel attachment, rigid pick-up Ambulatory Purchase E0155 walker, per pair Assist devices No Yes Covered for addition to recipient owned walker. 2 per year only January-11 Ambulatory Rental or E0156 Seat attachment, walker Assist devices No Covered for recipients requiring a seat for use with a walker 1 per 3 years Purchase October-09 Yes Covered for recipients requiring a crutch attachment for use with a Rental or Ambulatory E0157 Assist devices No Yes walker 2 per year Purchase October-09 Crutch attachment, walker, each Leg extensions for walker, per Covered for recipients requiring leg extensions to make a walker the Ambulatory Rental or 1 set per 3 set of 4 Assist devices correct height for safe use. E0158 No Purchase October-09 vears Covered to replace hand or glide-type brakes on recipient owned Brake attachment for wheeled Ambulatory Rental or walker, replacement, each Assist devices 2 per 2 years E0159 No Purchase October-09 Yes walker. Sitz type bath or equipment, Covered for recipients with a current or past infection or injury of the portable, used with orwithout bath and toilet Rental or E0160 commode No Yes perineal area Purchase equipment 1 per year August-09 Sitz type bath or equipment, portable, used with or without commode, with faucet bath and toilet Covered for recipients with a current or past infection or injury of the Rental or E0161 attachment(s) equipment No Yes perineal area 1 per year Purchase August-09



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		bath and toilet			Covered for recipients with a current or past infection or injury of the		Rental or	
E0162	Sitz bath chair	equipment	No	Yes	perineal area	1 per year	Purchase	August-09
			Sometimes		Covered for recipients who are unable to safely and promptly access			
	Commode chair, mobile or	bath and toilet	- see		the bathrooms in their homes due to medical conditions. Refer to		Rental or	
E0163	stationary, with fixed arms	equipment	manual	Yes	manual	1 per 5 years	Purchase	August-09
			Sometimes		Covered for recipients who are unable to safely and promptly access			
	Commode chair, mobile or	bath and toilet	- see		the bathrooms in their homes due to medical conditions. Refer to		Rental or	
E0165	stationary, with detachable arms	equipment	manual	Yes	manual	1 per 5 years	Purchase	August-09
I	Pail or pan for use with commode	bath and toilet				1 per 3	Rental or	
E0167	chair, replacement only	equipment	No	Yes	Covered for recipients with commodes.	months	Purchase	August-09
	Commode chair, extra wide							
İ	and/or heavy duty, stationary or		Sometimes		Covered for recipients who are unable to safely and promptly access			
	mobile, with or without arms, any	bath and toilet	- see		the bathrooms in their homes due to medical conditions. Refer to		Rental or	
E0168	type, each	equipment	manual	Yes	manual	1 per 5 years	Purchase	August-09
	Commode chair with integrated				Covered for recipients who meet criteria for a commode, but who are			
	seat lift mechanism, electric, any	bath and toilet		Y - NF	unable to safely raise or lower himself to use the commode. Refer to		Rental or	
E0170	type	equipment	Always	N-ICF/DD		1 per 5 years	Purchase	August-09
	Commode chair with integrated				Covered for recipients who meet criteria for a commode, but who are			
	seat lift mechanism, non-electric,	bath and toilet		Y - NF	unable to safely raise or lower himself to use the commode. Refer to		Rental or	
E0171	any type	equipment	No	N-ICF/DD		1 per 5 years	Purchase	August-09
					Covered for recipients who are unable to safely raise or lower			
	Seat lift mechanism placed over	bath and toilet			themselves to use the toilet in their bathrooms when less costly		Rental or	
E0172	or on top of toilet, any type	equipment	Always		alternatives do not meet the recipient's needs. Refer to manual	1 per 5 years	Purchase	August-09
	Foot rest for use w/commode	bath and toilet			Covered for recipient's who require support for the feet when using a		Rental or	
E0175	chair	equipment	No	N-ICF/DD	commode chair.	2 per year	Purchase	August-09
		Pressure						
	Powered pressure reducing	reducing						
	mattress overlay/pad, alternating,	support			Covered for recipients who meet criteria for a Group 1 pressure		Rental or	
E0181	with pump, includes heavy duty	surfaces	No	Yes	reducing support surface. Refer to manual	1 per 3 years	Purchase	December-09
		Pressure						
		reducing			Covered for recipients who meet critieria for a Group 1 pressure			
	Pump for alternating pressure	support			reducing support surface, and who own an alternating pressure pad.		Purchase	
E0182	pad, for replacement only	surfaces	No	Yes	Refer to manual	1 per 3 years	only	November-10



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		Pressure						
		reducing						
		support			Covered for recipients who meet criteria for a Group 1 pressure		Rental or	
E0184	Dry pressure mattress	surfaces	No	Yes	reducing support surface. Refer to manual	1 per 3 years	Purchase	December-09
		Pressure						
	Gel or gel-like pressure pad for	reducing						
	mattress, standard mattress	support			Covered for recipients who meet criteria for a Group 1 pressure		Rental or	
E0185	length and width	surfaces	No	Yes	reducing support surface. Refer to manual	1 per 3 years	Purchase	December-09
		Pressure						
		reducing						
		support			Covered for recipients who meet criteria for a Group 1 pressure		Rental or	
E0186	Air pressure mattress	surfaces	No	Yes	reducing support surface. Refer to manual	1 per 3 years	Purchase	December-09
		Pressure						
		reducing					_	
	l	support			Covered for recipients who meet criteria for a Group 1 pressure		Rental or	
E0187	Water pressure mattress	surfaces	No	Yes	reducing support surface. Refer to manual	1 per 3 years	Purchase	December-09
		Pressure						
		reducing					Б	
F0400		support	N	V.	Covered for recipients who meet criteria for a Group 1 pressure	4	Rental or	D
E0188	Synthetic sheepskin pad	surfaces	No	Yes	reducing support surface. Refer to manual	1 per year	Purchase	December-09
		Pressure						
	l ambaucal abaanakin nad anu	reducing			Covered for reginients who most evitoric for a Crown 1 massaure		Dantalar	
E0189	Lambswool sheepskin pad, any size	support surfaces	No	Yes	Covered for recipients who meet criteria for a Group 1 pressure reducing support surface. Refer to manual	1 nor voor	Rental or Purchase	December-09
E0109	Size	Surfaces	INO	168	reducing support surface. Refer to manual	1 per year	Pulchase	December-09
	Positioning cushion/pillow/wedge,		Sometimes		Covered for recipients who require significant postural support which			
	any shape or size, includes all	Positioning	- see		cannot be accomodated with items commonly found in the home.		Rental or	
E0190	components and accessories	equipment	manual	No	Refer to manual.	1 per 2 years	Purchase	December-09
	semperiorite and accession	Positioning	manaan	.,,,	Covered for recipients at risk of developing sores on heels and/or	. poi 2 jouro	Purchase	2 3 3 3 11 2 3 3 3
E0191	Heel or elbow protector, each	equipment	No	Yes	elbows due to positioning.	4 per year	only	December-09
	, ,	Pressure			1	1 - 7 - 2	- ,	
		reducing						
	Powered air flotation bed (low air	support		Y - NF	Covered for recipients who meet criteria for a Group 2 pressure		Capped	
E0193	loss therapy)	surfaces	Always		reducing support surface. Refer to manual.	1 per month	• •	December-09



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Pressure reducing Covered for recipients who meet criteria for a Group 3 pressure Capped support E0194 Air fluidized bed surfaces Always N-ICF/DD reducing support surface. Refer to manual. 1 per month Rental only December-09 Pressure reducing Covered for recipients who meet criteria for a Group 1 pressure Rental or support reducing support surface. Refer to manual E0196 Gel pressure mattress surfaces No Yes 1 per 3 years Purchase December-09 Pressure Air pressure pad for mattress, reducing standard mattress length and support Covered for recipients who meet criteria for a Group 1 pressure Rental or E0197 No reducing support surface. Refer to manual Purchase width surfaces Yes 1 per 3 years December-09 Pressure Water pressure pad for mattress, reducing standard mattress length and support Covered for recipients who meet criteria for a Group 1 pressure Rental or reducing support surface. Refer to manual E0198 Nο Purchase width surfaces 1 per 3 years December-09 Pressure Dry pressure pad for mattress, reducing standard mattress length and Covered for recipients who meet criteria for a Group 1 pressure support Rental or E0199 width surfaces No Yes reducing support surface. Refer to manual 1 per year Purchase December-09 Heat lamp, without stand (table model), includes bulb, or infrared Cold or heat Covered for recipients who require application of heat for treatment of Rental or 1 per 5 years E0200 element therapy No Yes a medical condition but who cannot tolerate direct application of heat. Purchase December-09 Phototherapy (bilirubin) light with Y - NF 1 month Capped E0202 photometer No N-ICF/DD Covered for recipients under 60 days of age for treatment of jaundice. rental only Rental only August-09 Equipment Therapeutic Light Box, minimum Covered for recipients with demonstrated seasonal affective disorder. Rental or 10,000 Lux, table top model SAD lights E0203 Always Yes Refer to manual 1 per 5 years Purchase December-09 Heat lamp, with stand, includes Cold or heat E0205 bulb or infrared element therapy Not covered. Only table top models (E0200) are covered. December-09 Covered for recipients who require application of heat for treatment of Cold or heat Purchase Electric heat pad, standard a medical condition. E0210 therapy No Yes 1 per 5 years only December-09 Covered for recipients who require application of heat for treatment of Cold or heat Purchase E0215 Electric heat pad, moist therapy No Yes a medical condition. 1 per 5 years only December-09 Not covered. No evidence of superior outcomes vs standard or moist Water circulating heat pad with Cold or heat E0217 therapy heating pad. December-09 Water circulating cold pad with Cold or heat E0218 pump therapy Not covered. No evidence of superior outcomes vs passive ice packs December-09



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		Cold or heat			Not covered. Investigative. No evidence of superior outcomes vs other			
E0221	Infrared heating pad system	therapy			heating pads.			December-09
					Not covered. Not efficient use of Medicaid funds. No evidence of			
		Cold or heat			superior outcomes vs other heating pads. Not appropriate for use			
E0225	Hydrocollator unit, includes pads	therapy			without supervision by medical professional			December-09
	Noncontact wound-warming							
	wound device (temperature							
	control unit, AC adapter and							
	power cord) for use with warming							
E0231	card and wound cover	Wound care			Not covered. Investigational for all indications			December-09
	Warming card for use with the							
	noncontact device and non-							
	contact wound warming wound							
E0232	cover	Wound care			Not covered. Investigational for all indications.			December-09
	Paraffin bath unit, portable (see				Covered for recipients for use in the home under supervision of			
	medical supply code A4265 for	Cold or heat			medical professional when standard and moist heating pad have		Rental or	
E0235	paraffin)	therapy	No	Yes	failed	1 per 5 years	Purchase	December-09
		Cold or heat			Not covered. No evidence of superior outcomes for water circulating			
E0236	Pump for water circulating pad	therapy			heat/cold pads vs standard treatment			December-09
					Not covered. Not efficient use of Medicaid funds. No evidence of			
		Cold or heat			superior outcomes vs other heating pads. Not appropriate for use			
E0239	Hydrocollator unit, portable	therapy			without supervision by medical professional			December-09
			Sometimes					!
	Bath/shower chair, with or	bath and toilet	- see		Covered for recipients who are unable to safely use the bathtub or		Rental or	
E0240	without wheels, any size	equipment	manual	Yes	shower in their homes	1 per 5 years	Purchase	November-09
1					Not covered. Items that attach to the home are home modifications.			1
		bath and toilet			Recipients who require home modification should contact their county			
E0241	Bathtub wall rail, each	equipment			to ask about waivered services			November-09
					Not covered. Items that attach to the home are home modifications.			
		bath and toilet			Recipients who require home modification should contact their county			
E0242	Bathtub rail, floor base	equipment			to ask about waivered services			November-09
					Not covered. Items that attach to the home are home modifications.			
		bath and toilet			Recipients who require home modification should contact their county			
E0243	Toilet rail, each	equipment			to ask about waivered services			November-09
		bath and toilet			Covered for recipients who are unable to safely raise or lower		Purchase	l
E0244	Raised toilet seat	equipment	No	Yes	themselves to use a standard height toilet	1 per 3 years	only	November-09



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			Sometimes					
		bath and toilet	- see		Covered for recipients who are unable to safely use the bathtub or		Purchase	
E0245	Tub stool or bench	equipment	manual	Yes	shower in their homes	1 per 5 years	only	November-09
					Not covered. Items that attach to the home are home modifications.			
		bath and toilet			Recipients who require home modification should contact their county			
E0246	Transfer tub rail attachment	equipment			to ask about waivered services			November-09
	Transfer bench for tub or toilet		Sometimes		Covered for recipients who are unable to safely transfer from a			
	with or without commode	bath and toilet	- see		wheelchair to the toilet or bath/shower chair without the use of a		Rental or	
E0247	opening	equipment	manual	Yes	transfer bench	1 per 5 years	Purchase	November-09
	Transfer bench, heavy duty, for		Sometimes		Covered for recipients who are unable to safely transfer from a			
	tub or toilet with or without	bath and toilet	- see		wheelchair to the toilet or bath/shower chair without the use of a		Rental or	
E0248	commode opening	equipment	manual	Yes	transfer bench	1 per 5 years	Purchase	November-09
	Pad for water circulating heat	Heat/cold			Not covered. No evidence of superior outcomes for water circulating			
E0249	unit, for replacement only	therapy			heat/cold pads vs standard treatment			January-10
	·		Sometimes		Covered for recipients with medical conditions requiring positioning,			
	Hospital bed, fixed height, with		- see		whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0250	any type side rails, with mattress	Hospital beds	manual	Yes	refer to manual	1 per 5 years	Purchase	January-10
	Hospital bed, fixed height, with	·	Sometimes		Covered for recipients with medical conditions requiring positioning,			
	any type side rails, without		- see		whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0251	mattress	Hospital beds	manual	Yes	refer to manual	1 per 5 years	Purchase	January-10
	Hospital bed, variable height, hi-	·	Sometimes		Covered for recipients with medical conditions requiring positioning,			
	lo, with any type side rails, with		- see		whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0255	mattress	Hospital beds	manual	Yes	refer to manual	1 per 5 years	Purchase	January-10
	Hospital bed, variable height, hi-	·	Sometimes		Covered for recipients with medical conditions requiring positioning,			
	lo, wth any type side rails, without		- see		whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0256	mattress	Hospital beds	manual	Yes	refer to manual	1 per 5 years	Purchase	January-10
		,				. ,		,
	Hospital bed, semi-electric (head		Sometimes		Covered for recipients with medical conditions requiring immediate			
	and foot adjustment) with any		- see		positioning changes, whose positioning needs cannot be met with		Rental or	
E0260	type side rails, with mattress	Hospital beds	manual	Yes	attachments or pillows - refer to manual	1 per 5 years	Purchase	January-10
	,				· ·	, , , , , ,		
	Hospital bed, semi-electric (head		Sometimes		Covered for recipients with medical conditions requiring immediate			
	and foot adjustment) with any		- see		positioning changes, whose positioning needs cannot be met with		Rental or	
E0261	type side rails, without mattress	Hospital beds	manual	Yes	attachments or pillows - refer to manual	1 per 5 years	Purchase	January-10



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					Covered for recipients with medical conditions requiring immediate			
	Hospital bed, total electric (head,				positioning changes, whose positioning needs cannot be met with			
	foot and height adjustment) with				attachments or pillows, and who require a change of bed height to		Rental or	
E0265	any type side rails, with mattress	Hospital beds	Always	Yes	enable the caregiver to assist with recipient cares - refer to manual	1 per 5 years	Purchase	January-10
	Hospital bed, total electric (head,				Covered for recipients with medical conditions requiring immediate			
	foot and height adjustment) with				positioning changes, whose positioning needs cannot be met with			
	any type side rails, without				attachments or pillows, and who require a change of bed height to		Rental or	
E0266	mattress	Hospital beds	Always	Yes	enable the caregiver to assist with recipient cares - refer to manual	1 per 5 years	Purchase	January-10
	Hospital bed, institutional type							
	includes: oscillating, circulating							
E0270	and Stryker frame, with mattress	Hospital beds			Not covered. Not medically necessary for use in the home.			January-10
					Covered for use with recipient owned hospital bed. Not to be used			
			Sometimes		within 180 days of billing of any code that includes a mattress. Use			
			- see		modifier U3 when a bariatric mattress is being dispensed. Refer to		Rental or	
E0271	Mattress, innerspring	Hospital beds	manual	Yes	manual	1 per 3 years	Purchase	January-10
					Covered for use with recipient owned hospital bed. Not to be used			
			Sometimes		within 180 days of billing of any code that includes a mattress. Use			
			- see		modifier U3 when a bariatric mattress is being dispensed. Refer to		Rental or	
E0272	Mattress, foam rubber	Hospital beds	manual	Yes	manual	1 per 2 years	Purchase	January-10
E0273	Bed board	Hospital beds			Not covered. Not the standard of care for transfers in the home.			January-10
E0274	Over-bed table	Hospital beds			Not covered. Over-bed tables are furniture and convenience items			January-10
	Bed pan, standard, metal or				Reusable bed pands are covered for continent recipients confined to		Purchase	
E0275	plastic	Hospital beds	No	Yes	their beds.	1 per year	only	January-10
	Bed pan, fracture, metal or				Reusable bed pands are covered for continent recipients confined to		Purchase	
E0276	plastic	Hospital beds	No	Yes	their beds.	1 per year	only	January-10
		Pressure						
		reducing						
	Powered pressure reducing air	support		Y - NF	Covered for recipients who meet criteria for a Group 2 pressure		Capped	
E0277	mattress	surfaces	Always	N-ICF/DD		1 per month	Rental only	December-09
					Covered when medically necessary to hold bedding off the recipient's		Rental or	
E0280	Bed, cradle, any type	Hospital beds	No	Yes	body	1 per 3 years	Purchase	December-09
					Covered for recipients with medical conditions requiring positioning,			
	Hospital bed, fixed height,				whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0290	without side rails, with mattress	Hospital beds	No	Yes	refer to manual	1 per 5 years	Purchase	December-09



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					Covered for recipients with medical conditions requiring positioning,			
	Hospital bed fixed height without				whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0291	side rails, without mattress	Hospital beds	No	Yes	refer to manual	1 per 5 years	Purchase	December-09
	Hospital bed variable height, hi-				Covered for recipients with medical conditions requiring positioning,			
	lo, without side rails, with				whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0292	mattress	Hospital beds	No	Yes	refer to manual	1 per 5 years	Purchase	December-09
	Hospital bed variable height, hi-				Covered for recipients with medical conditions requiring positioning,			
	lo, without side rails, without				whose positioning needs cannot be met with attachments or pillows -		Rental or	
E0293	mattress	Hospital beds	No	Yes	refer to manual	1 per 5 years	Purchase	December-09
	Hospital bed, semi-electric (head		Sometimes		Covered for recipients with medical conditions requiring immediate			
	and foot adjustment), without		- see		positioning changes, whose positioning needs cannot be met with		Rental or	
E0294	side rails, with mattress	Hospital beds	manual	Yes	attachments or pillows - refer to manual	1 per 5 years	Purchase	December-09
	l							
	Hospital bed, semi-electric (head		Sometimes		Covered for recipients with medical conditions requiring immediate			
	and foot adjustment), without		- see		positioning changes, whose positioning needs cannot be met with	_	Rental or	
E0295	side rails, without mattress	Hospital beds	manual	Yes	attachments or pillows - refer to manual	1 per 5 years	Purchase	December-09
	Hospital bed, total-electric (head,				Covered for recipients with medical conditions requiring immediate			
	foot and height adjustment)				positioning changes, whose positioning needs cannot be met with		5	
	without out side rails, with				attachments or pillows, and who require a change of bed height to	_	Rental or	
E0296	mattress	Hospital beds	Always	Yes	enable the caregiver to assist with recipient cares - refer to manual	1 per 5 years	Purchase	December-09
	Hospital bed, total-electric (head,				Covered for recipients with medical conditions requiring immediate			
	foot and height adjustment)				positioning changes, whose positioning needs cannot be met with		5	
E0007	without side rails, without	11 9 11 1.	A1 -	V.	attachments or pillows, and who require a change of bed height to	4 5	Rental or	D
E0297	mattress	Hospital beds	Always	Yes	enable the caregiver to assist with recipient cares - refer to manual	1 per 5 years	Purchase	December-09
	D. P. G. G. B. B. B. B. B. B. B. B. B. B. B. B. B.			V NE	Covered for recipients who are mobile but cognitively impaired, when		Destales	
E0000	Pediatric crib, hospital grade,	11 % . 11 1.	A1 -		unrestricted mobility results in documented injuries if less costly and	4 5	Rental or	D
E0300	fully enclosed	Hospital beds	Always	N-ICF/DD	less restrictive methods have failed. Refer to manual	1 per 5 years	Purchase	December-09
	Heapital had began duty outro							
	Hospital bed, heavy duty, extra							
	wide, with weight capacity greater							
	than 350 pounds, but less than or			V NE	Covered for reginients who most criteria for a hospital had and		Dontol or	
E0004	equal to 600 pounds, with any	الممسئدما لمحاء	Almente		Covered for recipients who meet criteria for a hospital bed, and	1	Rental or	December 00
E0301	type side rails, without mattress	Hospital beds	Always	IN-ICF/DD	require the heavy duty bed because of weight.	1 per 5 years	Purchase	December-09



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	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without			Y - NF	Covered for recipients who meet criteria for a hospital bed, and		Rental or	
E0302	mattress	Hospital beds	Always		require the heavy duty bed because of weight.	1 per 5 years	Purchase	December-09
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Hospital beds	Always	Y - NF	Covered for recipients who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December-09
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Hospital beds	Always	Y - NF	Covered for recipients who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December-09
	any type once rame, than manness	· · · · · · · · · · · · · · · · · · ·	7	11101722	Covered when added to patient owned hospital bed. Not to be billed	. po. o jeulo	Rental or	2 0 0 0 1 1 0 0 0
E0305	Bed side rails, half length	Hospital beds	No	Yes	within 180 days of billing any code that includes bedrails	2 per 5 years	Purchase	December-09
		·			Covered when added to patient owned hospital bed. Not to be billed		Rental or	
E0310	Bed side rails, full length	Hospital beds	No	Yes	within 180 days of billing any code that includes bedrails	2 per 5 years	Purchase	December-09
E0315	Bed accessory; board, table, or support device, any type	Hospital beds			Not covered. These accessories are consider convenience items			December-09
F0040	Safety enclosure frame/canopy for use with hospital bed, any				Covered for recipients who are mobile but cognitively impaired, when unrestricted mobility results in documented injuries if less costly and		Rental or	
E0316	type	Hospital beds	Always	N-ICF/DD	less restrictive methods have failed. Refer to manual	1 per 5 years	Purchase	December-09
E0325	Urinal, male, jug type, any material	Urological	No	Yes	Covered for recipients who are continent but have limited ability to access a toilet / commode	1 per year	Purchase only	December-09
L0323	Urinal, female, jug type, any	Ofological	INO	163	Covered for recipients who are continent but have limited ability to	i pei yeai	Purchase	December-03
E0326	material	Urological	No	Yes	access a toilet / commode	1 per year	only	December-09
	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the	21212311			Covered for recipients who meet criteria for a hospital bed, and	, ,	Rental or	
E0328	spring, includes mattress	Hospital beds	Always	Yes	require the pediatric size bed because of size	1 per 5 years	Purchase	December-09



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	In the second of the second	1	1	1			Ī	
	Hospital bed, pediatric, electric or							
	semi-electric, 360 degree side							
	enclosures, top of headboard,							
	footboard and side rails up to 24							
	inches above the spring, includes				Covered for recipients who meet criteria for a hospital bed, and		Rental or	
E0329	mattress	Hospital beds	Always	Yes	require the pediatric size bed because of size	1 per 5 years	Purchase	December-09
	Control unit for electronic bowel	Miscellaneous			Not covered. Not demonstrated to provide better outcomes than less			
E0350	irrigation / evacuation system	supplies			costly alternatives.			December-09
	Disposable pack (water reservoir							
	bag, speculum, valving							
	mechanism and collection							
	bag/box) for use with the							
	electronic bowel	Miscellaneous			Not covered. Not demonstrated to provide better outcomes than less			
E0352	irrigation/evacuation system	supplies			costly alternatives.			December-09
							Purchase	
E0370	Air pressure pad elevator for heel	Footwear	No	Yes	Covered for recipients at risk of ulcers caused by pressure areas.	2 per year	only	December-09
	Non-powered advanced pressure	Pressure						
	reducing overlay for mattress,	reducing						
	standard mattress length and	support		Y - NF	Covered for recipients who meet criteria for a Group 2 pressure		Capped	
E0371	width	surfaces	Always	N-ICF/DD	reducing support surface. Refer to manual.	1 per month	Rental only	December-09
		Pressure						
	Powered air overlay for mattress,	reducing						
	standard mattress length and	support		Y - NF	Covered for recipients who meet criteria for a Group 2 pressure		Capped	
E0372	width	surfaces	Always	N-ICF/DD	reducing support surface. Refer to manual.	1 per month	Rental only	December-09
		Pressure						
		reducing						
	Nonpowered advanced pressure	support		Y - NF	Covered for recipients who meet criteria for a Group 2 pressure		Capped	
E0373	reducing mattress	surfaces	Always	N-ICF/DD	reducing support surface. Refer to manual.	1 per month	Rental only	December-09
	Stationary compressed gaseous							
	oxygen system, rental; includes							
	container, contents, regulator,							
	flowmeter, humidifier, nebulizer,				Covered through the volume purchase oxygen contract. Refer to		Monthly	
E0424	cannula or mask, and tubing	Oxygen	No	No	manual.	1 per month	Rental only	January-10



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	Stationary compressed gaseous							
	oxygen system, purchase;							
1	includes regulator, flowmeter,							
E0425	humidifier, nebulizer, cannula or mask, and tubing	Oxygen			Not covered. MHCP covers rental of oxygen equipment only			January-10
E0425	Portable gaseous oxygen	Oxygen			Not covered. Willor covers remaind oxygen equipment only			January-10
1	system, purchase; includes							
1	regulator, flowmeter, humidifier,							
E0430	cannula or mask, and tubing	Ovygon			Not covered. MHCP covers rental of oxygen equipment only			January-10
E0430	Portable gaseous oxygen	Oxygen			Not covered. Willor covers remaind oxygen equipment only			January-10
1	system, rental; includes portable							
1	container, regulator, flowmeter,							
	humidifier, cannula or mask, and				Covered through the volume purchase oxygen contract. Refer to		Monthly	
E0431	tubing	Oxygen	No	No	manual.	1 per month	Rental only	January-10
E0431	Portable liquid oxygen system,	Oxygen	INO	INO	manual.	i per monui	Rental Only	January-10
	rental; home liquifier used to fill							
1	portable liquid oxygen containers,							
1	includes portable containers,							
1	regulator, flowmeter, humidifier,							
1	cannula or mask and tubing, with							
1	or without supply reservoir and				Not covered. MHCP finds this to not be cost effective when compared			
E0433	contents gauge.	Oxygen			with other oxygen delivery models			January-10
E0433	Portable liquid oxygen system,	Oxygen			with other oxygen delivery models			January-10
1	rental; includes portable							
1	container, supply reservoir,							
	humidifier, flowmeter, refill							
	adaptor, contents gauge, cannula				Covered through the volume purchase oxygen contract. Refer to		Monthly	
E0434	or mask, and tubing.	Oxygen	No	No	manual.	1 per month	Rental only	January-10
L0434	Portable liquid oxygen system,	Олуден	110	110	manual.	1 per monu	recital offig	January 10
1	purchase; includes portable							
1	container, supply reservoir,							
	humidifier, flowmeter, refill							
	adaptor, contents gauge, cannula							
E0435	or mask, and tubing.	Oxygen			Not covered. MHCP covers rental of oxygen equipment only			January-10



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	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter,							
	humidifier, nebulizer, cannula or				Covered through the volume purchase oxygen contract. Refer to		Monthly	
E0439	mask and tubing	Oxygen	No	No	manual.	1 per month	Rental only	January-10
	Stationary liquid oxygen system,	7.5					,	,
	purchase; includes container,							
	contents, regulator, flowmeter,							
	humidifier, nebulizer, cannula or							
E0440	mask and tubing	Oxygen			Not covered. MHCP covers rental of oxygen equipment only			January-10
	Stationary oxygen contents,							
	gaseous, 1 month's supply = 1				Covered for recipients who use stationary gas systems when use of		Purchase	
E0441	unit	Oxygen	No	No	this code is required by a primary payer. Refer to manual	1 per month	only	January-10
	Stationary oxygen contents,				Covered for recipients who use stationary liquid systems when use of		Purchase	
E0442	liquid, 1 month's supply = 1 unit	Oxygen	No	No	this code is required by a primary payer. Refer to manual	1 per month	only	January-10
	Portable oxygen contents,							
	Gaseous, 1 month's supply = 1				Covered for recipients who use portable gas systems when use of this		Purchase	
E0443	unit	Oxygen	No	No	code is required by a primary payer. Refer to manual	1 per month	only	January-10
	Portable oxygen contents, liquid,				Covered for recipients who use portable liquid systems when use of		Purchase	
E0444	1 month's supply = 1 unit	Oxygen	No	No	this code is required by a primary payer. Refer to manual	1 per month	only	January-10
					Covered for recipients requiring monitoring of oxygen levels. Requires			
	Oximeter device for measuring		Sometimes		authorization for purchase and for maintenance service. For overnight			
	blood oxygen levels non-		- see		sat checks, use modifiers RR and U4. For spot check, use modifiers		Rental or	
E0445	invasively	Respiratory	manual	No	RR and U7.	1 per 5 years	Purchase	December-09
	Topical oxygen delivery system, not otherwise specified, includes							
E0446	all supplies and accessories	Wound care			Not covered. Investigative for all indications			January-11
L0770	all supplies and accessories	vvouria care			Not covered. Investigative for all indications			January 11
	Volume control ventilator, without				Covered for recipients requiring volume control ventilator. Both a			
	pressure support mode, may				stationary and a portable ventilator may be covered if the recipient			
	include pressure control mode,				requires both. E0450 has been found by Medicare to require frequent			
	used with invasive interface (e.g.,				and substantial servicing, therefore the 10 month rental limit does not		Monthly	
E0450	tracheostomy tube)	Respiratory	No	No	apply. Refer to manual	2 per month	Rental only	December-09
	Oxygen tent, excluding croup or				Covered for recipients requiring oxygen tent for administration of		Purchase	
E0455	pediatric tents	Respiratory	No	No	medically necessary oxygen.	1 per 3 years	only	December-09



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						1 per		
			Sometimes			dispensing,		
			- see			as medically	Rental or	
E0457	Chest shell (cuirass)	Respiratory	manual	No	Covered for recipients requiring a chest shell for use with a ventilator	necessary	Purchase	December-09
						1 per		
			Sometimes			dispensing,		
			- see			as medically	Rental or	
E0459	Chest wrap	Respiratory	manual	No	Covered for recipients requiring a chest wrap for use with a ventilator	necessary	Purchase	December-09
					Covered for recipients requiring negative pressure ventilator. Both a			,
					stationary and a portable ventilator may be covered if the recipient			
					requires both. E0460 has been found by Medicare to require frequent			
	Negative pressure ventilator,				and substantial servicing, therefore the 10 month rental limit does not		Monthly	
E0460	portable or stationary	Respiratory	No	No	apply. Refer to manual	2 per month	Rental only	December-09
	Volume control ventilator, without				Covered for recipients requiring negative pressure ventilator. Both a			
	pressure support mode, may				stationary and a portable ventilator may be covered if the recipient			
	include pressure control mode,				requires both. E0461 has been found by Medicare to require frequent			
	used with non-invasive interface				and substantial servicing, therefore the 10 month rental limit does not		Monthly	
E0461	(e.g., mask)	Respiratory	No	No	apply. Refer to manual	2 per month	Rental only	December-09
					May be covered as an alternative to other noninvasive ventilation			
	Rocking bed, with or without side				methods following evaluation by a physician who is skilled in		Capped	
E0462	rails	Respiratory	Always	No	pulmonology.	1 per month	Rental only	December-09
	Pressure support ventilator with				Covered for recipients requiring pressure support ventilator. Both a			
	volume control mode, may				stationary and a portable ventilator may be covered if the recipient			
	include pressure control mode,				requires both. E0463 has been found by Medicare to require frequent			
	used with invasive interface (e.g.,				and substantial servicing, therefore the 10 month rental limit does not		Monthly	
E0463	tracheostomy tube)	Respiratory	No	No	apply. Refer to manual	2 per month	Rental only	December-09
	Pressure support ventilator with				Covered for recipients requiring pressure support ventilator. Both a			
	volume control mode, may				stationary and a portable ventilator may be covered if the recipient			
	include pressure control mode,				requires both. E0464 has been found by Medicare to require frequent			
	used with non-invasive interface				and substantial servicing, therefore the 10 month rental limit does not		Monthly	
E0464	(e.g., mask)	Respiratory	No	No	apply. Refer to manual	2 per month	Rental only	December-09



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				1	·	1	T	
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)	Respiratory	Sometimes - see manual	No	Covered for recipients with obstructive sleep apnea who have failed with CPAP, and for recipients with other diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July-10
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Respiratory	Sometimes - see manual	No	Covered for recipients with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July-10
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)	Respiratory	Sometimes - see manual	No	Covered for recipients recipients with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July-10
E0480	Percussor, electric or pneumatic, home model Intrapulmonary percussive	Respiratory	No		Purchase is covered only for recipients requiring long term assistance to clear the lungs. Rental is covered for recipients requiring short term assistance to clear the lungs, or as a trial prior to purchase	1 per 5 years	Rental or Purchase	December-09
E0481 E0482	ventilation system and related accessories Cough stimulating device, alternating positive and negative airway pressure	Respiratory Respiratory	Always	No	Not covered. Investigative for all indications Covered for recipients with severe lung conditions such as cystic fibrosis, ciliary dyskinesis, or bronchiectasis who have failed at other methods of clearing the lungs.	1 per 5 years	Rental or Purchase	September-10 December-09
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Respiratory	Always		Covered for recipients with cystic fibrosis, or chronic bronchiectasis who have failed at other methods of clearing the lungs. Refer to manual	1 per 5 years	Rental or Purchase	December-09



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E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Respiratory	No	No	Covered for recipients that require assistance with clearing the airways	1 per 3 years	Rental or Purchase	December-09
	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and		Sometimes - see		Covered for recipients with sleep apnea. Requires prior authorization	·	Purchase	
E0485	adjustment	Sleep Apnea	manual	No	if submitted charge is over \$400.	1 per 5 years	only	December-09
50.400	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting	Ola sa Assas	Sometimes - see		Covered for recipients with sleep apnea. Requires prior authorization	45	Purchase	Barrelando
E0486	and adjustment	Sleep Apnea	manual	No Y - NF	if submitted charge is over \$400.	1 per 5 years	only	December-09
E0487	Spirometer, electronic, includes all accessories	Respiratory	Always		Covered with authorization for home monitoring following lung or heart/lung transplant. See manual.	1 per 5 years	Rental or Purchase	December-09
L0401	all accessories	Respiratory	Aiways	N-ICI /DD	nearriung transplant. See mandal.	i pei 3 years	Fulcilase	December-09
	IPPB machine, all types with built in nebulization, manual or automatic values, internal or		Sometimes - see	Y - NF	Covered for recipients with atelectasis or other conditions where the recipient's needs cannot be met with a nebulizer or other equipment. E0500 has been found by Medicare to require frequent and		Monthly	
E0500	external power source	Respiratory	manual	N-ICF/DD	substantial servicing, so the 10 month rental limit does not apply	1 per month	Rental only	December-09
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery	Respiratory	Sometimes - see manual	No	Covered for recipients requiring extensive supplemental humidification where less costly alternatives are not appropriate	1 per 3 years	Rental or Purchase	December-09
E0555	Humidifier, durable glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Respiratory	No		Covered for recipients requiring supplemental humidification during respiratory treatments	1 per 3 months	Purchase only	December-09
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Respiratory	No		Covered for recipients requiring supplemental humidification during respiratory treatments	1 per year	Purchase only	December-09
E0561	Humidifier, non-heated, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for recipients requiring humidification during PAP treatment.	1 per 3 years	Rental or Purchase	December-09
E0562	Humidifier, heated, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for recipients requiring humidification during PAP treatment.	1 per 3 years	Rental or Purchase	December-09



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	Compressor, air power source							
	for equipment which is not self-			Y - NF	Covered for recipients receiving nebulized medications. Refer to		Rental or	
E0565	contained or cylinder driven	Nebulizer	No	N-ICF/DD	manual	1 per 5 years	Purchase	December-09
				Y - NF	Covered for recipients receiving nebulized medications. Refer to		Rental or	
E0570	Nebulizer with compressor	Nebulizer	No	N-ICF/DD	manual	1 per 5 years	Purchase	December-09
	Aerosol compressor, battery							
	powered, for use with small				Not valid for submission for dates of service 1/1/12 and beyond.			
E0571	volume nebulizer	Nebulizer			Please see E0570			January-12
	Aerosol compressor, adjustable							
	pressure, light duty for			Y - NF	Covered for recipients receiving nebulized medications. Refer to		Rental or	
E0572	intermittent use	Nebulizer	No	N-ICF/DD	manual	1 per 5 years	Purchase	December-09
	Ultrasonic/electronic aerosol				Covered for recipients with cystic fibrosis receiving tobramycin			
	generator with small volume				treatment via nebulizer, or for recipients with pulmonary artery		Rental or	
E0574	nebulizer	Nebulizer	No	Yes	hypertension receiving treprostinil inhalation solution.	1 per 5 years	Purchase	January-12
					Covered for recipients with cystic fibrosis receiving tobramycin			
	Nebulizer, ultrasonic, large			Y - NF	treatment via nebulizer. As of 1/1/2011, E0575 is a capped rental		Capped	
E0575	volume	Nebulizer	Always	N-ICF/DD	item.	1 per month	Rental only	January-11
	Nebulizer, durable, glass or							
	autoclavable plastic, bottle type,			Y - NF	Covered for recipients receiving nebulized medications. Refer to		Rental or	
E0580	for use w/regulator or flowmeter	Nebulizer	No	N-ICF/DD	manual	1 per 3 years	Purchase	December-09
	Nebulizer with compressor and				Covered for recipients receiving nebulized medications. Refer to		Rental or	
E0585	heater	Nebulizer	No	N-ICF/DD		1 per 5 years	Purchase	December-09
					Covered for recipients requiring oral pharyngeal or tracheal			
					suctioning. A portable suction pump can function as a stationary			
	Respiratory suction pump, home				pump. MHCP will not cover both a portable and a stationary pump			
	model, portable or stationary,			Y - NF	unless substantial documentation establishes the medical necessity of		Rental or	
E0600	electric	Respiratory	No	N-ICF/DD	both. No more than 1 unit can be billed per date of service.	1 per 5 years	Purchase	December-09
	Continuous airway pressure	Positive Airway					Capped	
E0601	(CPAP) device	Pressure	No	No	Covered for recipients with obstructive sleep apnea. Refer to manual.	1 per 5 years	Rental only	July-10
					Covered when ordered by the treating provider for any nursing mother			
					experiencing separation from her infant because of work, school,			
					illness or any other medical reason. Inform recipients that breast			
					pumps are a personal care item that cannot be shared by mothers,			
					but that can be used for future pregnancies. Bill using the mother's			
					MHCP ID number, or the infant's MHCP ID number if the mother is		Purchase	
E0602	Breast pump, manual, any type	Breast pump	No	Yes	ineligible	1 per 3 years	only	August-09



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					Covered when ordered by the treating provider for any nursing mother			
					experiencing separation from her infant because of work, school,			
					illness or any other medical reason. Inform recipients that breast			
					pumps are a personal care item that cannot be shared by mothers,			
					but that can be used for future pregnancies. Bill using the mother's			
	Breast pump, electric (AC and /				MHCP ID number, or the infant's MHCP ID number if the mother is		Purchase	
E0603	or DC), any type	Breast pump	No	No	ineligible	1 per 3 years	only	August-09
					Covered when ordered by the treating provider for any nursing mother			
					experiencing separation from her infant because of work, school,			
					illness or any other medical reason. Bill accessory kits for E0604			
	Breast pump, hospital grade,		Sometimes		breast pumps with modifier RA. Bill using the mother's MHCP ID			
	electric (AC and / or DC), any		- see		number, or the infant's MHCP ID number if the mother is ineligible. PA	1 per episode	Capped	
E0604	type	Breast pump	manual	Yes	required after 3 months rental.	of need	Rental only	March-11
					·		Purchase	
E0605	Vaporizer, room type	Equipment	No	Yes	Covered when medically necessary for treatment of respiratory illness.	1 per year	only	December-09
		·			Covered when medically necessary for treatment of respiratory		Rental or	
E0606	Postural drainage board	Respiratory	No	Yes	conditions.	1 per 5 years	Purchase	December-09
		·			Covered for monitoring of type 1 or type 2 diabetes, or when ordered			
					by the physician for monitoring of other medical conditions that cause		Purchase	
E0607	Home blood glucose monitor	diabetes	No	Yes	variations in blood glucose levels.	1 per 5 years	only	December-09
	External defibrillator with						-	
	integrated electrocardiogram	External			Covered for recipients at risk of sudden cardiac death due to		Capped	
E0617	analysis	defibrillator	Always	Yes	ventricular fibrillation or ventricular tachyarrhythmia. See manual	1 per 5 years	Rental only	Dec-07
			Sometimes		·		•	
	Apnea monitor, without recording		- see	Y - NF	Covered for recipients under age 2 at risk of morbidity and mortality		Rental or	
E0618	feature	Apnea monitors	manual	N-ICF/DD	due to apnea	1 per 5 years	Purchase	August-10
			Sometimes		Covered for recipients under age 2 at risk of morbidity and mortality	,		
	Apnea Monitor, with recording		- see		due to apnea when a monitor without recording feature will not meet		Rental or	
E0619	feature	Apnea monitors	manual	N-ICF/DD	the recipient's needs. Refer to manual.	1 per 5 years	Purchase	August-10
	Skin piercing device for collection	durable medical		Y - NF	Covered when demonstrated to be the least costly, medically		Rental or	
E0620	of capillary blood, laser, each	equipment	Always	N-ICF/DD	appropriate way to meet the recipient's medical needs	1 per 5 years	Purchase	August-10
	Sling or seat, patient lift, canvas	_					Rental or	
E0621	or nylon	patient lifts	No	Yes	Covered to replace a worn sling or seat on a patient-owned lift.	1 per year	Purchase	August-10
	Patient lift, bathroom or toilet, not	bath and toilet			Covered for recipients unable to safely access the bath or toilet. Refer		Rental or	
E0625	otherwise classified	equipment	Always	yes	to manual.	1 per 5 years	Purchase	August-10
	· · · · · · · · · · · · · · · · · · ·							



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	Seat lift mechanism incorporated			1				
	into a combination lift-chair				Covered for recipients who are unable to rise from an armchair but		Rental or	
E0627	mechanism	patient lifts	Always	Yes	who are able to walk. Refer to manual	1 per 5 years	Purchase	August-10
20021	Separate seat lift mechinism for	pationtinto	riwayo	100	Who are able to walk. Refer to mandar	i poi o youro	1 dionacc	7 tagaot 10
	use with patient-owned furniture,				Covered for recipients who are unable to rise from an armchair but		Rental or	
E0628	electric	patient lifts	Always	Yes	who are able to walk. Refer to manual	1 per 5 years	Purchase	August-10
L0020	Separate seat lift mechinism for	patientinto	riways	100	who are able to walk. Refer to mandar	i per o years	1 dionasc	7 tagast 10
	use with patient-owned furniture,				Covered for recipients who are unable to rise from an armchair but		Rental or	
E0629	nonelectric	patient lifts	Always	Yes	who are able to walk. Refer to manual	1 per 5 years	Purchase	August-10
L0023	Patient lift, hydraulic or	patient into	Aiways	163	Who are able to waik. Refer to mandal	i pei o years	Turchase	August-10
	mechanical, includes any seat,				Covered for recipients who are unable to safely transfer from chair to		Rental or	
E0630	sling, strap(s), or pad(s)	patient lifts	No	Yes	bed or similar. Refer to manual	1 per 5 years	Purchase	August-10
E0030	Patient lift, electric, with seat or	patient into	INO	165	Covered for recipients who are unable to safely transfer from chair to	i pei 5 years	Rental or	August-10
E0635		nationt lifts	No	Yes	bed or similar. Refer to manual	1 per 5 veere	Purchase	August 10
E0033	sling Multipositional patient support	patient lifts	No	165	Covered for recipients who are unable to safely transfer from chair to	1 per 5 years	Fulchase	August-10
	system, with integrated lift,				bed or similar when less costly alternatives cannot meet the		Rental or	
E0636	patient accessible controls	matiant lifts	Almana	Vaa	· ·	1 non 5 voore	Purchase	A
E0030		patient lifts	Always	Yes	recipient's specific medical needs. Refer to manual	1 per 5 years	Purchase	August-10
	Combination sit to stand							
	frame/table system, any size			V NE			Destales	
E0007	including pediatric, with seat lift		A		Covered for recipients who cannot stand unassisted for appreciable	4 5	Rental or	A = -1.40
E0637	feature, with or without wheels	standers	Always	N-ICF/DD	amounts of time and who require weight bearing. Refer to manual	1 per 5 years	Purchase	August-10
	Standing frame/table system,							
	one position (e.g., upright, supine							
	or prone stander), any size							
	including pediatric, with or	_			Covered for recipients who cannot stand unassisted for appreciable	_	Rental or	
E0638	without wheels	standers	Always	N-ICF/DD	amounts of time and who require weight bearing. Refer to manual	1 per 5 years	Purchase	August-10
	Patient lift, moveable from room							
	to room with disassembly and				Covered for recipients who are unable to safely transfer from chair to			
	reassembly, includes all				bed or similar when less costly alternatives cannot meet the		Rental or	
E0639	components/accessories	patient lifts	Always	N-ICF/DD	recipient's specific medical needs. Refer to manual	1 per 5 years	Purchase	August-10
	Patient lift, fixed system, includes				Not covered. A fixed system is a home modification, which is not			
E0640	all components / accessories	patient lifts			covered by MHCP			August-10
	Standing frame/table system,							
	multi-position (e.g., three-way							
	stander), any size including				Covered for recipients who cannot stand unassisted for appreciable		Rental or	
E0641	pediatric, with or without wheels	standers	Always	N-ICF/DD	amounts of time and who require weight bearing. Refer to manual	1 per 5 years	Purchase	August-10



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	Standing frame/table system,							
	mobile (dynamic stander), any				Covered for recipients who cannot stand unassisted for appreciable		Rental or	
E0642	size including pediatric	standers	Always	N-ICF/DD	1 0	1 per 5 years	Purchase	August-10
			Sometimes		Covered for recipients with chronic venous insufficiency of the lower			
	Pneumatic compressor, non-	pneumatic	- see		extremities or lymphedema where conservative therapy has failed.		Rental or	
E0650	segmental home model	compression	manual	No	Refer to manual	1 per 5 years	Purchase	August-10
	Pneumatic compressor,		Sometimes		Covered for recipients with chronic venous insufficiency of the lower			
	segmental home model, without	pneumatic	- see		extremities or lymphedema where conservative therapy has failed.		Rental or	
E0651	calibrated gradient pressure	compression	manual	No	Refer to manual	1 per 5 years	Purchase	August-10
					Covered for recipients with chronic venous insufficiency of the lower			
					extremities or lymphedema where conservative therapy has failed and			
	Pneumatic compressor,				where non-segmental devices or segmental devices without calibrated			
	segmental home model, with	pneumatic			gradient pressure cannot meet the recipient's medical needs. Refer		Rental or	
E0652	calibrated gradient pressure	compression	Always	No	to manual	1 per 5 years	Purchase	August-10
		·						
	Non-segmental pneumatic							
	appliance for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0655	compressors, half arm	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental pneumatic appliance	,						U
	for use with pneumatic	pneumatic			Not covered. No additional payment is made for trunk, pelvis or chest			
E0656	compressor, trunk	compression			appliances.			August-10
	Segmental pneumatic appliance	,						J
	for use with pneumatic	pneumatic			Not covered. No additional payment is made for trunk, pelvis or chest			
	compressor, chest	compression			appliances.			August-10
	Non-segmental pneumatic	'						
	appliance for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0660	compressor, full leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Non-segmental pneumatic	,				, , ,		J
	appliance for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0665	compressor, full arm	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Non-segmental pneumatic	, , , , , , , , , , , , , , , , , , ,				1 - 7		. 9
	appliance for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0666	compressor, half leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental pneumatic appliance							
	for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
	compressor, full leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10



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	Segmental pneumatic appliance							
	for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0668	compressor, full arm	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental pneumatic appliance							
	for use with pneumatic	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0669	compressor, half leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental gradient pressure	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0671	pneumatic appliance, full leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental gradient pressure	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0672	pneumatic appliance, full arm	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Segmental gradient pressure	pneumatic			Covered for use with medically necessary pneumatic compression		Rental or	
E0673	pneumatic appliance, half leg	compression	No	No	device. Refer to manual	2 per year	Purchase	August-10
	Pneumatic compression device,							
	high pressure, rapid inflation /							
	deflation cycle, for arterial				Covered with authorization for treatment of peripheral artery disease			
	insufficiency (unilateral or	pneumatic			for patients who might otherwise require surgical treatment of the	1 unit per	Capped	
E0675	bilateral system)	compression	Always	No	arterial insufficiency.	month	Rental only	September-11
	Intermittent limb compression		Sometimes		Covered when conservative treatment for phlebitis or similar			
	device (inlcudes all accessories),	pneumatic	- see		conditions has failed. Authorization required for submitted charge over	1 unit per	Capped	
E0676	not otherwise specified	compression	manual	No	\$400.	month	Rental only	August-10
	Ultraviolet light therapy system,							
	includes bulbs/lamps, timer and			Y - NF	Covered with authorization for treatment of severe psoriasis when	1 unit per	Rental or	
E0691	eye protection	Phototherapy	Always	N-ICF/DD	conservative treatment is contraindicated	month	Purchase	February-12
	Ultraviolet light therapy system,							
	includes bulbs/lamps, timer and			Y - NF	Covered with authorization for treatment of severe psoriasis when	1 unit per	Rental or	
E0692	eye protection	Phototherapy	Always	N-ICF/DD	conservative treatment is contraindicated	month	Purchase	February-12
	Ultraviolet light therapy system,							
	includes bulbs/lamps, timer and			Y - NF	Covered with authorization for treatment of severe psoriasis when	1 unit per	Rental or	
E0693	eye protection	Phototherapy	Always	N-ICF/DD	conservative treatment is contraindicated	month	Purchase	February-12
	Ultraviolet light therapy system,							
	includes bulbs/lamps, timer and				Not covered. Not proven to produce better outcomes than less costly			
E0694	eye protection	Phototherapy			systems.			February-12
	•		-		•			



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E0700	Safety equipment, device or accessory, any type	Miscellaneous supplies	Sometimes - see manual	Yes	Safety equipment that is attached to the home or vehicle is a non-covered home or vehicle modification. Other safety equipment may be covered. Authorization is required if the submitted charge is over \$400. Only one device may be dispensed per date of service	medical necessity	Rental or Purchase	January-10
			Sometimes		Tranfer devices that are attached to the home or vehicle are non- covered home or vehicle modifications. Other transfer devices, including transfer belts, may be covered. Authorization is required if			
		Miscellaneous	- see		the submitted charge is over \$400. Only one device may be	medical	Rental or	
E0705	Transfer device, any type, each	supplies	manual	Yes	dispensed per date of services	necessity	Purchase	February-12
	restraints, any type (body, chest,	Miscellaneous			Restraints are covered only as part of written home care plan of care, when needed for no longer than 15 minutes at a time during medical treatment where the recipient has demonstrated actions that pose a risk to the safe completion of the medical treatment. Restraints are not a substitute for supervision or behavioral intervention and must	medical	Purchase	
E0710	wrist, or ankle)	supplies	Always	Yes	not be used for caregiver convenience.	necessity	only	February-12
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	TENS	Always	No	Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual	1 unit per month	Rental or Purchase	February-12
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	TENS	Always	No	Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual	1 unit per month	Rental or Purchase	February-12
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by laters of fabric)	TENS	Always	No	Covered for use with authorized TENS or NMES units when the recipient's needs cannot be met with conventional electrods. Refer to manual	1 per 3 years	Purchase only	February-12
	Incontinence treatment system,							
E0740	pelvic floor stimulator, monitor,	Miscellaneous		. .	Pelvic floor electrical stimulation devices may be covered for	4 5	Rental or	F.1. 40
E0740	sensor, and / or trainer	supplies	Always Sometimes	No	recipients with stress and/or urge incontinence. Refer to manual.	1 per 5 years	Purchase	February-12
E0744	Neuromuscular stimulator for scoliosis	electrical stimulators	- see manual	No	Neuromuscular stimulators may be covered for recipients with juvenile or adolescent single or double major idiopathic scoliosis. Refer to manual	1 per 5 years	Rental or Purchase	February-12
E0745	Neuromuscular stimulator, electronic shock unit	electrical stimulators	Always	No	Covered when criteria are met - refer to manual	1 per 5 years	Rental or Purchase	February-12



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	Electromyography (EMG),	electrical						
E0746	biofeedback device	stimulators			not covered			February-12
	Osteogenesis stimulator,	L				4	Destales	
E0747	electrical, non-invasive other than	bone growth	A l	NI.	Covered for treatment of nonfusion of fractures, and for	1 unit per	Rental or	May 40
E0747	spinal	stimulator	Always	No	pseudoarthroses. Refer to manual	month	Purchase	May-10
E0740	Osteogenesis stimulator, electric,	bone growth	Alvere	Ma	Covered for nonhealing of spinal fusion and as an adjunct treatment	1 unit per	Rental or	May 40
E0748	non-invasive spinal Osteogenesis stimulator,	stimulator	Always	No	for spinal fusion. Refer to manual	month	Purchase Rental or	May-10
E0749	electrical, surgically implanted	bone growth stimulator	Alverse	No	Covered as an adjunct to spinal fusion. Refer to manual	1 per fusion	Purchase	Mov 10
E0749	Electronic salivary reflex	electrical	Always	INO	Covered as an adjunct to spinal fusion. Refer to manual	1 per fusion	Purchase	May-10
E0755	stimulator (intraoral/noninvasive)	stimulators			not covered			Fobruary 12
E0755	stimulator (intraoral/nonlinvasive)	Sumulators			not covered			February-12
	Osteogenesis stimulator, low	bone growth				1 unit per	Rental or	
E0760	intensity ultrasound, non-invasive	stimulator	Always	No	Covered for treatment of nonfusion of fractures. Refer to manual	month	Purchase	May-10
E0700	Nonthermal pulsed high	Stilliulatoi	Always	INO	Covered for treatment of horitusion of fractures. Refer to manual	monu	Fulcilase	iviay-10
	frequency radiowaves, high peak							
	power electromagnetic energy	electrical						
E0761	treatment device	stimulators			Not covered. Investigative			February-12
LUTUI	Transcutaneous electrical joint	Stillidiators			Not covered. Investigative			1 ebidary-12
	stimulation device system,	electrical						
E0762	includes all accessories	stimulators			Not covered. Investigative.			December-11
L0702	Functional neuromuscular	Stillidiators			Not covered. Investigative.			December-11
	stimulation, transcutaneous							
	stimulation of sequential muscle							
	groups of ambulation with							
	computer control, used for							
	walking by spinal cord injured,							
	entire system, after completion of	electrical						
E0764	training program	stimulators			not covered. Investigative			February-12
L0704	training program	Stillidiators			not covered. Investigative			1 ebidary-12
	FDA approved nerve stimulators,							
	with replaceable batteries, for	electrical						
E0765	treatment of nausea and vomiting	stimulators			Not covered. Investigative.			February-12
20700	Todamont of hadded and vorniting	Junualora			110. 0010.00. Ilivooligativo.			1 Oblidary 12
	Electrical stimulation or							
	electromagnetic wound treatment							
E0769	device, not otherwise classified	Wound care			Not covered. Investigative			February-12



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	Functional electrical stimulator,							
	transcutaneous stimulation of							
	nerve and / or muscle groups,				Upper extremity functional electrical stimulators may be covered for			
	any type, complete system, not	electrical			recipient with upper limb paralysis due to cervical spine cord injury or		Rental or	
E0770	otherwise specified.	stimulators	Always	No	chronic upper extremity paresis due to stroke. Refer to manual	1 per month	Purchase	February-12
	·				Covered for recipients receiving IV medications / fluids / nutrition.			
				Y - NF	E0776 is not to be used when dispensing an IV holder that is part of or		Rental or	
E0776	IV Pole	Equipment	No	N-ICF/DD		1 per 3 years	Purchase	March-12
					Covered for recipients receiving drug infusion services. Document the			
					following in the recipient's file at the medical supplier's office: the			
	Ambulatory infusion pump,				physician's order which includes the length of need (# of days per			
	mechanical, reusable, for	drug infusion		Y - NF	month and/or total number of months), diagnosis, name of drug,	1 per episode	Capped	
E0779	infusion 8 hours or greater	supplies	No	N-ICF/DD	frequency of administration and a copy of the treatment plan	of need	Rental only	August-09
					Covered for recipients receiving drug infusion services. Document the			
					following in the recipient's file at the medical supplier's office: the			
	Ambulatory infusion pump,				physician's order which includes the length of need (# of days per			
	mechanical, reusable, for	drug infusion		Y - NF	month and/or total number of months), diagnosis, name of drug,	1 per episode	Purchase	
E0780	infusion less than 8 hours	supplies	No	N-ICF/DD	frequency of administration and a copy of the treatment plan	of need	only	August-09
	Ambulatory infusion pump, single				Covered for recipients receiving drug infusion services. Document the			
	or multiple channels, electric or				following in the recipient's file at the medical supplier's office: the			
	battery operated, with				physician's order which includes the length of need (# of days per			
	administrative equipment, worn	drug infusion		Y - NF	month and/or total number of months), diagnosis, name of drug,	1 per episode	Capped	
E0781	by patient	supplies	No	N-ICF/DD	frequency of administration and a copy of the treatment plan	of need	Rental only	August-09
	External ambulatory infusion				Covered for diabetic recipients for whom self injection of insulin has		Purchase	
E0784	pump, insulin	diabetes	Always	No	provided insufficient control. Refer to manual	1 per 5 years	only	May-10
			Sometimes					
	Parenteral infusion pump,	Nutritional	- see	Y - NF			Rental or	
E0791	stationary, single or multichannel	products	manual	N-ICF/DD	Covered for recipients receiving parenteral nutrition.	1 per 5 years	Purchase	July-09
			Sometimes					
	Ambulatory traction device, all	Traction	- see		Covered for recipients requiring traction. Authorization needed for	1 unit per	Rental or	
E0830	types, each	Equipment	manual		submitted charge over \$400.	month	Purchase	March-12
	Traction frame, attached to	Traction		Y - NF		1 unit per	Rental or	
E0840	headboard, cervical traction	Equipment	No	N-ICF/DD	Covered for recipients requiring cervical traction.	month	Purchase	March-12
	Traction equipment, cervical, free-							
	standing stand/frame, pneumatic,		Sometimes					
	applying traction force to other	Traction	- see		Covered for recipients requiring cervical traction. Authorization	1 unit per	Rental or	
E0849	than mandible	Equipment	manual	N-ICF/DD	required for repairs over \$400.	month	Purchase	March-12



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=	Traction stand, freestanding,	Traction		Y - NF		1 unit per	Rental or	
E0850	cervical traction	Equipment	No	N-ICF/DD	Covered for recipients requiring cervical traction.	month	Purchase	March-12
E0855	Cervical traction equipment not requiring additional stand or frame	Traction Equipment	No	yes	Covered for recipients requiring traction.	1 unit per month	Capped Rental only	March-12
E0856	Cervical traction device, cervical collar with inflatable air bladder	Traction Equipment	No		Covered for recipients requiring cervical traction	1 unit per month	Rental or Purchase	March-12
E0860	Traction equipment, overdoor, cervical	Traction Equipment	No	Y - NF N-ICF/DD	Covered for recipients requiring cervical traction	1 unit per month	Rental or Purchase	March-12
E0870	Traction frame, attached to footboard, extremity traction (e.g. Buck's) Traction stand, freestanding,	Traction Equipment Traction	No	Y - NF N-ICF/DD Y - NF	Covered for recipients requiring extremity traction	1 unit per month	Rental or Purchase Rental or	March-12
E0880	extremity traction (e.g. Buck's)	Equipment	No		Covered for recipients requiring extremity traction	1 unit per month	Purchase	March-12
E0890	Traction frame, attached to footboard, pelvic traction	Traction Equipment	No		Covered for recipients requiring pelvic traction	1 unit per month	Rental or Purchase	March-12
E0900	Traction stand, freestanding, pelvic traction (e.g. Buck's)	Traction Equipment	No	Y - NF N-ICF/DD	Covered for recipients requiring pelvic traction	1 unit per month	Rental or Purchase	March-12
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Orthopedic devices	No	Yes	Covered for recipients who require a device to assist with movement in bed.	1 per 5 years	Rental or Purchase	February-12
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Orthopedic devices	Sometimes - see manual	No	Covered for recipients who require a device to assist with movement in bed. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February-12
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Orthopedic devices	Sometimes - see manual	Y - NF	Covered for recipients who require a device to assist with movement in bed. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February-12
E0920	Fracture frame, attached to bed, includes weights	Orthopedic devices	Sometimes - see manual	Y - NF	Covered for recipients with fractures requiring traction. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February-12
E0930	Fracture frame, freestanding, includes weights	Orthopedic devices	Sometimes - see manual	Y - NF	Covered for recipients with fractures requiring traction. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February-12



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E0935	Continuous passive motion			Y - NF		2 units per day for up to		
	exercise device; for knee only	Passive motion	No	N-ICF/DD	Covered for recipients following knee replacement surgery.	30 days	Daily rental	April-12
	Continuous passive motion					2 units per	-	
E0936	exercise device for use other			Y - NF		day for up to		
	than knee	Passive motion	No	N-ICF/DD	Covered for recipients following joint surgery.	30 days	Daily rental	April-12
E0940	Trapeze bar, freestanding,	Orthopedic		Y - NF	Covered for recipients who require a device to assist with movement	1 unit per	Rental or	
E0940	complete w/grab bar	devices	No	N-ICF/DD	in bed.	month	Purchase	May-12
	Cravity applied treation device		Sometimes					
E0941	Gravity assisted traction device,	Orthopedic	- see	Y - NF	Covered for recipients who require a device to assist with movement	1 unit per	Rental or	
	any type	devices	manual	N-ICF/DD	in bed. Authorization required for repairs over \$400.	month	Purchase	rental April-12 Intal or Chase May-12
E0040	Com is all based because 20 /b alter.	Orthopedic		Y - NF		1 unit per	Rental or	
E0942	Cervical head harness/halter	devices	No	N-ICF/DD	Covered for recipients requiring a harness for rehabilitative therapy.	month	Purchase	May-12
E0044	Pelvic belt/harness/boot	Orthopedic		Y - NF		1 unit per	Rental or	
E0944	Pelvic beit/namess/boot	devices	No	N-ICF/DD	Covered for recipients with lumbosacral pain.	month	Purchase	May-12
E004E	Francisco halt/barrage	Orthopedic		Y - NF		1 unit per	Rental or	
E0945	Extremity belt/harness	devices	No	N-ICF/DD	Covered for recipients requiring traction of the extremities.	month	Purchase	May-12
	Fracture frame, dual w/erose		Sometimes					
E0946	Fracture frame, dual w/cross	Orthopedic	- see	Y - NF	Covered for recipients requiring traction due to fracture. Authorization	1 unit per	Rental or	
	bars, attached to bed	devices	manual	N-ICF/DD	required for repairs over \$400.	month	Purchase	May-12
			Sometimes					
E0947	Fracture frame, attachments for	Orthopedic	- see	Y - NF	Covered for recipients requiring traction due to fracture. Authorization	1 unit per	Rental or	
	complex pelvic traction	devices	manual	N-ICF/DD	required for repairs over \$400.	month	Purchase	May-12
			Sometimes					-
E0948	Fracture frame, attachments for	Orthopedic	- see	Y - NF	Covered for recipients requiring traction due to fracture. Authorization	1 unit per	Rental or	
	complex cervical traction	devices	manual	N-ICF/DD	required for repairs over \$400.	month	Purchase	May-12
	Manual wheelchair accessory,				Not covered. No evidence of reduction of repetitive motion injury, not			•
E0988	lever-activated, wheel drive, pair	Mobility devices			the standard of care.			January-12
	·			Usually in				•
				NF per				
			Sometimes	diem,				
	Shock absorber for manual		- see	never in	1 shock absorber per wheel is covered when needed to minimize		Rental or	
E1015	wheelchair, each	Mobility devices	manual	ICF	jarring of a recipient who uses a manual wheelchair.	2 per year	Purchase	October-10



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		1	1					
				Usually in				
				NF per				
			Sometimes	diem,			_	
	Shock absorber for power	.	- see	never in	1 shock absorber per wheel covered when needed to minimize jarring		Rental or	
E1016	wheelchair, each	Mobility devices	manual	ICF	of a recipient who uses a power wheelchair.	4 per year	Purchase	October-10
				Usually in				
			_	NF per				
	Heavy duty shock absorber for		Sometimes	diem,	1 shock absorber per wheel covered when needed to minimize jarring			
	heavy duty or extra heavy duty		- see		of a recipient who uses a heavy duty or extra heavy duty manual		Rental or	_
E1017	manual wheelchair, each	Mobility devices	manual	ICF	wheelchair.	2 per year	Purchase	October-10
				Usually in				
			_	NF per				
	Heavy duty shock absorber for		Sometimes	diem,	1 shock absorber per wheel covered when needed to minimize jarring			
	heavy duty or extra heavy duty		- see		of a recipient who uses a heavy duty or extra heavy duty power		Rental or	
E1018	power wheelchair, each	Mobility devices	manual	ICF	wheelchair.	4 per year	Purchase	October-10
	Wheelchair accessory, manual			Usually in				
	swingaway, retractable or			NF per				
	removable mounting hardware		Sometimes	diem,				
	for joystick, other control		- see		Covered when needed to allow accessories to be moved for transfers		Rental or	_
E1028	interface or positioning accessory	Mobility devices	manual	ICF	or personal or medical cares.	7 per year	Purchase	October-10
	Multi-positional patient transfer							
	system, with integrated seat,		_					
	operated by a caregiver, patient		Sometimes					
	weight capacity up to and		- see		Covered for recipients who require a manual wheelchair to complete		Rental or	
E1035	including 300 lbs	Mobility Devices	manual	N-ICF/DD	activities of daily living. Refer to manual	1 per 5 years	Purchase	January-10
	Multi-positional patient transfer							
	system, extra-wide, with		_					
	integrated seat, operated by a		Sometimes			 	_	
	caregiver, patient weight capacity		- see		Covered for recipients who require a manual wheelchair to complete		Rental or	
E1036	10	Mobility Devices	manual	N-ICF/DD	activities of daily living. Refer to manual	1 per 5 years	Purchase	January-10
	Static progressive stretch toe							
	device, extension and / or flexion,					 		
	with or without range of motion							
	adjustment, includes all	Orthopedic			Covered when medically necessary for treatment of decreased range		Rental or	
E1831	components and accessories	devices	No	No	of motion when less costly alternatives have been tried and failed.	2 per 5 years	Purchase	January-11



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	Blood glucose monitor with				Covered for diabetic recipients with severe visual impairment. Refer to		Rental or	
E2100	integrated voice synthesizer	diabetes	Always	Yes	manual	1 per 5 years	Purchase	May-10
	Blood glucose monitor with				Covered for diabetic recipients with impairment of manual dexterity.		Rental or	
E2101	integrated lancing/blood sample	diabetes	Always	Yes	Refer to manual.	1 per 5 years	Purchase	May-10
	Power wheelchair accessory,		Sometimes					
	group 34 non-sealed lead acid		- see		Covered for recipients who use power wheelchairs that require this		Rental or	
E2358	battery, each	Mobility devices	manual	No	kind of battery.	2 per year	Purchase	January-12
	Power wheelchair accessory,							
	group 34 sealed lead acid		Sometimes					
	battery, each (e.g. gel cell,		- see		Covered for recipients who use power wheelchairs that require this		Rental or	
E2359	absorved glassmat)	Mobility devices	manual	No	kind of battery.	2 per year	Purchase	January-12
	Skin protection wheelchair seat		Sometimes		Covered for recipients who use wheelchairs and are vulnerable to skin			•
	cushion, adjustable, width less		- see	Y - NF	breakdown. Refer to manual for complete information regarding		Rental or	
E2622	than 22 inches, any depth	Mobility Devices	manual	N-ICF/DD	mobility devices	1 per year	Purchase	January-11
	Skin protection wheelchair seat		Sometimes		Covered for recipients who use wheelchairs and are vulnerable to skin			,
	cushion, adjustable, width 22		- see	Y - NF	breakdown. Refer to manual for complete information regarding		Rental or	
E2623		Mobility Devices	manual		mobility devices	1 per year	Purchase	January-11
	Skin protection and positioning	,			·	, ,		,
	wheelchair seat cushion,		Sometimes		Covered for recipients who use wheelchairs, require some positioning			
	adjustable, width less than 22		- see		assistance and are vulnerable to skin breakdown. Refer to manual for		Rental or	
E2624	1 '	Mobility Devices			complete information regarding mobility devices	1 per year	Purchase	January-11
	Skin protection and positioning				general genera	r per year		
	wheelchair seat cushion,		Sometimes		Covered for recipients who use wheelchairs, require some positioning			
	adjustable, width 22 inches or		- see		assistance and are vulnerable to skin breakdown. Refer to manual for		Rental or	
E2625	greater, any depth	Mobility Devices			complete information regarding mobility devices	1 per year	Purchase	January-11
LLULU	Wheelchair accessory, shoulder	Wideling Beviece	manaai	14 101 755	Complete information regarding meanity devices	i poi youi	1 01011000	ouridary 11
	elbow, mobile arm support		Sometimes					
	attached to wheelchair, balanced,		- see		Covered for recipients requiring a mobile arm support to complete		Rental or	
E2626	adjustable	Mobility devices			activities of daily living in a wheelchair	1 per 5 years	Purchase	January-12
LZ0Z0	adjustable	Wobility devices	manuai	INO	activities of daily living in a wheelchall	i pei 3 years	Fulchase	January-12
	Wheelchair accessory, shoulder							
	elbow, mobile arm support		Sometimes					
					Covered for recipients requiring a mobile arm support to semplate		Pontal or	
E2627	attached to wheelchair, balanced,	Mobility dovisos	- see		Covered for recipients requiring a mobile arm support to complete	1 por E vocro	Rental or	lonuon, 10
E2021	adjustable Rancho type	Mobility devices	manual	No	activities of daily living in a wheelchair	1 per 5 years	Purchase	January-12



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	Wheelchair accessory, shoulder							
	elbow, mobile arm support		Sometimes					
	attached to wheelchair, balanced,				Covered for recipients requiring a mobile arm support to complete		Rental or	
E2628		Mobility dovices	- see	No	activities of daily living in a wheelchair	1 per E veere	Purchase	lonuon, 12
E2020		Mobility devices	manual	INO	activities of daily living in a wheelchair	1 per 5 years	Purchase	January-12
	Wheelchair accessory, shoulder							
	elbow, mobile arm support							
	attached to wheelchair, balanced,		Como atimo a a					
	friction arm support (friction		Sometimes				Dantalan	
F0000	dampening to proximal and distal	Mahilitudadaa	- see	NI.	Covered for recipients requiring a mobile arm support to complete	4 5	Rental or	I
E2629	joints)	Mobility devices	manual	No	activities of daily living in a wheelchair	1 per 5 years	Purchase	January-12
	NA/h a alab aig a a a a a a a a a a a a a a a a a a							
	Wheelchair accessory, shoulder							
	elbow, mobile arm support,							
	monosuspension arm and hand		0 11					
	support, overhead elbow forearm		Sometimes				5	
	hand sling support, yoke type		- see		Covered for recipients requiring a mobile arm support to complete	_	Rental or	
E2630	suspension support	Mobility devices		No	activities of daily living in a wheelchair	1 per 5 years	Purchase	January-12
	Wheelchair accessory, addition		Sometimes					
	to mobile arm support, elevating		- see		Covered for recipients requiring a mobile arm support to complete		Rental or	
E2631		Mobility devices	manual	No	activities of daily living in a wheelchair	1 per 3 years	Purchase	January-12
	Wheelchair accessory, addition		_					
	to mobile arm support, offset or		Sometimes					
	lateral rocker arm with elastic		- see		Covered for recipients requiring a mobile arm support to complete		Rental or	
E2632	balance control	Mobility devices		No	activities of daily living in a wheelchair	1 per 3 years	Purchase	January-12
			Sometimes					
	Wheelchair accessory, addition		- see		Covered for recipients requiring a mobile arm support to complete		Rental or	
E2633	to mobile arm support, supinator	Mobility devices	manual	No	activities of daily living in a wheelchair	1 per 3 years	Purchase	January-12
	Gait trainer, pediatric size,				Covered for recipients who require moderate to maximum support to			
	posterior support, includes all	Ambulatory			walk, and who require the equipment to establish or maintain		Rental or	
E8000	accessories and components	Assist devices	Always	No	functional gait. Refer to manual	1 per 5 years	Purchase	January-11
	Gait trainer, pediatric size,				Covered for recipients who require moderate to maximum support to			
	upright support, includes all	Ambulatory			walk, and who require the equipment to establish or maintain		Rental or	
E8001	accessories and components	Assist devices	Always	No	functional gait. Refer to manual	1 per 5 years	Purchase	January-11
	Gait trainer, pediatric size,				Covered for recipients who require moderate to maximum support to			
	anterior support, includes all	Ambulatory			walk, and who require the equipment to establish or maintain		Rental or	
E8002	accessories and components	Assist devices	Always	No	functional gait. Refer to manual	1 per 5 years	Purchase	January-11



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	-							
				Usually in				
				NF per				
			Sometimes	diem,				
			- see	never in	Covered for recipients who require a manual wheelchair to complete		Rental or	
K0001	Standard wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
	Standard hemi (low seat)		- see	never in	Covered for recipients who require a manual wheelchair to complete		Rental or	
K0002	wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see	never in	Covered for recipients who require a manual wheelchair to complete		Rental or	
K0003	Lightweight wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
	High strength, lightweight		- see		Covered for recipients who require a manual wheelchair to complete		Rental or	
K0004	wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see		Covered for recipients who require a manual wheelchair to complete		Rental or	
K0005	Ultra lightweight wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see	never in	Covered for recipients who require a manual wheelchair to complete		Rental or	
K0006	Heavy duty wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see		Covered for recipients who require a manual wheelchair to complete		Rental or	
K0007	Extra heavy duty wheelchair	Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09



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	1	1		Usually in	T			
				•				
			0	NF per				
			Sometimes	diem,			Dantalan	
140000	Oth an an annual cuts a data air / b a a a	Mahilita Daviasa	- see		Covered for recipients who require a manual wheelchair to complete	4 5	Rental or	F-h
K0009		Mobility Devices	manual	ICF	activities of daily living. Refer to manual	1 per 5 years	Purchase	February-09
	Standard-weight frame motorized							
	/ power wheelchair with							
	programmable control							
	parameters for speed		Sometimes		As of 3/1/2008, this code may only be used for repair of a recipient			
	adjustment, tremor dampening,		- see		owned device that was originally purchased using this code. See			
K0011	acceleration control and braking	Mobility Devices		No	manual.			February-09
l			Sometimes		As of 3/1/2008, this code may only be used for repair of a recipient			
	Lightweight portable motorized /		- see		owned device that was originally purchased using this code. See			
K0012	power wheelchair	Mobility Devices		No	manual.			February-09
			Sometimes		As of 3/1/2008, this code may only be used for repair of a recipient			
	Other motorized / power		- see		owned device that was originally purchased using this code. See			
K0014	wheelchair base	Mobility Devices	manual	No	manual.			February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Detachable, non-adjustable		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0015	height armrest, each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in	·			
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
	Detachable, adjustable height		- see		replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0017	armrest, base, each	Mobility Devices		ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		Usually in		1 7 7 2 2		, , , , , , , , , , , , , , , , , , , ,
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
	Detachable, adjustable height		- see		replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0018	armrest, upper portion, each	Mobility Devices		ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
1,0010	aoc, apper portion, each	obiiity Dovidos	mandai	Usually in		2 por your	1 01011000	. Oblidally 00
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
			- see		replacement more than once per year. Cannot be billed with initial		Rental or	
K0019	Arm pad, each	Mobility Devices		ICF	issue of manual or power wheelchair. Refer to manual.	4 per year	Purchase	February-09
110019	rum pau, caun	Informity Devices	manuai	101	posses of manual of power wheelchall. Itelet to manual.	+ per year	i uiciiase	i ebiualy-09



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				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Fixed, adjustable height armrest,		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0020	pair	Mobility Devices	manual	ICF	issue of power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need		_	
	L	.	- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0037	High mount flip-up footrest, each	Mobility Devices	manual	ICF	issue of power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,			Destales	
140000	l an atman analy	Makilitu Davidaaa	- see		Covered when attached to a covered wheelchair. Usually don't need	0	Rental or	F-h
K0038	Leg strap, each	Mobility Devices	manual	ICF	replacement more than once per year. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
			Sometimes	NF per diem,				
			- see	,	Covered when attached to a covered wheelchair. Usually don't need		Rental or	
K0039	Leg strap, H style, each	Mobility Devices		ICF	replacement more than once per year. Refer to manual.	2 per year	Purchase	February-09
110000	Leg strap, 11 style, each	Wooling Devices	mandai	Usually in	Teplacement more than once per year. Telef to mandal.	2 per year	1 dichase	1 Columny 05
				NF per				
			Sometimes	diem,				
			- see		Covered when attached to a covered wheelchair. Usually don't need		Rental or	
K0040	Adjustable angle footplate, each	Mobility Devices		ICF	replacement more than every 3 years. Refer to manual.	2 per year	Purchase	February-09
	, , , ,	,		Usually in		. ,		,
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
			- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0041	Large size footplate, each	Mobility Devices	manual	ICF	issue of power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
			- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0042	Standard size footplate, each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09



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		1						
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Footrest, lower extension tube,		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0043	each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Footrest, upper hanger bracket,		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0044	each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
			- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0045	Footrest, complete assembly	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Elevating legrest, lower extension	n	- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0046	tube, each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
	Elevating legrest, upper hanger		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0047	bracket, each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,	Covered when attached to a covered wheelchair. Usually don't need			
			- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0050	Ratchet assembly	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in				
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
	Cam release assembly, footrest		- see		replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0051	or legrest, each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09



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				Usually in				
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
	Swingaway, detachable footrests,		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0052	leach	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
		,		Usually in	'	, ,		<u> </u>
				NF per				
			Sometimes		Covered when attached to a covered wheelchair. Usually don't need			
	Elevating legrest, articulating		- see	never in	replacement more than every 3 years. Cannot be billed with initial		Rental or	
K0053	(telescoping), each	Mobility Devices	manual	ICF	issue of manual or power wheelchair. Refer to manual.	2 per year	Purchase	February-09
				Usually in	·			
	Seat height of less than 17" or			NF per				
	equal to or greater than 21" for		Sometimes	diem,	Covered when part of a covered wheelchair. Because this is a			
	high strength, lightweight or ultra		- see	never in	modification to the base chair, it should not require replacement.		Rental or	
K0056	lightweight wheelchair	Mobility Devices	manual	ICF	Refer to manual.	1 per 5 years	Purchase	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see		Covered when part of a covered manual wheelchair. Usually does not		Rental or	
K0065	Spoke protectors, each	Mobility Devices	manual	ICF	require replacement more than every 2 - 3 years. Refer to manual	2 per year	Purchase	February-09
				Usually in				
				NF per				
	Rear wheel assembly, complete,		Sometimes	diem,	Covered when part of a covered wheelchair. Usually does not require			
	with solid tier, spokes or molded,		- see	never in	replacement more than once per 3 years. Cannot be billed with initial		Purchase	
K0069	each	Mobility Devices	manual	ICF	issue of a wheelchair. Refer to manual	2 per year	only	February-09
				Usually in				
	<u></u>			NF per				
	Rear wheel assembly, complete,		Sometimes		Covered when part of a covered wheelchair. Usually does not require			
	w/ pneumatic tire, spokes or		- see		replacement more than once per 3 years. Cannot be billed with initial		Purchase	
K0070	molded, each	Mobility Devices	manual	ICF	issue of a wheelchair. Refer to manual	2 per year	only	February-09
				Usually in				
			0	NF per				
			Sometimes		Covered when part of a covered wheelchair. Usually does not require		Donalis	
1/0074	Front caster assembly, complete	Makilie Davis s	- see	never in	replacement more than once per 3 years. Cannot be billed with initial	0	Purchase	
K0071	w/pneumatic tire, each	Mobility Devices	manual	ICF	issue of a wheelchair. Refer to manual	2 per year	only	February-09



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				Usually in				
				NF per				
			Sometimes	diem,	Covered when part of a covered wheelchair. Usually does not require			
	Front caster assembly, complete		- see	never in	replacement more than once per 3 years. Cannot be billed with initial		Purchase	
K0072	w/semi-pneumatic tire, each	Mobility Devices	manual	ICF	issue of a wheelchair. Refer to manual	2 per year	only	February-09
				Usually in				
				NF per				
			Sometimes	diem,				
			- see		Covered when part of a covered wheelchair. Usually does not require		Purchase	
K0073	Caster pin lock, each	Mobility Devices	manual	ICF	replacement more than once per 2 years. Refer to manual	2 per year	only	February-09
				Usually in				
				NF per				
	<u></u>		Sometimes		Covered when part of a covered wheelchair. Usually does not require			
1,00	Front caster assembly, complete		- see	never in	replacement more than once per 3 years. Cannot be billed with initial		Purchase	-
K0077	w/solid tire, each	Mobility Devices	manual	ICF	issue of a wheelchair. Refer to manual	2 per year	only	February-09
				Usually in				
			0	NF per				
			Sometimes		Covered when part of a covered wheelchair. Usually does not require		Durahasa	
1/0000	Drive helt for newer wheelphair	Mobility Dayiooo	- see	never in ICF	replacement more than once per 2 years. Cannot be billed with initial issue of a wheelchair. Refer to manual	1 norvoor	Purchase	Fobruary 00
K0098	Drive belt for power wheechair	Mobility Devices	manual	Y - NF	issue of a wheelchair. Refer to manual	1 per year	only Rental or	February-09
K0105	IV Hanger, each	Equipment	No		Covered for recipients receiving IV medications / fluids / nutrition.	1 per year	Purchase	July-09
10103	IV Hanger, each	Equipment	INO	Usually in	Covered for recipients receiving by medications / fluids / fluintion.	i pei yeai	Fulchase	July-09
				NF per				
	Wheelchair component or		Sometimes	diem,				
	accessory, not otherwise		- see		Covered when part of a covered wheelchair. Only to be used when a	medical	Rental or	
K0108	specified	Mobility Devices		ICF	more specific code is not available. Refer to manual	necessity	Purchase	July-09
110100		Wiesinty Beviese	maridar	Usually in	There specific seas to flex availables recief to findingal	Hoodooky	. dronado	ouly oo
				NF per				
	Elevating legrests, pair (for use		Sometimes	diem,				
	with capped rental wheelchair		- see	never in			Rental or	
K0195	base)	Mobility Devices	manual	ICF	Covered when part of a covered wheelchair. Refer to manual	1 per year	Purchase	July-09



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					Covered when the recipient is receiving a medication that requires			
					continuous parenteral infusion. Only one pump is covered, but the			
	Infusion pump used for				supplier is responsible for ensuring that there is an appropriate			
	uninterrupted parenteral				contingency plan to address any emergency situations. K0455 has	1 per month		
	administration of medication (e.g.	drug infusion			been found by Medicare to require frequent and substantial servicing,	during period	Monthly	
K0455	epoprostenol or trepostinol)	supplies	Always		therefore the 10 month rental limit does not apply.	of infusion	Rental only	July-09
	Temporary replacement for		Sometimes					
	patient-owned equipment being		- see		Covered when providers do not have appropriate loaner equipment		Capped	
K0462	repaired, any type	Equipment	manual	No	for the recipient to use while their equipment is being repaired.	1 per month	Rental only	October-10
	Supplies for external drug							
	infusion pump, syringe type	drug infusion			Covered when medically necessary for recipients using external drug		Purchase	
K0552	cartridge, sterile, each	supplies	No	N-ICF/DD	infusion pump.	30 per month	only	July-09
	Replacement battery for external							
	infusion pump owned by patient,	drug infusion					Purchase	
K0601	silver oxide, 1.5 volt, each	supplies	No	No	Covered for recipient owned external infusion pumps.	4 per month	only	July-09
	.							
	Replacement battery for external						 	
1,,,,,,,	infusion pump owned by patient,	drug infusion		l			Purchase	
K0602	silver oxide, 3 volt, each	supplies	No	No	Covered for recipient owned external infusion pumps.	4 per month	only	July-09
	Danis and batter for automal							
	Replacement battery for external	dui a infincion					Durahasa	
Kocos	infusion pump owned by patient,	drug infusion	No	No	Covered for reginient owned external infusion number	1 nor month	Purchase	luk 00
K0603	alkaline, 1.5 volt, each	supplies	No	No	Covered for recipient owned external infusion pumps.	4 per month	only	July-09
	Replacement battery for external	drug infusion					Purchase	
K0604	infusion pump owned by patient, lithium, 3.6 volt, each	drug infusion	No	No	Covered for reginient owned external influsion number	1 nor month		luk 00
K0604	Replacement battery for external	supplies	INO	INO	Covered for recipient owned external infusion pumps.	4 per month	only	July-09
		drug infusion					Purchase	
K0605	infusion pump owned by patient,	_	No	No	Covered for reginient owned external influsion number	1 nor month		luk oo
KU6U5	lithium, 4.5 volt, each	supplies	No	INO	Covered for recipient owned external infusion pumps.	4 per month	only	July-09
	Automatic external defibrillator,							
	with integrated electrocardiogram	External			Covered for adult recipients at risk of sudden cardiac death due to		Capped	
K0606	analysis, garment type	defibrillator	Always	No	ventricular fibrillation or ventricular tachyarrhythmia. See manual	1 per 5 years	Rental only	December-07
1,0000	Replacement battery for	delibiliatol	Aiways	INU	Covered for adult recipients at risk of sudden cardiac death due to	i pei o yeais	Rental Only	December 107
	automated external defibrillator,	External			ventricular fibrillation or ventricular tachyarrhythmia with patient-owned		Purchase	
K0607	garment type only, each	defibrillator	No	No	garment type external defibrillator. See manual	1 per year	only	December-07
110001	garment type only, each	Genomiator	INO	INO	garment type external denominator. See mandal	i pei yeai	Offig	December-07



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	Replacement garment for use				Covered for adult recipients at risk of sudden cardiac death due to			
	with automated external	External			ventricular fibrillation or ventricular tachyarrhythmia with patient-owned	1 per 6	Purchase	
	defibrillator	defibrillator	No	No	garment type external defibrillator. See manual	months	only	December-07
	Replacement electrodes for use							
	with automated external				Covered for adult recipients at risk of sudden cardiac death due to			
	defibrillator, garment type only,	External			ventricular fibrillation or ventricular tachyarrhythmia with patient-owned		Purchase	
K0609	each	defibrillator	No	No	garment type external defibrillator. See manual	1 per 2 years	only	December-07
				l				
	Wheelchair accessory,			Usually in				
	wheelchair seat or back cushion,			NF per				
	does not meet specific code		Sometimes	1			.	
	criteria or no written coding		- see	never in	Covered for recipients for whom a cushion with a specific code is not		Rental or	
		Mobility Devices	manual	ICF	appropriate.	2 per year	Purchase	July-09
	Addition to lower extremity							
	orthosis, removable soft		Sometimes				.	
	interface, all components,		- see	l	Covered when patient owns a lower extremity orthosis requiring a soft		Purchase	
K0672	replacement only, each	Orthotics	manual	No	interface replacement.	2 per year	only	April-08
						1 per month		
	Controlle I leave to be a factor of the control			V NE		during	0 1	
	Controlled dose inhalation drug	D		Y - NF	Covered only if there is an approved prior authorization for Ventavis.	treatment	Capped	
K0730	delivery system	Respiratory	No		Enter PA # in notes field.	period	Rental only	July-09
	Davier wheelsheir assessment 40			Usually in				
	Power wheelchair accessory, 12		Comotimos	NF per				
	to 24 amp hour sealed lead acid		Sometimes - see	diem, never in	Covered for power wheelchairs requiring this kind of battery. Refer to		Rental or	
	battery, each (e.g., gel cell, absorbed glassmat)	Mobility Devices		ICF	manual for complete information regarding mobility devices	2 per year	Purchase	February-08
	Portable gaseous oxygen	Mobility Devices	IIIaiiuai	ICF	Infandarior complete information regarding mobility devices	z per year	Fulcilase	rebluary-06
	system, rental; home compressor							
	used to fill portable oxygen				Covered for recipients who require portable oxygen and are willing			
	cylinders; includes portable				and capable to use the home compressor to fill their own cylinders.			
	containers, regulator, flowmeter,		Sometimes		MHCP will not pay for portable liquid or portable gas oxygen for			
	humidifier, cannula or mask, and		- see		recipients using the home compressor. Refer to manual for complete		Capped	
,								



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			T		T	1	1	
K0739	Repair or nonroutine service for durable medical eqipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	labor/repairs	Sometimes - see manual	No	Covered for necessary repairs to patient owned medically necessary equipment.	48 units per day	Purchase only	January-10
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	labor/repairs	Sometimes - see manual	No	Covered for necessary repairs to patient owned medically necessary equipment.	48 units per day	Purchase only	January-10
K0741	Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches	Oxygen			not covered. Use E0431			July-11
K0742	Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial month's supply or to replace used contents	Oxygen			Not covered. Use E0443 or S8120			July-11
10742	Suction pump, home model,	Oxygen			Covered for recipients with chronic non-healing wounds. Refer to		Capped	July-11
K0743	portable, for use on wounds	Wound care	Always	No	manual	1 per month	Rental only	July-11
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Wound care	No	No	covered for recipients with approved K0743.	31 per month	Purchase only	July-11
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	Wound care	No	No	covered for recipients with approved K0743.	31 per month	Purchase only	July-11
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Wound care	No	No	covered for recipients with approved K0743.	31 per month	Purchase only	July-11



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K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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	Power operated vehicle, not		Sometimes - see		As of 3/1/2008, this code may only be used for repair of a recipient owned device that was originally purchased using this code. See			
K0812	otherwise classified	Mobility Devices	manual	No	manual.			February-08
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0822	Power wheelchair, group 2 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat and back, patient weight capacity 301 top 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat and back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat and back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes - see manual		Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08



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K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Mobility Devices	Sometimes - see manual	No	Mobility devices are covered for eligible MHCP recipients with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual for complete information	1 per 5 years	Rental or Purchase	February-08
	Power wheelchair, group 5				Mobility devices are covered for eligible MHCP recipients with a			
	pediatric, multiple power option,				mobility limitation that significantly impairs their ability to participate in			
	sling/solid seat/back, patient		Sometimes		one or more mobility-related activities of daily living and the mobility			
	weight capacity up to and		- see		limitation cannot be sufficiently resolved by the use of an appropriately		Rental or	
K0891	including 125 pounds	Mobility Devices		No	fitted cane or walker. Refer to manual for complete information	1 per 5 years	Purchase	February-08
			Sometimes		As of 3/1/2008, this code may only be used for repair of a recipient			
	Power wheelchair, not otherwise		- see		owned device that was originally purchased using this code. See			
K0898		Mobility Devices	manual	No	manual.			February-08
	Power mobility device, not coded							
	by SADMERC or does not meet				Not covered. Only power mobility devices reviewed and classified by			
K0899	criteria	Mobility Devices			the SADMERC are covered. See manual.			February-08
					Covered for recipients with disorders of amino-acid transport and			
	Medical foods for inborn errors of	Nutritional			metabolism when dispensed by an enrolled medical foods supplier.	\$525 per	Purchase	
S9435	metabolism	products	No	Yes	Refer to manual	month	only	February-09
	Adult sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4521	brief/diaper, small, each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Adult sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4522	brief/diaper, medium, each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Adult sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4523	brief/diaper, large, each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Adult sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to		Purchase	
T4524	brief/diaper, extra large, each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Adult sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, small size,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4525	each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09



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	Adult sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, medium size,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4526	each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Adult sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, large size,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4527	each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Adult sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, extra large		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4528	size, each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Pediatric sized disposable							
	incontinence product,		Sometimes					
	brief/diaper, small/medium size,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4529	each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Pediatric sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4530	brief/diaper, large size, each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Pediatric sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, small/medium		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4531	size, each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Pediatric sized disposable							
	incontinence product, protective		Sometimes					
	underwear/pull-on, large size,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4532	each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Youth sized disposable		Sometimes					
	incontinence product,		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4533	brief/diaper, each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09
	Youth sized disposable		Sometimes					
	incontinence product, protective		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Purchase	
T4534	underwear/pull-on, each	incontinence	manual	Yes	manual for complete information	to manual	only	June-09
	Disposable liner/ shield/ guard/		Sometimes					
	pad/ undergarment, for		- see		Covered for recipients who are incontinent of bladder or bowel. Refer	Varies - refer	Purchase	
T4535	incontinence, each	incontinence	manual	Yes	to manual for complete information	to manual	only	June-09



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underwear/pull on, reusable, any stee, each incontinence product, protective underpad, reusable, bed size, each incontinence product, protective underpad, reusable, bed size, each incontinence product, protective underpad, reusable diaper, each diaper incontinence product, diaper/brief, reusable, any size, each incontinence product, diaper/brief, reusable, any size, each incontinence product, diaper/brief, reusable, chair size, each incontinence product, diaper/brief, reusable, chair size, each incontinence product, disposable incontinence product, dispos		Incontinence product, protective		I I					
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Underpad, reusable, bed size, each incontinence each Diaper service, reusable diaper, each diaper incontinence manual Pressure incontinence each incontinenc	14536		incontinence			Not covered. Only disposable incontinence products are covered.			June-09
T4537 each Diaper service, reusable diaper, each diaper and diaper T4538 pach Incontinence product, diaper/brief, reusable, any size, each Incontinence product, protective underpad, reusable, chair size, each T4541 underpad, large, each Incontinence product, disposable incontinence product, diaposable incontinence product, disposable incontinence incontinence disposable incontinence disposable disposable disposable disposable disposable disposable incontinence product, disposable disposable disposable disposable inco									
Diaper service, reusable diaper, each diaper incontinence product, diaper/brief, reusable, any size, each locontinence product, diaper/brief, reusable, chair size, each locontinence product, disposable incontinence product, disposa									
Diaper service, reusable diaper, and the product, diaper/brief, reusable, any size, and the product, diaper/brief, reusable, any size, and the product, diaper/brief, reusable, any size, and the product, diaper/brief, reusable, any size, and the product, protective underpad, reusable, chair size, and underpad, reusable, chair size, and underpad, large, each incontinence manual respondence incontinence manual respondence incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence products are covered. Not covered. Only disposable incontinence products are covered. June-0	T4537	each	incontinence			Not covered. Only disposable incontinence products are covered.			June-09
T4538 each diaper incontinence manual Yes manual for complete information to manual Rental only June-0				Sometimes					
Incontinence product, diaper/brief, reusable, any size, each incontinence incontine		Diaper service, reusable diaper,		- see		Covered for recipients who are incontient of bladder or bowel. Refer to	Varies - refer	Monthly	
T4539 each incontinence incontinence Not covered. Only disposable incontinence products are covered. June-0	T4538	each diaper	incontinence	manual	Yes	manual for complete information	to manual	Rental only	June-09
diaper/brief, reusable, any size, each incontinence product, protective underpad, reusable, chair size, each incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence product, disposable incontinence in		Incontinence product,							
T4549 each incontinence product, protective underpad, reusable, chair size, each incontinence manual responsibility of the product of the pro		-							
Incontinence product, protective underpad, reusable, chair size, each incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinent of bladder or bowel. Refer to manual incontinence incontinence incontinence incontinence incontinence incontinence inc	T4539		incontinence			Not covered. Only disposable incontinence products are covered.			June-09
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