

KY MEDICAID PROGRAM DME FEE SCHEDULE 2024 revised 4.4.2024

Notes:

- **Red indicates new codes or changes for the most current revision date.**
- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.
- **Manually priced items: MSRP-18% or Invoice + 20% either documentation that is accessible will be accepted.**
- CMN = Certificate of Medical Necessity required for prior authorized items
- "PA" = Prior Authorization
- RR = Rental
- **Medicare bypass list column with ✓ means Medicare does not pay. Dual covered members do not need to bill Medicare first. (Does not apply to QMB members).**
- If a quantity limit is exceeded, a CMN & PA are required.
- By current regulation, any item \$500 or over requires a PA.
- Prior Authorization and CMN is processed by Carewise Health
- A prescriber's written order is required for those items not identified as requiring a CMN.
- It is the responsibility of the provider to check member eligibility.
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HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
99601	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, 2 HOURS OR LESS		NO		NO			\$90.00		
99602	HOME INFUSION OR SPECIALTY DRUG ADMINISTRATION, PER VISIT, EACH ADDITIONAL HOUR		NO		NO			\$45.00		
A4206	SYRINGE WITH NEEDLE, STERILE, 1 CC OR LESS, EACH	Y/12 month if PA required	YES > 125	per calendar month	NO			\$0.31	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME	
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC, EACH	Y/12 month if PA required	YES > 10	per calendar month	NO			\$0.31		✓
A4208	SYRINGE WITH NEEDLE, STERILE 3 CC, EACH	Y/12 month if PA required	YES > 10	per calendar month	NO			\$0.31		✓
A4209	SYRINGE WITH NEEDLE, STERILE 5 CC OR GREATER, EACH	Y/12 month if PA required	YES > 10	per calendar month	NO			\$0.31		
A4210	NEEDLE-FREE INJECTION DEVICE, EACH		NO		NO			\$36.67	Remains a covered service through DME	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	NO	NO		NO			\$9.97		
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH		NO		NO			\$1.67		
A4215	NEEDLE, STERILE, ANY SIZE, EACH		NO		NO			\$0.97		
A4217	STERILE WATER/SALINE, 500 ML		NO		NO			\$2.13		✓
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)		NO		NO			\$19.71		
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)		NO		NO			\$37.38		
A4223	FUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)		NO		NO			\$4.83		
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK		NO		NO			\$19.71		
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		NO		NO			\$2.64		✓
A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING, PER WEEK	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	NO	NO	2 boxes (10 per box) per month	NO			\$115.50	Effective date 7/1/2023 for 2 boxes (10 per box) per month - PA required if more than 2 boxes \$115.50 is per box	✓
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	NO	NO	2 boxes (10 per box) per month	NO			\$73.30	Effective date 7/1/2023 for 2 boxes (10 per box) per month - PA required if more than 2 boxes	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3 CC		NO		NO			\$2.54		
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		NO		NO			\$0.51		
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		NO		NO			\$2.36		
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		NO		NO			\$1.00		
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH		NO		NO			\$1.16		
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	NO	NO		NO			\$255.01	Effective 1/1/2023 Effective 2/1/2024 no PA required	
A4244	ALCOHOL OR PEROXIDE, PER PINT	NO	NO		NO			\$0.99		✓
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	NO	NO		NO			\$5.78		
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	NO	NO	2 per calendar month	NO			\$45.16		
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	Y/12 month if PA required	YES> 2 unit	per calendar month	NO			\$15.00	Coverage will be through pharmacy 10/5/10 and after	
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	NO	NO		NO			MSRP - 18%	Coverage will be through pharmacy 10/5/10 and after Effective 2/1/2024 no PA required	
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS= 1 UNIT	Y/12 month if PA required	YES> 4 unit	per calendar month	NO			\$8.32	Coverage will be through pharmacy 10/5/10 and after	✓
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS		NO		NO			\$3.38	Coverage will be through pharmacy 10/5/10 and after	
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH		NO		NO			\$2.12	Coverage will be through pharmacy 10/5/10 and after	

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A4259	LANCETS, PER BOX OF 100	Y/12 month if PA required	YES> 2 unit	per calendar month	NO			\$1.42	Coverage will be through pharmacy 10/5/10 and after	✓
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE		NO		NO			\$1.39		✓
A4265	PARAFFIN, PER POUND		NO		NO			\$3.24		✓
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH		NO		NO			\$4.76		✓
A4281	REPLACEMENT BREASTPUMP TUBE		NO		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	✓
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	✓
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	✓
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	✓
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	Added 1/1/2022 MSRP-18% Effective 7/1/2023	
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	Y/12 month if PA required	YES > 1	per calendar month	NO			\$6.48		
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	Y/12 month if PA required	YES > 1	per calendar month	NO			\$14.16		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		NO		NO			\$16.88		
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION		NO		NO			\$17.67		
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING		NO		NO			\$24.12		
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE		NO		NO			\$25.17		
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION		NO		NO			\$27.09		
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	Y/12 month if PA required	YES > 9 per month	per calendar month	NO			\$5.08	PA required only if more than 9 per calendar month needed.	
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	Y/12 month if PA required	YES > 9 per month	per calendar month	NO			\$2.85	PA required only if more than 9 per calendar month needed.	
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION CHAMBER, ANY TYPE, EACH	Y/12 month if PA required	YES > 2 per month	per calendar month	NO			\$10.29	PA required only if more than 2 per calendar month needed.	
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH		NO		NO			\$42.56		
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH		NO		NO			\$9.87		
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH		NO		NO			\$6.82		
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH		NO		NO			\$3.04		
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH		NO		NO			\$0.12		
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH		NO		NO			\$2.10		
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH		NO		NO			\$4.71		
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING EACH	Y/12 month if PA required	YES>31	per calendar month	NO			\$11.70		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4340	INDWELLING CATHETER; SPECIALTY TYPE, (E.G., COUDE, MUSHROOM, WING, ETC.), EACH		NO		NO			\$26.07		
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE OR POLYURETHTHANE, EACH	Y/12 month if PA required	YES>31	per calendar month	NO			\$15.28		
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH		NO		NO			\$18.69		
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH		NO		NO			\$2.02		
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH		NO		NO			\$1.47	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH		NO		NO			\$5.20	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	Y/12 month if PA required	YES>124	per calendar month	NO			\$6.67	Not billable with codes A4352 and A4353 on same date of service and vice versa.	
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER		NO		NO			\$11.25		
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH		NO		NO			\$8.50		
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	Y/12 month if PA required	YES > 4	4 per year	NO			\$43.52		
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	Y/12 month if PA required	YES > 4 per month	per calendar month	NO			\$7.86	PA required only if more than 4 per month needed	
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		NO		NO			\$5.39		
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH		NO		NO			\$0.51		
A4361	OSTOMY FACEPLATE, EACH	Y/12 month if PA required	YES> 6	6 per year	NO			\$18.37		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$3.17		
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH		NO		NO			\$2.01		
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ		NO		NO			\$2.93		
A4366	OSTOMY VENT, ANY TYPE, EACH	Y/12 month if PA required	YES > 1	per calendar month	NO			\$1.30		
A4367	OSTOMY BELT, EACH	Y/12 month if PA required	YES > 1	per calendar month	NO			\$7.35		
A4368	OSTOMY FILTER, ANY TYPE, EACH		NO		NO			\$0.26		
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC.), PER OZ		NO		NO			\$2.42		
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ		NO		NO			\$3.65		
A4372	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH		NO		NO			\$4.18		
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH		NO		NO			\$6.28		
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH		NO		NO			\$17.18		
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH		NO		NO			\$47.58		
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH		NO		NO			\$4.29		
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH		NO		NO			\$30.75		
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH		NO		NO			\$15.02		
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH		NO		NO			\$37.33		
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH		NO		NO			\$4.61		
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH		NO		NO			\$24.62		
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH		NO		NO			\$28.19		
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH		NO		NO			\$9.62		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4385	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH		NO		NO			\$5.10		
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		NO		NO			\$2.53		
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH		NO		NO			\$4.36		
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		NO		NO			\$6.22		
A4390	MY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		NO		NO			\$9.61		
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH		NO		NO			\$7.07		
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		NO		NO			\$8.18		
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH		NO		NO			\$9.04		✓
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE IN OSTOMY POUCH, PER FLUID OUNCE		NO		NO			\$2.58		
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET		NO		NO			\$0.05		
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT		NO		NO			\$40.48		
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	Y/12 month if PA required	YES > 4	4 per year	NO			\$12.56		
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	Y/12 month if PA required	YES > 4	4 per year	NO			\$10.93		
A4400	OSTOMY IRRIGATION SET	Y/12 month if PA required	YES > 1	per calendar month	NO			\$46.76		
A4402	LUBRICANT, PER OUNCE 1OZ=1 UNIT	Y/12 month if PA required	YES>4 oz	4 oz. per calendar month	NO			\$1.36		
A4404	OSTOMY RING, EACH	Y/12 month if PA required	YES > 10	per calendar month	NO			\$1.36		

HCPDS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE		NO		NO			\$3.40		
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE		NO		NO			\$5.74		
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		NO		NO			\$8.76		
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH		NO		NO			\$9.87		
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		NO		NO			\$6.22		
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES,		NO		NO			\$9.04		
A4411	OSTOMY SKIN BARRIER, SOLID 4 X 4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH		NO		NO			\$5.10		
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH		NO		NO			\$2.70		
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH		NO		NO			\$6.41		
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH		NO		NO			\$5.44		
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH		NO		NO			\$6.41		
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$2.75		
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$3.72		✓
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.81		

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A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.74		
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.86		
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Y/12 month if PA required	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.86		
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$4.75		
A4425	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$3.58		
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$2.73		
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$2.78		
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$6.51		
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$8.25		
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$8.52		
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$6.22		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$3.59		
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$3.34		
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$3.76		
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	Y/12 month if PA required	YES > 60 per month	per calendar month	NO			\$5.01	PA required only if more than 60 per month needed	
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES		NO		NO			\$0.09		
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES		NO		NO			\$0.36		✓
A4453	RECTAL CATHETER FOR USE WITH THE MANUAL PUMP-OPERATED ENEMA SYSTEM, REPLACEMENT ONLY	Y/12 month	YES		NO			MSRP - 18%	Effective Date 8/1/2023 Age limitation of under 21 Effective Date changed to 5/1/2023	
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	Y/12 month if PA required	YES>32		NO			\$1.16		✓
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		NO		NO			\$0.26		✓
A4458	ENEMA BAG WITH TUBING, REUSABLE	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE, ANY TYPE	NO	NO		NO			MSRP - 18%	Effective 8/1/2023 Age limitation under 21 Effective Date changed to 5/1/2023 Effective 2/1/2024 no PA required	
A4465	NON-ELASTIC BINDER FOR EXTREMITY	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4467	BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE		NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH		NO		NO			\$0.37		
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR		NO		NO			\$9.94		
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR		NO		NO			\$10.53		
A4558	CONDUCTIVE GEL OR PASTE, FOR USE WITH ELECTRICAL DEVICE (E.G., TENS, NMES), PER OZ		NO		NO			\$5.22		
A4561	PESSARY, RUBBER, ANY TYPE		NO		NO			\$16.82		
A4562	PESSARY, NON RUBBER, ANY TYPE		NO		NO			\$45.57		✓
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH		NO		NO			\$128.34		✓
A4565	SLINGS		NO		NO			\$4.35		
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G., TENS, NMES)		NO		NO			\$10.34		
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A4601	LITHIUM ION BATTERY, RECHARGEABLE, FOR NON-PROSTHETIC USE, REPLACEMENT	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE		NO		NO			\$38.55		✓
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH		NO		NO			\$14.76		✓
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT		NO	4 per calendar month	NO			\$15.99		✓
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH		NO		NO			\$52.63		
A4611	TERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR		NO		NO			\$174.26		
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		NO		NO			\$65.00		
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR		NO		NO			\$137.96		
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD		NO		NO			\$22.75		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4618	BREATHING CIRCUITS		NO		NO			\$8.51		
A4619	FACE TENT		NO		NO			\$1.27		
A4623	TRACHEOSTOMY, INNER CANNULA	Y/12 month if PA required	YES>31	per calendar month	NO			\$5.31		
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	Y/12 month if PA required	YES> 91	per calendar month	NO			\$2.14		
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	Y/12 month if PA required	YES > 1	per calendar month	NO			\$6.61		
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	Y/12 month if PA required	YES > 2	per calendar month	NO			\$2.59		
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER		NO		NO			\$38.00		✓
A4628	ORAL AND/OR OROPHARYNGEAL SUCTION CATHETER, EACH		NO		NO			\$3.58		
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY		NO		NO			\$4.42		
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT		NO		NO			\$5.98		
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH		NO		NO			\$4.89		✓
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH		NO		NO			\$3.01		✓
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.		NO		NO			\$1.67		
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT		NO		NO			\$49.45		
A4649	SURGICAL SUPPLY; MISCELLANEOUS	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	NO	NO		NO			\$11.29		✓
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE		NO		NO			\$35.00		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A4663	DIALYSIS BLOOD PRESSURE CUFF		NO		NO			\$35.00		
A4670	AUTOMATIC BLOOD PRESSURE MONITOR		NO		NO			\$35.00		
A4927	GLOVES, NON-STERILE, PER 100	NO	NO		NO			MSRP - 18%	Effective Date 7/1/2022 MSRP-18% Effective 7/1/2023 Age limitation removed 12/1/2023 Effective 2/1/2024 no PA required	✓
A4928	SURGICAL MASK, PER 20		NO		NO			\$12.00	No PA but for diagnosed COVID-19 patients and caregivers only	
A4930	GLOVES, STERILE, PER PAIR	NO	NO		NO			MSRP - 18%	Effective 12/1/2023 Effective 2/1/2024 no PA required	✓
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.86		
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.35		
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.41		
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	Y/12 month if PA required	YES > 60	per calendar month	NO			\$1.42		
A5055	STOMA CAP	Y/12 month if PA required	YES > 31	per calendar month	NO			\$1.37		
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH		NO		NO			\$5.72		
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	Y/12 month if PA required	YES > 31	per calendar month	NO			\$10.66		
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE),	Y/12 month if PA required	YES > 20	per calendar month	NO			\$3.70		
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$2.12		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$2.29		
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$4.15		
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$3.36		
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$3.04		
A5081	STOMA PLUG OR SEAL, ANY TYPE	Y/12 month if PA required	YES>31	per calendar month	NO			\$2.97		
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	Y/12 month if PA required	YES > 1	per calendar month	NO			\$9.64		
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA		NO		NO			\$0.50		
A5093	OSTOMY ACCESSORY; CONVEX INSERT	Y/12 month if PA required	YES > 10	per calendar month	NO			\$1.86		
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	Y/12 month if PA required	YES > 4	4 per year	NO			\$21.53		
A5105	URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH		NO		NO			\$33.88		
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OR WITHOUT TUBE, WITH STRAPS, EACH		NO		NO			\$33.02		
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET		NO		NO			\$3.81		
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	Y/12 month if PA required	YES > 1	per calendar month	NO			\$7.24		
A5120	SKIN BARRIER, WIPES OR SWABS, EACH		NO		NO			\$0.20		
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$7.12		
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	Y/12 month if PA required	YES > 20	per calendar month	NO			\$12.26		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	Y/12 month if PA required	YES > 10	per calendar month	NO			\$1.07		
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	Y/12 month if PA required	YES > 1	per calendar month	NO			\$15.11		
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT		NO		NO			\$10.78		
A5500	DIABETIC SHOE FOR DENSITY INSERT, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$55.72	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	
A5501	DIABETIC CUSTOM MOLDED SHOE, PER SHOE	Y/12 month if PA required	Yes>2 per calendar year	2 per calendar year	NO			\$167.13	2 per shoe per calendar year Prior authorization required only if more than 2 per calendar year needed.	
A5503	DIABETIC SHOE W/ROLLER/ROCKER, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	✓
A5504	DIABETIC SHOE WITH WEDGE, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	✓
A5505	DIABETIC SHOES W/METATARSAL BAR,PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	

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A5506	DIABETIC SHOE W/OFF SET HEEL, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	
A5507	MODIFICATION DIABETIC SHOE, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$24.79	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$32.00	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED, PER SHOE	NO	Yes>2 per calendar year	2 per calendar year	NO			\$32.00	2 per shoe per calendar year Prior authorization and CMN required only if more than 2 per calendar year needed.	
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH	NO	YES > 6 per calendar year	6 per year	NO			\$22.73	Prior authorization and CMN required only if more than 6 per calendar year needed.	
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	Y/12 month if PA required	YES > 6 per calendar year	6 per year	NO			\$32.00	Prior authorization and CMN required only if more than 6 per calendar year needed.	

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A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 3/16 INCH MATERIAL OF SHORE A 35 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	Y/12 month if PA required	YES > 6 per calendar year	6 per year	NO			\$44.56	Prior authorization required only if more than 6 per calendar year needed.	
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN		NO		NO			\$24.77		
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN		NO		NO			\$1.82		✓
A6021	COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH		NO		NO			\$21.02		
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH		NO		NO			\$20.05		
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	NO	NO		NO			\$181.51	Effective 2/1/2024 no PA required	
A6024	COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES		NO		NO			\$5.90		
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A6154	WOUND POUCH, EACH		NO		NO			\$13.71		
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING		NO		NO			\$7.01		
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		NO		NO			\$15.68		
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	NO	NO		NO			\$5.78		
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	NO	NO		NO			\$5.44		

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A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$3.19		
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$5.94		
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	NO	NO		NO			\$8.02		
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		NO		NO			\$7.00		
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$7.14		
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$19.00		
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$28.01		
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$9.25		
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	NO	NO		NO			\$11.25		
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$9.82		
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	NO	NO		NO			\$0.05		
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$0.05		
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO	NO		NO			\$1.04		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$0.91		
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$2.46		
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$2.03		
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$2.30		
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$3.44		
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	NO	NO		NO			\$3.95		
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$3.44		
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING		NO		NO			\$4.46		
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		NO		NO			\$6.57		
A6233	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING		NO		NO			\$18.30		
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$6.24		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$16.05		
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$25.99		
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$7.54		
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$21.74		
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE		NO		NO			\$11.68		
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM		NO		NO			\$2.45		
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$5.79		
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$11.75		
A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$37.46		
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$6.93		
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$9.46		
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$22.68		
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE		NO		NO			\$15.49		
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	NO	NO	2 per calendar month	NO			\$22.87		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$1.90		✓
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$3.10		
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$6.05		
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$1.16		
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING		NO		NO			\$2.89		
A6257	TRANSPARENT FILM, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING		NO		NO			\$1.46		
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING		NO		NO			\$4.10		
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING		NO		NO			\$10.43		
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	NO	NO		NO			\$26.84		
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	NO	NO		NO			\$0.55		
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	NO	NO		NO			\$2.11		
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD		NO		NO			\$1.83		
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$0.12		
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING		NO		NO			\$0.41		

HCPDS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	NO	NO		NO			\$2.06		
A6407	PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD		NO		NO			\$1.50		
A6410	EYE PAD, STERILE, EACH		NO		NO			\$0.41		
A6412	EYE PATCH, OCCLUSIVE, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$0.54		
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD		NO		NO			\$0.14		
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$0.23		
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD		NO		NO			\$0.45		
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD		NO		NO			\$0.26		
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$0.33		
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD		NO		NO			\$0.54		
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD		NO		NO			\$0.93		
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$1.40		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD		NO		NO			\$1.56		
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$4.73		✓
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD		NO		NO			\$0.49		
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$0.62		✓
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD		NO		NO			\$1.11		
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD		NO		NO			\$1.02		
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD		NO		NO			\$0.91		✓
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	

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A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	Y/12 month	YES		NO			\$38.94		
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	Y/12 month	YES		NO			\$74.58		
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH		NO	2 per year/per leg	NO			\$94.17	LT/RT modifier	
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES		NO		NO			\$21.94		
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		NO		NO			\$8.20		
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		NO		NO			\$27.96		
A7002	TUBING, USED WITH SUCTION PUMP, EACH		NO		NO			\$3.11		
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE		NO		NO			\$1.47		
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE		NO		NO			\$1.24		
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE		NO		NO			\$11.73		
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		NO		NO			\$7.47		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR		NO		NO			\$2.97		
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR		NO		NO			\$8.94		
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER		NO		NO			\$55.94		
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET		NO		NO			\$15.76		
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER		NO		NO			\$2.89		
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR		NO		NO			\$0.57		
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR		NO		NO			\$3.20		
A7015	AEROSOL MASK, USED WITH DME NEBULIZER		NO		NO			\$1.28		
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER		NO		NO			\$6.53		
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN		NO		NO			\$139.32		
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML		NO		NO			\$0.31		
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY		NO		NO			\$16.07		
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	Y/12 month	YES		NO			\$53.22		
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	Y/12 month	YES		NO			\$35.17		
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	NO	NO		NO			\$120.01	Effective 2/1/2024 no PA required	
A7028	ORAL CUSHION FOR A7027 COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$33.56		
A7029	NASAL PILLOWS FOR A7027 COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	Y/12 month	YES		NO			\$15.00		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	y/6 months if PA required	YES > 1	1 per year	NO			\$86.33		
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	y/6 months if PA required	YES > 1	1 per month	NO			\$33.48		
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	y/6 months if PA required	YES > 2	2 per cal. month	NO			\$18.78		
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	y/6 months if PA required	YES >12	12 per year	NO			\$15.12		
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	y/6 months if PA required	YES > 4	4 per year	NO			\$54.47		
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	y/6 months if PA required	YES > 2	2 per year	NO			\$17.88		
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	y/6 months if PA required	YES > 2	2 per year	NO			\$10.40		
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	y/6 months if PA required	YES > 2 per month	2 per month	NO			\$11.54	PA required only if more than 2 per month needed	
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	y/6 months if PA required	YES > 2	2 per cal. month	NO			\$2.01		
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	y/6 months if PA required	YES > 2	2 per year	NO			\$5.91		
A7040	ONE WAY CHEST DRAIN VALVE		NO		NO			\$34.18		
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		NO		NO			\$82.95		
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY		NO		NO			\$11.42		
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	Y/6 months if PA required	YES > 2	2 per cal. month	NO			\$13.29		
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION UNIT CHANGE, FOR USE WITH IMPLANTED CATHETER, EACH		NO	1 per month	NO			\$47.22		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH		NO		NO			\$100.18		
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH		NO		NO			\$47.61		
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		NO		NO			\$10.81		
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		NO		NO			\$0.64		
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		NO		NO			\$4.46		✓
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH		NO		NO			\$0.32		✓
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		NO		NO			\$2.49		✓
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH		NO		NO			\$2.74		✓
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH		NO		NO			\$1.34		✓
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		NO		NO			\$47.48		✓
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH		NO		NO			\$37.64		✓
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	y/6 months if PA required	YES > 2	2 per cal. month	NO			\$58.00		✓
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH		NO		NO			\$61.92		✓
A7525	TRACHEOSTOMY MASK, EACH	y/6 months if PA required	YES > 1	1 unit per calendar month	NO			\$1.66		
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	y/6 months if PA required	YES>31	31 per cal. month	NO			\$2.70		

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A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH		NO		NO			\$3.22		
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/12 month	YES		NO			\$161.02		
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/12 month	YES		NO			\$161.02		
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	y/6 months if PA required	NO	Limited to 12 per month	NO			43.00 each	PA required only if more than 12 per month needed.	✓
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	NO	NO	Limited to 31 per calendar month	NO			\$12.95	This code does not move to pharmacy. Effective 2/1/2024 no PA required	✓
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Y/12 month	YES	Limit 2 per calendar year	NO			\$639.50	This code does not move to pharmacy,	✓
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON-DURABLE MEDICAL EQUIPMENT INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	Y/12 month	YES	Per calendar year	NO			\$559.20	This code does not move to pharmacy,	✓
A9285	INVERSION/EVERSION CORRECTION DEVICE	*	*	*	*	*	*	MSRP - 18%	*Only payable when Medicare is primary MSRP-18% Effective 7/1/2023	
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON	NO	NO		NO			MSRP - 18%	Effective Date 7/1/2022 MSRP-18% Effective 7/1/2023 Age limitation removed 12/1/2023 Effective 2/1/2024 no PA required	✓

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A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	*	*	*	*	*	*	MSRP - 18%	*Only payable when Medicare is primary MSRP-18% Effective 7/1/2023	
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDENTIFICATION, NOT OTHERWISE CLASSIFIED	*	*	*	*	*	*	MSRP - 18%	*Only payable when Medicare is primary MSRP-18% Effective 7/1/2023	
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Y/12 month	YES			NO		MSRP - 18%	MSRP-18% Effective 7/1/2023	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS		NO	1 unit per calendar month		NO		\$173.60		
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS	NO	NO			NO		\$330.77	Effective 2/1/2024 no PA required	✓
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE UNIT=31 KITS		NO	1 unit per calendar month		NO		\$226.61		✓
B4081	NASOGASTRIC TUBING WITH STYLET-ENTERAL		NO			NO		\$19.78		✓
B4082	NASOGASTRIC TUBING WITHOUT STYLET-ENTERAL		NO			NO		\$14.73		✓
B4083	ENTERAL-STOMACH TUBE - LEVINE TYPE		NO			NO		\$2.39		✓
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	NO	NO			NO		\$30.58	Effective 2/1/2024 no PA required	✓
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	NO	NO			NO		\$110.00	Effective 2/1/2024 no PA required	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Y/12 month	YES >180	180 units (ounces) per calendar month		NO		Invoice + 20%	Effective 1/1/2022 - diagnosis code requirements removed. PA required only when more than 180 units per month	
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	Y/12 month	YES			NO		Invoice + 20%		
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	Y/12 month	YES			NO		Invoice + 20%		

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B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	Y/12 month	YES		NO			Invoice + 20%		
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING, EACH	Y/12 month	YES		NO			Invoice + 20%	effective date 10/30/23	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES= 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
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	Y/12 month	YES		NO			Invoice + 20%	Rate change to Manual (Invoice + 20%) effective 5/1/2022	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%	Rate change to Manual (Invoice + 20%) effective 5/1/2022	
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		

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B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		✓
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Y/12 month	YES		NO			Invoice + 20%		✓
B4185	PARENTERAL NUTRITION SOLUTION, NOT OTHERWISE SPECIFIED, 10 GRAMS LIPIDS	Y/12 month	YES		NO			\$9.09		
B4187	OMEGAVEN, 10 GRAMS LIPIDS	Y/12 month	YES		NO			Invoice + 20%		
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	Y/12 month	YES		NO			\$193.80		
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	Y/12 month	YES		NO			\$250.44		
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	Y/12 month	YES		NO			\$304.89		
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	Y/12 month	YES		NO			\$348.40		
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY1 UNIT=31 KITS	Y/12 month if PA required	YES > 1	1 unit per month	NO			\$220.10		

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B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	Y/12 month if PA required	YES > 1	1 unit per month	NO			\$243.87		
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY 1 UNIT=31 KITS	Y/12 month	YES	1 unit per month	NO			\$687.89		
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX	Y/12 month	YES		NO			Invoice + 20%	Effective 11/1/2022 See KRS 205.560(1)© for diagnosis requirements	✓
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, HEPATAMINE-PREMIX	Y/12 month	YES		NO			Invoice + 20%	Effective 11/1/2022 See KRS 205.560(1)© for diagnosis requirements	
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS-BRANCH CHAIN AMINO ACIDS-FREAMINE-HBC-PREMIX	Y/12 month	YES		NO			Invoice + 20%	Effective 11/1/2022 See KRS 205.560(1)© for diagnosis requirements	
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Y/12 month	YES		Y/month	YES	\$118.80	\$1,188.74		
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	Y/12 month	YES		Y/month	YES	\$223.80	\$2,238.01		
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	Y/12 month	YES		Y/month	YES	\$223.80	\$2,238.01		
B9998	NOC FOR ENTERAL SUPPLIES	Y/12 month	YES		NO			Invoice + 20%		
B9999	NOC FOR PARENTERAL SUPPLIES	Y/12 month	YES		NO			Invoice + 20%		
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		NO		NO			\$24.45		
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		NO		NO			\$65.59		
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS		NO		NO			\$102.08		

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E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		NO		NO			\$61.75		
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		NO		NO			\$50.50		
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP		NO		NO			\$25.33		
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		NO		NO			\$60.23		
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH		NO		NO			\$32.45		
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	Y/6 months	NO		NO			\$154.17		
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		NO		NO			\$54.23		
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		NO		NO			\$50.79		
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$324.64	PA required only if more than 1 per 4 years needed.	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		NO		NO			\$71.43		
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		NO		NO			\$54.63		
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	Y/6 months	YES		Y/month	YES	\$32.78	\$327.80		
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	Y/12 month	YES		NO			\$513.87		
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH		NO		NO			\$94.18		
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE		NO		NO			\$202.00		✓
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH		NO		NO			\$66.38		

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E0154	PLATFORM ATTACHMENT, WALKER, EACH		NO		NO			\$46.48		
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR		NO		NO			\$19.83		
E0156	SEAT ATTACHMENT, WALKER		NO		NO			\$15.68		
E0157	CRUTCH ATTACHMENT, WALKER, EACH		NO		NO			\$56.08		
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)		NO		NO			\$21.04		
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH		NO		NO			\$14.61		
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE		NO		NO			\$30.35		
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S		NO		NO			\$26.70		
E0162	SITZ BATH CHAIR		NO		NO			\$168.99		✓
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS		NO		NO			\$61.69		
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS		NO		NO			\$177.70		
E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR, REPLACEMENT ONLY		NO	1 per year	NO			\$11.94	Prior authorization required if more than 1 per year needed.	
E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH		NO		NO			\$132.19		
E0170	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	NO	NO		NO			\$176.61	Effective 2/1/2024 no PA required	
E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE		NO		NO			\$231.36		
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0175	FOOT REST, FOR USE WITH COMMUNE CHAIR, EACH		NO		NO			\$63.36		
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY		NO		NO			\$230.40		
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY		NO		NO			\$212.90		✓
E0184	DRY PRESSURE MATTRESS		NO		NO			\$182.07		
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		NO		NO			\$204.06		
E0186	AIR PRESSURE MATTRESS		NO		NO			\$165.10		
E0187	WATER PRESSURE MATTRESS		NO		NO			\$219.50		

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E0188	SYNTHETIC SHEEPSKIN PAD		NO		NO			\$29.48		
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE		NO		NO			\$58.26		
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES		NO		NO			\$26.47		
E0191	HEEL OR ELBOW PROTECTOR, EACH		NO		NO			\$9.56		
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	Y/6 months	YES		Y/month	YES	\$854.20	\$8,542.00		✓
E0194	AIR FLUIDIZED BED	Y/6 months	YES		Y/month	YES	\$3,678.66	\$36,786.60		✓
E0196	GEL PRESSURE MATTRESS		NO		NO			\$264.20		
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		NO		NO			\$180.18		
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		NO		NO			\$211.98		✓
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	NO	NO		NO			\$34.89	Effective 2/1/2024 no PA required	✓
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT		NO	1 per 5 years	NO			\$75.85		✓
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	Y/6 months	NO		Y/ day	YES	\$50.92	NO		
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	Y/12 month if PA required	YES >1 per 5 years	1 per 5 years	NO			\$157.81	PA required only if more than 1 per 5 years needed	
E0210	ELECTRIC HEAT PAD, STANDARD	Y/12 month if PA required	YES > 1	1 per year	NO			\$37.88		
E0215	ELECTRIC HEAT PAD, MOIST	Y/12 month if PA required	YES > 1	1 per year	NO			\$57.60		
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	Y/6 months	YES		Y/month	YES	\$47.50	\$474.97		
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	Y/month	NO	\$37.18	\$371.81	PA required only if more than 1 per 4 years needed	
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	Y/6 months	YES		Y/month	YES	\$22.94	\$229.40		
E0236	PUMP FOR WATER CIRCULATING PAD	Y/6 months	YES		Y/month	YES	\$35.99	\$359.90		
E0239	HYDROCOLLATOR UNIT, PORTABLE	Y/6 months	NO	1 per 4 years	Y/month	NO	\$38.07	\$380.71	Prior authorization required if more than 1 per 4 years needed.	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0242	BATH TUB RAIL, FLOOR BASE	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0243	TOILET RAIL, EACH		NO		NO			\$36.38	Effective date 6/1/2023 - Purchase only	
E0244	TOILET SEAT RAISED		NO		NO			45.49	Added 1/1/2023 1 per 5 years	
E0246	TRANSFER TUB RAIL ATTACHMENT	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY		NO		NO			\$81.00		
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Y/6 months	YES		Y/month	YES	\$75.52	\$755.20		
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$67.00	\$670.00		
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$82.37	\$823.70		
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$64.87	\$648.70		
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$69.61	\$696.10		
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$68.20	\$682.00		
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$177.56	\$1,775.60		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$158.75	\$1,587.50		
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$300.00	\$3,000.00		
E0271	MATTRESS, INNERSPRING		NO		NO			\$123.89		
E0272	MATTRESS, FOAM RUBBER		NO		NO			\$139.13		
E0275	BED PAN, STANDARD, METAL OR PLASTIC	Y/12 month if PA required	YES > 1 per year	1 per year	NO			\$13.31	PA required only if more than 1 per year needed.	
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	Y/12 month if PA required	YES > 1	1 per year	NO			\$11.10		
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Y/12 month	YES	1 per 5 years	Y/month	YES	\$242.08	\$2,420.80		✓
E0280	BED CRADLE, ANY TYPE		NO		NO			\$29.38		
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$66.80	\$668.00		
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS		NO		Y/month	NO	\$50.22	\$502.20		
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$71.95	\$719.50		✓
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$57.68	\$576.80		✓
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$84.23	\$842.30		
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$76.67	\$766.70		
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$138.82	\$1,388.20		
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$112.16	\$1,121.60		
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED, WITH OR WITHOUT TOP ENCLOSURE	Y/6 months	NO		YES	Y/6 months	\$227.09	NO		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		Y/month	YES	\$191.81	\$1,918.10		
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 month	YES		YES	YES	\$566.23	\$5,662.30		
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	Y/12 month	YES		Y/month	YES	\$189.27	\$1,892.70		
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Y/12 month	YES		Y/month	YES	\$575.08	\$5,750.80		
E0305	BED SIDE RAILS, HALF LENGTH		NO		Y/month	NO	\$16.11	\$161.10		
E0310	BED SIDE RAILS, FULL LENGTH		NO		Y/month	NO	\$11.34	\$113.43		✓
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE		NO		NO			\$9.54		
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Y/12 month	YES		Y/month	YES	\$22.25	\$222.56		✓
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	Y/12 month if PA required	YES > 1	1 per year	NO			\$8.60		✓
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	Y/12 month if PA required	YES > 1 per year	1 per year	NO			\$9.21	PA required if more than 1 per year needed	✓
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Y/12 month	YES	0-20 only 1 per 5 years	Y/month	YES	\$83.45	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Y/12 month	YES	0-20 only 1 per 5 years	Y/month	YES	\$83.45	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Y/12 month	YES		Y/month	YES	\$296.32	\$2,963.20		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Y/12 month	YES		Y/month	YES	\$318.50	\$3,185.00		
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Y/12 month	YES		Y/month	YES	\$349.23	\$3,492.30		
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING		NO		Y/month	Y/12 month	\$84.35		Rental only effective 2/1/2024	
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING		NO		Y/month	Y/12 month	\$19.80		Rental only effective 2/1/2024	
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE		NO		Y/month	Y/12 month	\$42.74			
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING		NO		Y/month	Y/12 month	\$42.74			✓
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING		NO		Y/month	Y/12 month	\$84.35		Rental only effective 2/1/2024	
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT		NO		Y/month		\$53.49		Effective 2/1/2024 no PA required Rental only effective 2/1/2024	
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT		NO		Y/month		\$53.49		Effective 2/1/2024 no PA required Rental only effective 2/1/2024	
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)		NO		Y/month		\$67.80		Effective 2/1/2024 no PA required Rental only effective 2/1/2024	

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E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS		NO		Y/month	Y/12 month	\$170.00		Rental only effective 2/1/2024	✓
E0457	CHEST SHELL (CUIRASS)	Y/12 month	YES		Y/month	YES	\$58.79	\$587.89		
E0459	CHEST WRAP	Y/12 month	YES		Y/month	YES	\$41.39	\$413.90		
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Y/12 month	YES		Y/month	YES	\$278.78	\$2,787.80		
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Y/12 month			Y/month	YES	\$1,269.40		Effective 6/1/2023 for Rental Only - continuous	
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Y/12 month	NO		Y/month	YES	\$1,269.40	NO	Rental Only - continuous	
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS		NO		Y/month	YES	\$1,350.40	NO	Rental only - no purchase	
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)	Y/12 month	YES		Y/month	YES	\$120.10	\$1,201.00		
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Y/12 month	NO		Y/month	YES	\$306.76	NO		
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Y/12 month	YES		Y/month	YES	\$407.17	\$4,071.70		
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	Y/12 month if PA required	YES > 1 per 5 years	1 per 5 years	Y/month	NO	\$46.14	\$461.40	PA required only if more than 1 per 5 years needed	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0481	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Y/12 month	YES		Y/month	YES	\$571.89	\$5,718.90		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, WITH FULL ANTERIOR AND/OR POSTERIOR THORACIC REGION RECEIVING SIMULTANEOUS EXTERNAL OSCILLATION, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	Y/3 month	YES	3 month rental then purchase	Y/month	YES	\$1,413.84	\$14,138.40	Effective 6/1/2023 - Allow rental for 3 consecutive months then require purchase on month 4 through month 12. Rental total to be deducted from purchase amount. Cannot be rented more than 3 months in a 12 month period.	
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH		NO		NO			\$29.54		
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE	Y/12 month	NO		Y/month	YES	\$141.39	NO		
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY		NO		Y/month	NO	\$16.26	\$162.60	must purchase/rent E0562 in order to purchase/rent item Added 1/1/2022	
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		NO		Y/month	NO	\$7.39	\$73.95		
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		NO		Y/month	NO	\$14.47	\$144.66	Cant bill with E0560 in same month/limit 1 every 2 years	
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Y/12 month	YES		Y/month	YES	\$49.61	\$496.10		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0570	NEBULIZER, WITH COMPRESSOR	Y/12 month if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained	NO			\$128.88		
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$304.70	PA required only if more than 1 per 4 years needed	
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$322.10	PA required only if more than 1 per 4 years needed	
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	Y/month	YES	\$98.32	\$983.20	PA required only if more than 1 per 4 years needed	
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$121.31	PA required only if more than 1 per 4 years needed	
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$335.50	PA required only if more than 1 per 4 years needed	✓
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$372.30	PA required only if more than 1 per 4 years needed	✓
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	Y/12 month	YES		Y/month	YES	\$46.60	\$466.00		
E0602	BREAST PUMP, MANUAL, ANY TYPE		NO		NO			\$32.28	LIMITED TO ONE PER PLAN YEAR	✓
E0603	ELECTRIC BREAST PUMP		NO		YES	Y/6 month	\$21.93	\$219.30	LIMITED TO ONE PER PLAN YEAR	✓
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	Y/12 month	NO		Y/month	YES	\$82.50	NO		
E0606	POSTURAL DRAINAGE BOARD		NO		NO			\$213.60		
E0607	HOME BLOOD GLUCOSE MONITOR	Y/12 month	YES > 1	1 per 4 years	NO			\$91.17	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME per regulation	
E0617	AED-EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	Y/12 month	YES		Y/month	YES	\$375.53	\$3,725.28		
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Y/12 month	NO		Y/month	YES	\$227.98	NO		
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Y/12 month	NO		Y/month	YES	\$227.30	NO		✓
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		NO		NO			\$77.91		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE		NO		NO			\$303.46		
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE		NO		NO			\$332.07		
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	Y/12 month	YES		Y/month	YES	\$64.87	\$648.70		
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	Y/12 month	YES		Y/month	YES	\$131.65	\$1,316.50		
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Y/12 month	YES		NO			\$853.57		
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	Y/12 month	YES		Y/month	YES	\$148.35	\$1,483.50		
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	Y/12 month	YES		Y/month	YES	\$88.37	\$883.67		✓
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	Y/12 month	YES		Y/month	YES	\$125.31	\$1,253.12		
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Y/12 month	YES		Y/month	YES	\$652.65	\$6,526.49		
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM		NO		NO			\$93.23		
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	Y/12 month	YES		Y/month	YES	\$7.07	\$70.70		
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	Y/12 month	YES		Y/month	YES	\$6.64	\$66.41		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		NO		NO			\$152.83		
E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM		NO		NO			\$131.06		
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		NO		NO			\$132.11		
E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG		NO		NO			\$309.75		
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM		NO		NO			\$422.74		
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG		NO		NO			\$174.86		
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	Y/12 month	YES		NO			\$1,537.92		✓
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG		NO		NO			\$397.36		✓
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM		NO		NO			\$308.75		
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG		NO		NO			\$256.56		
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	Y/12 month	NO		Y/month	YES	\$307.64	NO		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0705	TRANSFER DEVICE, ANY TYPE, EACH		NO		NO			\$48.00		
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULA	Y/12 month	YES		Y/month	YES	\$6.82	\$68.27		
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Y/12 month	YES		Y/month	YES	\$6.04	\$60.39		✓
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	NO	NO		NO			\$89.39	Effective 2/1/2024 no PA required	
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	Y/12 month	YES		Y/month	YES	\$87.60	\$876.00		

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E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Y/12 month	YES		Y/month	YES	\$119.05	\$1,190.50		
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Y/12 month	YES	1 per 5 years	NO			\$4,541.78		
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Y/12 month	YES	1 per 5 years	NO			\$5,308.67		
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Y/12 month	YES	1 per 5 years	NO			\$4,411.40		
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES	Y/12 month	YES		NO			\$857.90		
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL MUSCLE GROUPS OF AMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	Y/12 month	YES		NO			\$8,141.75		
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED	Y/6 months	NO		Y/month	YES	MSRP - 18%	NO		
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E0776	IV POLE	Y/12 month	NO	1 per 5 years	Y/month	NO	\$11.64	\$116.42		
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOU		NO		NO			\$9.92		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Y/12 month	YES	1 per 5 years	Y/month	YES	\$301.82	\$3,018.20		
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	Y/12 month	YES	1 per 5 years	Y/month	YES	\$369.97	\$3,699.70		
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)	Y/12 month	YES		NO			\$7,337.00	covered only in a hospital that does not bill Medicaid	

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E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	Y/12 month	YES	1 per 5 years	Y/month	YES	\$524.26	\$5,242.60		
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	Y/12 month	YES		Y/month	YES	\$359.07	\$3,590.70		
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	NO	NO		NO			\$84.97	Effective 2/1/2024 no PA required	
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	Y/12 month	YES		Y/month	YES	\$68.54	\$685.40		
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION		NO		NO			\$100.51		
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	Y/12 month	YES		Y/month	YES	\$66.84	\$668.40		
E0856	CERVICAL TRACTION DEVICE, WITH INFLATABLE AIR BLADDER(S)		NO		NO			\$123.22		
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	NO	NO		NO			\$50.63	Effective 2/1/2024 no PA required	
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G., BUCK'S)		NO		NO			\$158.71		
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION		NO		NO			\$171.29		
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		NO		NO			\$163.13		
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)		NO		NO			\$174.84		✓
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR		NO		Y/month	NO	\$12.44	\$124.40		✓
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR		NO		Y/month	NO	\$44.99	\$449.90		✓
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	Y/12 month	YES		Y/month	YES	\$91.65	\$916.50		✓
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	Y/12 month	YES		Y/month	YES	\$61.38	\$613.80		✓
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	Y/12 month	YES		Y/month	YES	\$37.15	\$371.50		✓

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E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	Y/12 month	NO	21 days	Y/ day	YES	\$30.25	NO		✓
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR		NO		Y/month	NO	\$23.77	\$237.70		✓
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE		NO		Y/month	NO	\$57.72	\$577.20		✓
E0942	CERVICAL HEAD HARNESS/HALTER		NO		NO			\$18.99		✓
E0944	PELVIC BELT/HARNESS/BOOT		NO		NO			\$40.16		✓
E0945	EXTREMITY BELT/HARNESS		NO		NO			\$42.41		✓
E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4 POSTER)	Y/12 month	YES		Y/month	YES	\$66.88	\$668.80		✓
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	Y/12 month	YES		Y/month	YES	\$83.62	\$836.20		✓
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	Y/12 month	YES		Y/month	YES	\$80.03	\$800.35		✓
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		NO		NO			\$73.80		✓
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH		NO		NO			\$12.77		✓
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH		NO		NO			\$14.48		✓
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH		NO		YES		\$7.29	\$72.90		✓
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT		NO		YES		\$5.09	\$50.68		✓
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Y/6 months	YES		NO			\$150.20		✓
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Y/6 months	YES		NO			\$78.72		✓
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Y/6 months	YES		NO			\$124.51		✓
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	Y/6 months	YES		Y/month	YES	\$39.46	\$417.40		✓
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH		NO		NO			\$39.79		✓
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	NO	NO		NO			\$73.33	Effective 2/1/2024 no PA required	✓
E0961	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		NO		Y/month	NO	\$1.92	\$19.23		✓

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E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		NO		Y/month	NO	\$6.22	\$62.17		✓
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$5.91	\$59.12		✓
E0968	COMMODOE SEAT, WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$14.58	\$145.80		✓
E0969	NARROWING DEVICE, WHEELCHAIR		NO		Y/month	NO	\$14.84	\$148.35		✓
E0970	NARROWING DEVICE, WHEELCHAIR		NO		Y/month	NO	\$3.92	\$39.17		✓
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH		NO		Y/month	NO	\$3.00	\$29.94		✓
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		NO		Y/month	NO	\$5.51	\$55.12		✓
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		NO		Y/month	NO	\$6.96	\$69.57		✓
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		NO		NO			\$24.17		✓
E0980	SAFETY VEST, WHEELCHAIR		NO		NO			\$31.62		✓
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		NO		NO			\$39.44		✓
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		NO		NO			\$43.67		✓
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	Y/6 months	YES		Y/month	YES	\$262.43	\$2,624.30		✓
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM		NO		Y/month	NO	\$19.27	\$192.70		✓
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	Y/6 months	YES		Y/month	YES	\$595.12	\$5,951.20		✓
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		NO		Y/month	NO	\$7.27	\$72.72		✓
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		NO		NO			\$78.57		✓
E0994	WHEELCHAIR ARM REST EACH		NO		NO			\$16.87		✓
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH		NO		NO			\$25.12		✓
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Y/6 months	YES		NO			\$3,992.50		✓
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	Y/6 months	YES		NO			\$4,580.20		✓

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E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Y/6 months	YES		NO			\$5,045.30		✓
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Y/6 months	YES		NO			\$5,504.50		✓
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Y/6 months	YES		NO			\$6,775.60		✓
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Y/6 months	YES		NO			\$8,602.50		✓
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Y/6 months	YES		NO			\$8,764.70		✓
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	Y/6 months	YES		NO			\$1,179.40		✓
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	Y/6 months	YES		Y/month	YES	\$94.99	\$949.90		
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		NO		NO			\$292.11		✓
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	NO	NO		NO			\$126.57	Effective 2/1/2024 no PA required	✓
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		NO		NO			\$104.27		✓
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE		NO		Y/month	NO	\$22.03	\$220.29		✓

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E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	NO	NO		NO			\$138.60	Maximum of 6 units per MUE edit Effective 2/1/2024 no PA required	✓
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	NO	NO		NO			\$389.50	Effective 2/1/2024 no PA required	✓
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Y/6 months	YES		NO			\$1,228.80		✓
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS 5" OR GREATER	Y/6 months	YES		Y/month	YES	\$47.68	\$476.80		✓
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	Y/12 month	YES		Y/month	YES	\$700.94	\$7,009.40		✓
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	Y/12 month	YES		Y/month	YES	\$1,004.49	\$10,044.90		✓
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	Y/6 months	YES		Y/month	YES	\$108.61	\$1,086.10		✓
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/6 months	YES		Y/month	YES	\$16.51	\$165.10		✓
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	Y/6 months	YES		Y/month	YES	\$34.21	\$342.10		✓
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$88.29	\$882.90		✓
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$120.61	\$1,206.10		✓
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$104.78	\$1,047.80		✓
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Y/6 months	YES		Y/month	YES	\$75.33	\$753.30		✓
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$93.85	\$938.50		✓
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Y/6 months	YES		Y/month	YES	\$66.21	\$662.10		✓

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E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Y/6 months	YES		Y/month	YES	\$80.40	\$804.00		✓
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$102.88	\$1,028.80		✓
E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$170.43	\$1,704.30		✓
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$97.74	\$977.40		✓
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Y/6 months	YES		Y/month	Y/6 months	\$128.27	\$1,282.70		✓
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$110.61	\$1,106.10		✓
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Y/6 months	YES		Y/month	YES	\$125.11	\$1,251.10		✓
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y/6 months	YES		Y/month	YES	\$84.42	\$844.20		✓
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Y/6 months	YES		Y/month	YES	\$82.66	\$826.60		✓
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS		NO		Y/month	NO	\$44.11	\$441.10		✓
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	Y/6 months	YES		Y/month	YES	\$58.42	\$584.20		✓
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$94.13	\$941.30		✓
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$75.68	\$756.80		✓
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Y/6 months	YES		Y/month	YES	\$314.65	\$3,146.50		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$85.45	\$854.50		✓
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	Y/6 months	YES		Y/month	YES	\$65.18	\$651.80		✓
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	Y/6 months	YES		Y/month	YES	\$79.65	\$796.50		✓
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	Y/6 months	YES		Y/month	YES	\$96.95	\$969.50		✓
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$112.01	\$1,120.10		✓
E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$120.19	\$1,201.90		✓
E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$80.14	\$801.40		✓
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS		NO		Y/month	NO	\$38.63	\$386.30		✓
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$55.12	\$551.20		✓
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	Y/6 months	YES		Y/month	YES	\$60.19	\$601.90		✓
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$65.99	\$659.90		✓
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	Y/6 months	YES		Y/month	YES	\$43.24	\$432.40		✓
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	Y/6 months	YES		Y/month	YES	\$38.58	\$385.78		✓
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$24.48	\$244.80		✓
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$26.81	\$268.10		✓
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1232	EELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$284.41	\$2,844.10		✓
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$294.65	\$2,946.50		✓
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$256.53	\$2,565.30		
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING	Y/6 months	YES		Y/month	YES	\$247.03	\$2,470.30		✓
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$217.93	\$2,179.30		✓
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$219.82	\$2,198.20		✓
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Y/6 months	YES		Y/month	YES	\$217.93	\$2,179.30		✓
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	Y/6 months	YES		Y/month	YES	\$83.77	\$837.70		✓
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$61.80	\$618.00		✓
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$75.79	\$757.90		✓
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$72.25	\$722.50		✓
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Y/6 months	YES		Y/month	YES	\$125.58	\$1,255.80		✓
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$98.07	\$980.70		✓
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Y/6 months	YES		Y/month	YES	\$114.02	\$1,140.20		✓
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Y/6 months	YES		Y/month	YES	\$98.78	\$987.80		✓
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Y/6 months	YES		Y/month	YES	\$39.98	\$399.82		✓
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	Y/6 months	YES		Y/month	YES	\$9.61	\$95.95		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Y/6 months	YES		Y/month	YES	\$40.53	\$405.30		✓
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1353	OXYGEN SUPPLIES REGULATOR	Y/12 month	YES		YES		\$9.97	\$99.74		✓
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1355	OXYGEN SUPPLIES STAND/RACK		NO		NO			\$22.40		✓
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER		NO		NO			\$127.32		✓
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Y/12 month	NO		Y/month	YES	\$84.35	NO		✓
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH	Y/12 month	NO		Y/month	YES	\$84.35	NO		✓
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Y/12 month	NO		Y/month	YES	\$42.74	NO		✓
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	Y/6 months	NO		Y/month	YES	\$99.28	NO		✓
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	Y/6 months	NO		Y/month	YES	\$75.88	NO		✓
E1700	JAW MOTION REHABILITATION SYSTEM	Y/6 months	YES		Y/month	YES	\$32.99	\$329.91		✓
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6		NO		NO			\$10.15		✓
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200		NO		NO			\$20.92		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$138.47	\$1,384.70		✓
E1801	STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	YES		Y/month	YES	\$171.57	\$1,715.70		
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		NO	NO		\$3,998.30	\$3998.30 price update effective 1/1/2023	✓
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$142.83	\$1,428.30		✓
E1806	STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	YES		Y/month	YES	\$140.88	\$1,408.80		✓
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$140.84	\$1,408.40		✓
E1811	STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	YES		Y/month	YES	\$178.35	\$1,783.50		✓
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	Y/6 months	NO		Y/month	YES	\$114.36	NO		✓
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$142.83	\$1,428.30		✓
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	YES		Y/month	YES	\$181.19	\$1,811.90		✓
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	YES		Y/month	YES	\$184.96	\$1,849.60		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE		NO		NO			\$111.54		✓
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$142.83	\$1,428.30		✓
E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	YES		Y/month	YES	\$142.83	\$1,428.30		✓
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL	Y/6 months	NO		Y/month	YES	\$508.97	NO		✓
E1841	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	Y/6 months	NO		Y/month	YES	\$602.42	NO		✓
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC		NO		Y/month	NO	\$68.93	\$689.30		✓
E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/6 months	YES	1 per 4 years	NO			\$877.58	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME per regulation	✓
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER		NO		YES	NO	\$28.12	\$281.13	Effective 1/1/2023	✓
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	NO	NO		NO			\$332.78	Effective 2/1/2024 no PA required	✓
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	NO	NO		NO			\$444.87	Effective 2/1/2024 no PA required	✓
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	NO	NO		NO			\$440.20	Effective 2/1/2024 no PA required	✓
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	Y/6 months	YES		NO			\$752.58		✓
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH		NO		NO			\$32.67		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH		NO		NO			\$36.63		✓
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH		NO		Y/month	NO	\$4.15	\$41.47		✓
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	Y/6 months	NO		Y/month	NO	\$7.73	\$77.25		✓
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH		NO		Y/month	NO	\$7.87	\$78.68		✓
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		NO		NO			\$5.05		✓
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		NO		NO			\$32.86		
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH		NO		NO			\$5.63		✓
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH		NO		NO			\$27.93		✓
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH		NO		NO			\$29.27		✓
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH		NO		NO			\$9.19		✓
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	NO	NO		NO			\$47.04	Effective 2/1/2024 no PA required	✓
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	NO	NO		NO			\$41.63	Effective 2/1/2024 no PA required	✓
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	NO	NO		NO			\$47.04	Effective 2/1/2024 no PA required	✓
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH		NO		NO			\$34.03		✓
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$23.19		✓
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$24.44		✓
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$18.95		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$79.74		✓
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$15.66		✓
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH		NO		NO			\$34.15		✓
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	Y/12 month	YES		NO			\$1,255.30		✓
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	Y/12 month	YES		NO			\$749.01		✓
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$14.65	\$146.51		✓
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Y/6 months	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓

HCPDS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$1,164.70		✓
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$2,352.40		✓
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Y/12 month	YES		NO			\$2,467.20		✓
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	NO	NO		NO			\$392.00	Effective 2/1/2024 no PA required	✓
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$1,582.30		✓
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$1,470.80		✓
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Y/6 months	YES		NO			\$71.81		✓
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	NO	NO		NO			\$46.21	Effective 2/1/2024 no PA required	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Y/6 months	YES		NO			\$1,405.60		✓
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	NO	NO		NO			\$366.20	Effective 2/1/2024 no PA required	✓
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$2,743.50		✓
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$5,184.70		✓
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$1,862.30		✓
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Y/6 months	YES		NO			\$3,591.20		✓
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	✓
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	NO	NO		NO			\$438.42	Effective 2/1/2024 no PA required	✓
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	Y/6 months	YES		NO			\$657.69		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Y/6 months	YES		NO			\$548.09		✓
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	Y/6 months	YES		NO			\$876.95		✓
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	Y/6 months	YES		NO			\$558.90		✓
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		NO	up to a maximum of 2 per 24 month	NO			\$173.13		✓
E2360	POWER WHEELCHAIR ACCESSORY, 22NF NON-SEALED LEAD ACID BATTERY, EACH		NO	up to a maximum of 2 per 24 month	NO			\$99.54		✓
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G., GEL CELL, ABSORBED GLASSMAT)		NO	up to a maximum of 2 per 24 month	NO			\$138.81	Price update effective 9/1/2023	✓
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH		NO	up to a maximum of 2 per 24 month	NO			\$87.38		✓
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		NO	up to a maximum of 2 per 24 month	NO			\$185.13	Price update effective 9/1/2023	✓
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH		NO	up to a maximum of 2 per 24 month	NO			\$96.08		✓
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		NO	up to a maximum of 2 per 24 month	NO			\$111.64	Price update effective 9/1/2023	✓
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		NO		NO			\$159.12		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$307.72	PA required only if more than 1 per 4 years needed.	✓
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY		NO		NO			\$464.91		✓
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY		NO		NO			\$404.14		✓
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Y/6 months	YES		NO			\$722.56		✓
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT), EACH		NO		NO			\$132.21		✓
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Y/12 month	YES		NO			\$838.70		
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	Y/12 month	YES		NO			\$535.30		
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Y/12 month	YES		NO			\$659.40		
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Y/12 month	YES		NO			\$1,334.00		
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	NO	NO		NO			\$491.10	Effective 2/1/2024 no PA required	
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$65.24		
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$19.85		
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$129.64		
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$64.30		
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$47.56		
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$110.87		
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$51.22		
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$50.83		
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$28.20		✓
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$43.78		
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$18.78		
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$46.52		
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$59.87		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$45.45		
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$52.11		
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	NO	NO		NO			\$460.21	Effective 2/1/2024 no PA required	
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	Y/12 month	NO		Y/month	YES	\$732.57	NO		✓
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	Y/12 month	YES		Y/month	YES	\$53.35	\$533.56		✓
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Y/12 month	YES		Y/month	YES	\$163.16	\$1,631.59		
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	Y/12 month	YES		Y/month	YES	\$126.19	\$1,261.94		
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Y/12 month	YES		Y/month	YES	\$315.59	\$3,155.90		
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Y/12 month	YES		Y/month	YES	\$488.00	\$4,880.09		
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Y/12 month	YES		Y/month	YES	\$923.49	\$9,234.92		
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO	NO		NO			\$41.69	Effective 2/1/2024 no PA required	

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E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO	NO		NO			\$87.92	Effective 2/1/2024 no PA required	
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO	NO		NO			\$106.12	Effective 2/1/2024 no PA required	
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO	NO		NO			\$139.69	Effective 2/1/2024 no PA required	
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO	NO		NO			\$205.11	Effective 2/1/2024 no PA required	
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO	NO		NO			\$332.61	Effective 2/1/2024 no PA required	
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Y/12 month	YES		Y/month	YES	\$21.52	\$215.20		
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Y/12 month	YES		Y/month	YES	\$25.79	\$257.88		✓
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2610	WHEELCHAIR SEAT CUSHION, POWERED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	✓
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$14.95	\$149.49		
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$30.93	\$309.33		
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$32.02	\$320.24		
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$47.59	\$475.91		
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$37.21	\$372.15		
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$49.10	\$491.05		

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E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	Y/12 month	YES		Y/month	YES	\$5.22	\$52.19		✓
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$40.58	\$405.78		
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Y/12 month	YES		Y/month	YES	\$47.94	\$479.38		✓
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO	NO		NO			\$332.66	Effective 2/1/2024 no PA required	✓
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO	NO		NO			\$421.36	Effective 2/1/2024 no PA required	
E2624	WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	NO	NO		NO			\$337.34	Effective 2/1/2024 no PA required	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	NO	NO		NO			\$419.99	Effective 2/1/2024 no PA required	
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0001	STANDARD WHEELCHAIR		NO	1 per 5 years	Y/month	NO	\$24.18	\$241.80		
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$33.87	\$338.70		
K0003	LIGHTWEIGHT WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$36.21	\$362.10		
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$42.80	\$428.00		
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$252.25	\$2,522.56		
K0006	HEAVY DUTY WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$61.12	\$611.20		
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Y/6 months	YES		Y/month	YES	\$88.25	\$882.50		
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0009	OTHER MANUAL WHEELCHAIR/BASE	Y/6 months	YES		Y/month	YES	\$98.87	\$988.70		

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K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$16.44	\$164.44		
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$4.48	\$44.77		
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$2.53	\$25.31		
K0019	ARM PAD, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$1.23	\$12.31		
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		NO		Y/month	NO	\$4.21	\$42.05		
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		NO		Y/month	NO	\$3.31	\$33.10		
K0038	LEG STRAP, EACH		NO		NO			\$21.96		
K0039	LEG STRAP, H STYLE, EACH		NO		NO			\$48.05		
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		NO		Y/month	NO	\$5.11	\$51.12		
K0041	LARGE SIZE FOOTPLATE, EACH		NO		Y/month	NO	\$4.59	\$45.92		
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$2.95	\$29.49		
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH		NO		NO			\$17.67		
K0044	OTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH		NO		NO			\$15.06		
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH		NO		NO			\$51.24		✓
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH		NO		NO			\$17.67		
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH		NO		NO			\$64.76		
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY		NO		NO			\$29.41		✓
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH		NO		NO			\$47.53		
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH		NO		Y/month	NO	\$6.89	\$68.86		✓
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		NO		NO			\$79.93		✓
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR		NO		Y/month	NO	\$9.10	\$90.98		✓
K0065	SPOKE PROTECTORS, EACH		NO		NO			\$42.54		
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH		NO		NO			\$90.37		✓

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K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH		NO		NO			\$175.23		
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH		NO		NO			\$102.72		
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH		NO		NO			\$62.91		
K0073	CASTER PIN LOCK, EACH		NO		NO			\$33.29		
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH		NO		NO			\$52.38		✓
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY		NO		NO			\$22.65		✓
K0105	IV HANGER, EACH		NO		NO			\$94.57		
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Y/6 months	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0195	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED		NO		Y/month	NO	\$19.07	\$190.71		
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	Y/6 months	NO		Y/month	YES	\$352.23	NO		
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	Y/6 months	NO		Y/month	YES	MSRP - 18%	NO		
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		NO		NO			\$2.12		
K0553	Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	Y/12 month	YES		NO			\$591.10	CMS end dated 12/31/2022	✓
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system		NO		YES		\$24.61	\$246.08	CMS end dated 12/31/2022	
K0563	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH	NO	NO		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required	
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Y/12 month	YES		Y/month	YES	\$2,268.20	\$22,682.20		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$89.94		
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	Y/12 month	YES		NO			\$1,551.60		
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		NO		NO			\$26.77		
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Y/12 month	NO		Y/month	YES	\$42.74	NO		
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Y/12 month if PA required	YES > \$500		NO			\$13.41		
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Y/12 month	YES		NO			MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$96.74	\$967.45		
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$168.67	\$1,686.78		
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$230.63	\$2,306.34		
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$163.32	\$1,653.26		
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$256.21	\$2,562.14		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$317.95	\$3,179.48		✓
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$291.96	\$2,919.60		
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$291.96	\$2,919.60		
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$291.96	\$2,919.60		
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$287.25	\$2,872.50		
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$265.43	\$2,654.30		
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT	Y/12 month	YES		Y/month	YES	\$292.28	\$2,922.80		
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$274.28	\$2,742.80		
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$247.55	\$2,475.50		
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$460.06	\$4,600.60		
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$391.21	\$3,912.10		
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$764.59	\$7,645.90		
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$675.15	\$6,751.50		

HCPES	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$1,008.96	\$10,089.60		
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$996.88	\$9,968.80		
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$398.33	\$3,983.31		
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$398.33	\$3,983.31		
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$483.71	\$4,837.10		
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$501.68	\$5,016.80		
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$604.88	\$6,048.80		
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$537.85	\$5,378.50		
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$796.48	\$7,964.80		
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$1,217.36	\$12,173.60		
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$534.20	\$5,342.00		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$533.70	\$5,337.00		
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$636.69	\$6,369.00		
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$908.58	\$9,085.80		✓
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$873.53	\$8,735.30		✓
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$1,053.89	\$10,538.90		✓
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$1,013.33	\$10,133.30		✓
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$1,217.71	\$12,177.10		✓
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$1,250.91	\$12,509.10		✓
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$820.40	\$8,204.04		✓
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$767.28	\$7,672.77		✓
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$975.23	\$9,752.30		✓
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$994.79	\$9,947.90		✓
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$1,209.99	\$12,099.90		✓

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K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$1,153.96	\$11,539.60		✓
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$1,728.63	\$17,286.30		✓
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	\$976.80	\$9,768.00		✓
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	\$1,209.99	\$12,099.90		✓
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	\$1,728.63	\$17,286.30		
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y/12 month	YES		Y/month	YES	\$1,042.50	\$10,424.97		
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	

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K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Y/12 month	YES		Y/month	YES	MSRP - 18%	MSRP - 18%	MSRP-18% Effective 7/1/2023	
K1013	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH		NO	2 Per Calendar Year	NO			MSRP - 18%	More than 2 per year requires prior authorization. MSRP-18% Effective 7/1/2023	
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,484.62		
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$302.50		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)		NO		NO			\$21.60		
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	Y/12 month	YES		NO			\$156.19		
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)		NO		NO			\$53.90		✓
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)		NO		NO			\$89.88		
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$127.96		
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$541.49		
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$109.80		
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$197.24		
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE		NO		NO			\$268.26		
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)		NO	1 per year	NO			\$403.80		
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION		NO	1 per year	NO			\$370.78		
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$87.94		✓
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$145.17		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	Y/12 month	YES		NO			\$271.28		
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$188.81		
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$328.83		
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$755.69		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$942.99		
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$946.01		
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$762.71		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$909.58		
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$962.52		
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$295.09		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF		NO			NO		\$362.39		
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month if PA required	Yes > 1 per year	1 per year		NO		\$332.39	PA required only if more than 1 per year needed.	
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF		NO			NO		\$454.34		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PROVIDES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month if PA required	Yes > 1 per year	1 per year	NO			\$369.97	PA required only if more than 1 per year needed.	
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month if PA required	Yes > 1 per year	1 per year	NO			\$330.63	PA required only if more than 1 per year needed.	
L0474	TLSO, TRIPLANAR CONTROL RIGID	Y/12 month	YES		NO			\$486.47		
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$964.69		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,073.89		
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,366.56		
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,353.74		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$913.86		
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$214.93		
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$621.62		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month if PA required	Yes > 1 per year	1 per year	NO			\$402.87	PA required only if more than 1 per year needed.	
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$72.17		
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$195.70		
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$144.16		
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			Invoice + 20%		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$44.60		
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$63.10		
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$332.72		
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$67.89		

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L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			Invoice + 20%		
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$131.07		
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$830.92		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			Invoice + 20%		
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$232.10		
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			Invoice + 20%		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$688.57		
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,143.02		
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$1,101.92		

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L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,067.55		
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$1,101.92		
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$846.98		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$73.91		
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$389.74		
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$153.53		
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$973.32		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$271.88		
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$1,290.74		
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$1,290.74		
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Y/12 month	YES		NO			\$1,662.23		
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Y/12 month	YES		NO			\$1,814.43		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Y/12 month	YES		NO			\$1,927.56		
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Y/12 month	YES		NO			\$1,559.32		
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Y/12 month	YES		NO			\$2,251.49		
L0970	TLSO, CORSET FRONT		NO		NO			\$82.06		
L0972	LSO, CORSET FRONT		NO		NO			\$83.88		
L0974	TLSO, FULL CORSET		NO		NO			\$171.40		
L0976	LSO, FULL CORSET		NO		NO			\$153.07		
L0978	AXILLARY CRUTCH EXTENSION		NO		NO			\$138.21		
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR		NO		NO			\$12.53		
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)		NO		NO			\$13.66		
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH		NO		NO			\$43.58		
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Y/12 month	YES		NO			\$1,457.71		
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			Invoice + 20%		
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING		NO		NO			\$58.70		
L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD		NO		NO			\$80.20		
L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING		NO		NO			\$91.15		
L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD		NO		NO			\$60.90		
L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD		NO		NO			\$73.31		
L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD		NO		NO			\$63.48		
L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD		NO		NO			\$71.59		

HCPES	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING		NO		NO			\$73.19		
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER		NO		NO			\$50.71		
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS		NO		NO			\$140.90		✓
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING		NO		NO			\$65.82		
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER		NO		NO			\$116.18		
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL		NO		NO			\$176.79		
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH		NO		NO			\$31.35		
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Y/12 month	YES		NO			\$1,247.80		
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION		NO		NO			\$187.88		
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION		NO		NO			\$159.06		
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE		NO		NO			\$408.15		
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD		NO		NO			\$70.25		
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD		NO		NO			\$69.16		
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD		NO		NO			\$71.07		
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD		NO		NO			\$70.97		
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH		NO		NO			\$63.28		
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD		NO		NO			\$71.74		
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$1,199.37		
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Y/12 month	YES		NO			\$1,234.16		
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$92.52		
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$31.52		
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$103.81		
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM FABRICATED		NO		NO			\$123.87		
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED		NO		NO			\$331.31		
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$175.69		
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE		NO		NO			\$378.13		
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$122.87		
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,010.22		
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,065.95		

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L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$715.11		
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$1,492.95		
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,242.04		
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,459.94		
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,078.46		
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$813.69		
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,184.31		
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$93.48		
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$114.79		
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$93.09		
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$77.88		
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	NO		NO			\$190.58		
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$582.03		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF	Y/12 month	YES		NO			\$714.77		
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED	Y/12 month	YES		NO			\$684.74		
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$112.80		
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$719.78		
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$692.73		
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,200.34		
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	Y/12 month	YES		NO			\$723.15		

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L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$906.34		
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$444.06		
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$545.34		
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$206.67		
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$758.55		
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			\$745.04		
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	Y/12 month	YES		NO			\$801.59		
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED		NO		NO			\$217.15		
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$58.97		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	Y/12 month	YES		NO			\$337.64		
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$98.67		
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	Y/12 month	YES		NO			\$364.37		
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$192.01		
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED		NO		NO			\$251.01		
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$169.85		
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$650.05		
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$383.85		
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	Y/12 month	YES		NO			\$704.90		
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	Y/12 month	YES		NO			\$534.80		
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$543.82		
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	Y/12 month	YES		NO			\$397.98		
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$588.64		
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$303.52		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Y/12 month	YES		NO			\$263.51		
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM FABRICATED	Y/12 month	YES		NO			\$338.57		
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Y/12 month	YES		NO			\$728.26		
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$2,985.10		
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$663.87		
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM FABRICATED	Y/12 month	YES		NO			\$838.37		
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$727.36		
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,560.11		
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$133.74		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,332.12		
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,227.64		
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,026.55		
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED		NO		NO			\$131.12		
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$349.21		
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$448.19		
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	NO	NO		NO			\$128.74		
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$274.55		
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM FABRICATED	Y/12 month	YES		NO			\$338.43		
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$488.18		
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Y/12 month	YES		NO			\$767.15		
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$364.26		

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L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$416.75		
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$549.09		
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$976.95		
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,231.18		
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$579.19		
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$694.43		
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$849.11		
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS		NO		NO			\$84.08		
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT		NO		NO			\$65.81		
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT		NO		NO			\$118.59		
L2186	QUADRILATERAL BRIM ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE		NO		NO			\$131.41		
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM		NO		NO			\$286.72		
L2190	WAIST BELT ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT		NO		NO			\$74.47		

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L2192	PELVIC BAND & BELT THIGH FLA ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT		NO		NO			\$256.01		
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT		NO		NO			\$34.14		
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT		NO		NO			\$55.40		
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT		NO		NO			\$63.60		
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT		NO		NO			\$55.09		
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Y/12 month	YES		NO			\$70.38		
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT		NO		NO			\$60.04		
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT		NO		NO			\$255.13		
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)		NO		NO			\$143.93		✓
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP		NO		NO			\$84.55		
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD		NO		NO			\$38.56		
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED		NO		NO			\$93.82		
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	Y/12 month	YES		NO			\$348.55		
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE		NO		NO			\$196.75		
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT		NO		NO			\$88.33		
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		NO		NO			\$147.73		

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L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Y/12 month	YES		NO			\$281.93		
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND		NO		NO			\$165.85		
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$391.38		
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSSES)	Y/12 month	YES		NO			\$639.78		
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK		NO		NO			\$37.15		
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM		NO		NO			\$184.32		
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP		NO		NO			\$81.13		
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT		NO		NO			\$88.39		
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT		NO		NO			\$96.17		
L2386	ADDT. ORTHOTIC SIDE BAR	Y/12 month	YES		NO			Invoice + 20%		
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT		NO		NO			\$153.90		
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT		NO		NO			\$78.59		
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT		NO		NO			\$120.00		
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE		NO		NO			\$84.16		
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH		NO		NO			\$67.32		
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT		NO		NO			\$93.78		
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT		NO		NO			\$110.66		
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT		NO		NO			\$110.66		
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING		NO		NO			\$73.22		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING		NO		NO			\$226.51		
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$606.45		
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	Y/12 month	YES		NO			\$330.77		
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$1,134.81		
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	Y/12 month	YES		NO			\$611.66		
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED		NO		NO			\$168.70		
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$303.55		
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF		NO		NO			\$206.21		
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH		NO		NO			\$455.98		
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING		NO		NO			\$432.25		
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH		NO		NO			\$147.46		
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH		NO		NO			\$174.37		
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH		NO		NO			\$191.98		
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH		NO		NO			\$220.18		
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH		NO		NO			\$299.33		

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L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Y/12 month	YES		NO			\$1,233.21		
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Y/12 month	YES		NO			\$1,448.65		
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL		NO		NO			\$177.79		
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL		NO		NO			\$241.29		
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH		NO		NO			\$86.17		✓
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND		NO		NO			\$133.82		✓
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS		NO		NO			\$122.48		
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS		NO		NO			\$112.36		
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR		NO		NO			\$60.02		
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY		NO		NO			\$100.89		
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)		NO		NO			\$43.62		
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	Y/12 month	YES		NO			\$110.02		
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR		NO		NO			\$51.60		
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH		NO		NO			\$30.34		
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP		NO		NO			\$61.01		
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY		NO		NO			\$76.58		
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD		NO		NO			\$56.08		

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L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION		NO		NO			\$62.35		✓
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION		NO		NO			\$70.11		
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH		NO		NO			\$39.13		
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH		NO		NO			\$44.46		
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Y/12 month	YES		NO			Invoice + 20%		✓
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH		NO		NO			\$247.24		✓
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH		NO		NO			\$101.20		✓
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH		NO		NO			\$122.72		✓
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH		NO		NO			\$132.38		✓
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH		NO		NO			\$122.12		✓
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH		NO		NO			\$139.06		✓
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	Y/12 month if PA required	YES > 2 per foot per year	2 PER FOOT PER YEAR	NO			\$53.49	PA required only if more than 2 per foot per year needed	✓
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH		NO		NO			\$141.20	Effective date 6/1/2023 - Purchase only	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH		NO		NO			\$31.99		✓
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH		NO		NO			\$53.73		✓
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	Y/12 month	YES		NO			\$33.73		✓
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	Y/12 month	YES		NO			\$43.18		✓
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$30.31		✓
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES		NO		NO			\$60.69		✓
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES		NO		NO			\$55.49		✓
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		NO		NO			\$159.84		✓
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH		NO		NO			\$34.69		✓
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Y/12 month	YES		NO			\$51.28		✓
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Y/12 month	YES		NO			\$80.00		
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Y/12 month	YES		NO			\$73.47		
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	Y/12 month	YES		NO			\$67.08		✓
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	Y/12 month	YES		NO			\$72.41		✓
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	Y/12 month	YES		NO			\$76.66		✓
L3208	SURGICAL BOOT, EACH, INFANT	NO	NO		NO			\$54.31	Effective 2/1/2024 no PA required	✓
L3209	SURGICAL BOOT, EACH, CHILD	NO	NO		NO			\$28.75	Effective 2/1/2024 no PA required	✓
L3211	SURGICAL BOOT, EACH, JUNIOR	NO	NO		NO			\$35.60	Effective 2/1/2024 no PA required	✓
L3212	BENESCH BOOT, PAIR, INFANT	NO	NO		NO			\$56.43	Effective 2/1/2024 no PA required	✓
L3213	BENESCH BOOT, PAIR, CHILD	NO	NO		NO			\$61.75	Effective 2/1/2024 no PA required	✓

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L3214	BENESCH BOOT, PAIR, JUNIOR	NO	NO		NO			\$67.08	Effective 2/1/2024 no PA required	✓
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	Y/12 month	YES		NO			\$78.94		✓
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	Y/12 month	YES		NO			\$118.67		
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	Y/12 month	YES		NO			\$92.40		
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	Y/12 month	YES		NO			\$90.80		
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	Y/12 month	YES		NO			\$151.75		
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	Y/12 month	YES		NO			\$111.86		
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Y/12 month	YES		NO			\$42.22		
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Y/12 month	YES		NO			\$48.57		
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	Y/12 month	YES		NO			\$308.31		
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	Y/12 month	YES		NO			\$231.77		
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Y/12 month	YES		NO			\$280.14		
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	Y/12 month	YES		NO			\$210.21		
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Y/12 month	YES		NO			\$99.94		
L3254	NON-STANDARD SIZE OR WIDTH	Y/12 month	YES		NO			\$149.07		
L3255	ORTH FOOT NON-STANDARD SIZE/NON-STANDARD SIZE OR LENGTH	Y/12 month	YES		NO			\$42.59		
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	Y/12 month	YES		NO			\$95.83		
L3260	AMBULATORY SURGICAL SURGICAL BOOT/SHOE, EACH		NO		NO			\$22.03		
L3265	PLASTAZOTE SANDAL, EACH		NO		NO			\$25.00		
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH		NO		NO			\$44.00		
L3310	(RR) 0:4		NO		NO			\$61.84		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH		NO		NO			\$67.38		
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	Y/12 month	YES		NO			\$515.21		
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH		NO		NO			\$51.16		
L3334	LIFT, ELEVATION, HEEL, PER INCH		NO		NO			\$26.74		
L3340	HEEL WEDGE, SACH		NO		NO			\$59.73		✓
L3350	HEEL WEDGE		NO		NO			\$16.05		
L3360	SOLE WEDGE, OUTSIDE SOLE		NO		NO			\$24.96		
L3370	SOLE WEDGE, BETWEEN SOLE		NO		NO			\$34.77		
L3380	CLUBFOOT WEDGE		NO		NO			\$34.77		
L3390	OUTFLARE WEDGE		NO		NO			\$39.04		
L3400	METATARSAL BAR WEDGE, ROCKER		NO		NO			\$28.53		
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE		NO		NO			\$65.07		
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE		NO		NO			\$38.33		
L3430	HEEL, COUNTER, PLASTIC REINFORCED		NO		NO			\$112.32		
L3440	HEEL, COUNTER, LEATHER REINFORCED		NO		NO			\$53.49		
L3450	HEEL, SACH CUSHION TYPE		NO		NO			\$73.99		
L3455	HEEL, NEW LEATHER, STANDARD		NO		NO			\$32.04		
L3460	HEEL, NEW RUBBER, STANDARD		NO		NO			\$27.02		
L3465	HEEL, THOMAS WITH WEDGE		NO		NO			\$41.01		
L3470	HEEL, THOMAS EXTENDED TO BALL		NO		NO			\$43.68		
L3480	HEEL, PAD AND DEPRESSION FOR SPUR		NO		NO			\$43.68		
L3485	HEEL, PAD, REMOVABLE FOR SPUR		NO		NO			\$19.00		✓
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER		NO		NO			\$20.50		
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER		NO		NO			\$20.50		
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER		NO		NO			\$22.29		
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF		NO		NO			\$22.29		
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL		NO		NO			\$35.66		
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD		NO		NO			\$7.01		✓
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE		NO		NO			\$18.02		
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)		NO		NO			\$67.06		
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE		NO		NO			\$51.04		
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER		NO		NO			\$42.04		
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR		NO		NO			\$30.56		

HCPES	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING		NO		NO			\$60.06		
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW		NO		NO			\$79.08		
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING		NO		NO			\$60.06		
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW		NO		NO			\$79.08		
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES		NO		NO			\$34.03		
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$42.06		
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$72.21		
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF		NO		NO			\$100.66		
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$623.06		✓
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$123.30		
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Y/12 month	YES		NO			Invoice + 20%		
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$278.76		
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$101.87		
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	Y/12 month	YES		NO			\$508.23		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM FABRICATED	Y/12 month	YES		NO			\$669.04		
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$751.88		
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$335.71		
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF		NO		NO			\$444.11		
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$63.37		
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$501.18		
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$1,237.83		
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$376.35		
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$175.69		
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$276.74		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE		NO		NO			\$215.77		
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Y/12 month	YES		NO			Invoice + 20%		
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,097.63		
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,230.73		
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	Y/12 month	YES		NO			\$2,505.44		
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$301.89		
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$296.41		
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$42.10		
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$67.55		
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$170.97		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$367.58		
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$458.68		
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$62.25		
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$91.15		
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$54.91		✓
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$75.06		
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$33.35		
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$22.09		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$53.14		
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$72.64		
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$128.55		
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$176.79		
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	Y/12 month	YES		NO			Invoice + 20%		
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$579.15		
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$603.04		
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Y/12 month	YES		NO			\$1,248.33		
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$217.21		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINTS, FOREARM SECTION, MAY INCLUDE SOFT INTERFACE, STRAPS, INCLUDES FITTING AND ADJUSTMENTS	Y/12 month	YES		NO			\$878.03		
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$268.36		
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$286.46		
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH		NO		NO			\$24.05		
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		✓
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTL SO OR SO)	Y/12 month	YES		NO			\$936.66		✓
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	Y/12 month	YES		NO			Invoice + 20%		
L4010	REPLACE TRILATERAL SOCKET BRIM	Y/12 month	YES		NO			\$527.10		
L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$658.39		
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	Y/12 month	YES		NO			\$362.50		
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Y/12 month	YES		NO			\$293.09		
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		NO		NO			\$235.52		
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	Y/12 month	YES		NO			\$296.42		
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		NO		NO			\$191.94		
L4060	REPLACE HIGH ROLL CUFF		NO		NO			\$228.18		
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		NO		NO			\$217.71		
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH		NO		NO			\$76.74		
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH		NO		NO			\$67.93		
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH		NO		NO			\$76.62		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH		NO		NO			\$60.89		
L4130	REPLACE PRETIBIAL SHELL		NO		NO			\$419.07		
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Y/12 month if PA required	YES> \$500		NO			\$10.00		
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Y/12 month if PA required	YES> \$500		NO			\$32.03		
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF		NO		NO			\$75.50		
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$211.22		
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$259.40		
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$135.55		
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$109.98		
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$150.33		
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT		NO		NO			\$13.13		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		NO		NO			\$129.57		
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$159.14		
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF		NO		NO			\$59.63		
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	Y/12 month	YES		NO			\$1,333.46		
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	Y/12 month	YES		NO			\$404.82		
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Y/12 month	YES		NO			\$977.72		
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Y/12 month	YES		NO			\$1,660.43		
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Y/12 month	YES		NO			\$1,836.74		
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Y/12 month	YES		NO			\$2,112.77		
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Y/12 month	YES		NO			\$1,840.79		
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Y/12 month	YES		NO			\$2,657.36		
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Y/12 month	YES		NO			\$2,686.23		
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Y/12 month	YES		NO			\$2,921.76		
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Y/12 month	YES		NO			\$2,797.99		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	Y/12 month	YES		NO			\$1,856.19		
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Y/12 month	YES		NO			\$2,109.89		
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Y/12 month	YES		NO			\$2,909.97		
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Y/12 month	YES		NO			\$3,968.93		
L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Y/12 month	YES		NO			\$3,951.32		
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Y/12 month	YES		NO			\$3,921.05		
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Y/12 month	YES		NO			\$2,205.98		
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Y/12 month	YES		NO			\$4,138.17		
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Y/12 month	YES		NO			\$3,197.63		
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Y/12 month	YES		NO			\$3,824.67		
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Y/12 month	YES		NO			\$3,981.49		
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	Y/12 month	YES		NO			\$1,041.72		
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO	NO		NO			\$319.61	Effective 2/1/2024 no PA required	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	Y/12 month	YES		NO			\$1,276.60		
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	NO	NO		NO			\$384.93	Effective 2/1/2024 no PA required	
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	NO	NO		NO			\$313.15	Effective 2/1/2024 no PA required	
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	NO	NO		NO			\$417.21	Effective 2/1/2024 no PA required	
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Y/12 month	YES		NO			\$982.44		
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Y/12 month	YES		NO			\$1,358.73		
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,113.65		
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Y/12 month	YES		NO			\$1,100.03		
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,321.24		
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	Y/12 month	YES		NO			\$1,279.19		

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L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,384.52		
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,486.72		
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Y/12 month	YES		NO			\$1,545.67		
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,804.46		
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Y/12 month	YES		NO			\$2,220.69		
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Y/12 month	YES		NO			\$1,838.87		
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$3,248.61		
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$3,492.11		
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	Y/12 month	YES		NO			\$1,583.72		
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,232.45		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,926.89		
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,305.33		
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,041.28		
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH		NO		NO			\$432.81		
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	Y/12 month	NO		NO			\$228.97		
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE		NO		NO			\$212.67		
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION		NO		NO			\$277.31		
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE		NO		NO			\$278.10		
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION		NO		NO			\$364.71		
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY		NO		NO			\$389.97		
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET		NO		NO			\$243.10		
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET		NO		NO			\$343.30		
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET		NO		NO			\$336.10		
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET		NO		NO			\$187.58		
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET		NO		NO			\$232.68		
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET		NO		NO			\$194.91		
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT		NO		NO			\$220.98		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET		NO		NO			\$384.95		
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	Y/12 month	YES		NO			\$857.64		
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET		NO		NO			\$489.13		
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET		NO		NO			\$473.93		
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Y/12 month	YES		NO			\$1,190.58		
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET		NO		NO			\$451.81		
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Y/12 month	YES		NO			\$610.34		
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET		NO		NO			\$419.12		
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Y/12 month	YES		NO			\$608.48		
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Y/12 month	YES		NO			\$503.62		
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Y/12 month	YES		NO			\$1,824.88		
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		NO		NO			\$373.43		
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Y/12 month	YES		NO			\$918.63		
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET		NO		NO			\$333.50		
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET		NO		NO			\$445.19		
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		NO		NO			\$253.68		
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		NO		NO			\$214.98		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		NO		NO			\$288.41		
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)		NO		NO			\$278.13		
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES		NO		NO			\$465.50		
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE		NO		NO			\$391.67		
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION		NO		NO			\$53.55		
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION		NO		NO			\$86.37		
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	Y/12 month	YES		NO			\$207.57		
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT		NO		NO			\$432.87		
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION		NO		NO			\$228.10		
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Y/12 month	YES		NO			\$456.19		
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR		NO		NO			\$277.19		
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR		NO		NO			\$377.16		
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	Y/12 month	NO		NO			\$30.37		
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Y/12 month	YES		NO			\$380.15		
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED		NO		NO			\$253.53		

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L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	Y/12 month	YES		NO			\$853.43		
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	Y/12 month	YES		NO			\$478.39		
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	Y/12 month	YES		NO			\$853.43		
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP		NO		NO			\$36.81		
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH		NO		NO			\$93.48		
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)		NO		NO			\$39.08		
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING		NO		NO			\$46.72		
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED		NO		NO			\$74.85		
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT		NO		NO			\$101.64		
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED		NO		NO			\$138.77		
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH		NO		NO			\$128.11		
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT		NO		NO			\$141.54		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND		NO		NO			\$61.41		
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE		NO		NO			\$100.41		
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS		NO		NO			\$180.89		
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$2,191.70		
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$2,632.07		
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$3,329.96		
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Y/12 month	YES		NO			\$410.01		
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Y/12 month	YES		NO			\$732.61		
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Y/12 month	YES		NO			\$718.17		
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Y/12 month	YES		NO			\$946.80		
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK		NO		NO			\$286.07		
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL		NO		NO			\$399.82		
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)		NO		NO			\$335.03		
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL		NO		NO			\$344.12		
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Y/12 month	YES		NO			\$557.52		
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Y/12 month	YES		NO			\$696.84		
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Y/12 month	YES		NO			\$736.18		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,154.61		
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,330.67		
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Y/12 month	YES		NO			\$1,820.17		
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	Y/12 month	YES		NO			\$875.78		
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Y/12 month	YES		NO			\$4,252.48		
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	Y/12 month	YES		NO			\$3,211.21		
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		NO		NO			\$492.30		
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Y/12 month	YES		NO			\$550.01		
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Y/12 month	YES		NO			\$1,095.08		
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK		NO		NO			\$372.42		
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Y/12 month	YES		NO			\$557.88		
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)		NO		NO			\$432.41		
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	Y/12 month	YES		NO			\$2,872.88		
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Y/12 month	YES		NO			\$654.45		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	Y/12 month	YES		NO			\$734.59		
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Y/12 month	YES		NO			\$1,302.61		
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,173.08		
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Y/12 month	YES		NO			\$2,415.72		
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Y/12 month	YES		NO			\$2,160.14		
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Y/12 month	YES		NO			\$1,451.50		
L5840	ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Y/12 month	YES		NO			\$2,683.82		
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Y/12 month	YES		NO			\$1,386.49		
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	Y/12 month	YES		NO			\$818.60		
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST		NO		NO			\$97.86		
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	Y/12 month	NO		NO			\$262.95		
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Y/12 month	PA YES Requires Department Review		NO			\$17,521.83		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Y/12 month	PA YES Requires Department Review		NO			\$6,217.38		
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	Y/12 month	PA YES Requires Department Review		NO			\$13,565.30		
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	Y/12 month	YES		NO			\$15,420.61		
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM		NO		NO			\$277.04		
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM		NO		NO			\$405.87		
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK		NO		NO			\$342.70		
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Y/12 month	YES		NO			\$2,603.69		
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		NO		NO			\$383.70		
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Y/12 month	YES		NO			\$599.95		
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Y/12 month	YES		NO			\$737.43		
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM		NO		NO			\$485.31		
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Y/12 month	YES		NO			\$643.61		
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	Y/12 month	YES		NO			\$912.85		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Y/12 month	YES		NO			\$2,811.03		
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT		NO		NO			\$155.35		
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY		NO		NO			\$183.19		✓
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL		NO		NO			\$290.18		
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	Y/12 month	YES		NO			\$18,285.26		
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT		NO		NO			\$178.25		
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT		NO		NO			\$358.62		
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	NO	NO		NO			\$428.39	Effective 2/1/2024 no PA required	
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT		NO		NO			\$223.23		
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Y/12 month	YES		NO			\$1,745.41		
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Y/12 month	YES		NO			\$2,836.17		
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Y/12 month	YES		NO			\$2,291.24		
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT		NO		NO			\$442.22		
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY		NO		NO			\$435.77		
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON		NO		NO			\$218.43		
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)		NO		NO			\$484.73		
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	Y/12 month	YES		NO			\$5,564.74		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	Y/12 month	YES		NO			\$1,545.31		
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	Y/12 month	YES		NO			\$1,381.13		
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		
L6000	PARTIAL HAND, THUMB REMAINING	Y/12 month	YES		NO			\$1,016.37		
L6010	PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	Y/12 month	YES		NO			\$1,131.05		
L6020	PARTIAL HAND, NO FINGER REMAINING	Y/12 month	YES		NO			\$1,054.53		
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	Y/12 month	YES		NO			\$4,766.41		
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Y/12 month	YES		NO			\$1,453.10		
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Y/12 month	YES		NO			\$2,025.24		
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Y/12 month	YES		NO			\$1,472.21		
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Y/12 month	YES		NO			\$1,561.53		
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Y/12 month	YES		NO			\$1,819.73		
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Y/12 month	YES		NO			\$1,980.21		
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Y/12 month	YES		NO			\$2,086.82		
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Y/12 month	YES		NO			\$2,785.58		
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Y/12 month	YES		NO			\$2,186.51		
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Y/12 month	YES		NO			\$2,849.88		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Y/12 month	YES		NO			\$2,460.73		
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Y/12 month	YES		NO			\$1,344.26		
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Y/12 month	YES		NO			\$2,996.21		
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Y/12 month	YES		NO			\$2,694.62		
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Y/12 month	YES		NO			\$1,612.38		
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	Y/12 month	YES		NO			\$934.33		
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	Y/12 month	YES		NO			\$1,405.68		
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Y/12 month	YES		NO			\$1,944.59		
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT		NO		NO			\$307.19		
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY		NO		NO			\$336.28		
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Y/12 month	YES		NO			\$1,774.96		
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Y/12 month	YES		NO			\$2,371.31		
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Y/12 month	YES		NO			\$2,480.88		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Y/12 month	YES		NO			\$2,982.06		
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Y/12 month	YES		NO			\$3,348.04		
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$1,278.22		
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Y/12 month	YES		NO			\$1,157.71		
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$1,815.60		
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Y/12 month	YES		NO			\$1,699.10		
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$2,232.58		
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Y/12 month	YES		NO			\$2,120.63		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR		NO		NO			\$143.48		
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR		NO		NO			\$141.67		
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR		NO		NO			\$136.06		
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE		NO		NO			\$286.13		
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT		NO		NO			\$146.60		
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH		NO		NO			\$54.32		
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION		NO		NO			\$234.55		
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE		NO		NO			\$2,236.32		
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	Y/12 month	YES		NO			\$654.24		
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	Y/12 month	YES		NO			\$2,867.06		
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK		NO		NO			\$464.86		
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL		NO		NO			\$366.44		
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL		NO		NO			\$111.91		
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST		NO		NO			\$164.86		
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH		NO		NO			\$57.26		
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW		NO		NO			\$134.73		
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK		NO		NO			\$287.38		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	Y/12 month	YES		NO			\$1,903.77		
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR		NO		NO			\$255.30		
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE		NO		NO			\$122.71		
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE		NO		NO			\$166.33		
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH		NO		NO			\$307.03		
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	Y/12 month	YES		NO			\$3,352.09		
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	Y/12 month	YES		NO			\$551.85		
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	Y/12 month	YES		NO			\$3,457.18		
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH		NO		NO			\$318.77		
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA		NO		NO			\$62.66		
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE		NO		NO			\$70.21		
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING		NO		NO			\$35.23		
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER		NO		NO			\$38.95		
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE		NO		NO			\$154.58		
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN		NO		NO			\$91.86		
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G., FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN		NO		NO			\$106.19		
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW		NO		NO			\$177.47		
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW		NO		NO			\$196.22		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC		NO		NO			\$266.63		
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	Y/12 month	YES		NO			\$602.12		
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION		NO		NO			\$441.23		
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION		NO		NO			\$438.57		
L6689	UPPER EXSOCKET, SHOULDER DISARTICULATION UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Y/12 month	YES		NO			\$525.45		
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	Y/12 month	YES		NO			\$572.59		
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH		NO		NO			\$265.03		
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH		NO		NO			\$427.78		
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	Y/12 month	YES		NO			\$2,196.10		
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Y/12 month	YES		NO			\$513.22		
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	Y/12 month	YES		NO			\$427.67		
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	Y/12 month	YES		NO			\$960.11		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)	Y/12 month	YES		NO			\$960.11		
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT		NO		NO			\$415.03		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE		NO		NO			\$273.68		
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE		NO		NO			\$448.97		
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED		NO		NO			\$262.67		
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Y/12 month	YES		NO			\$968.16		
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Y/12 month	YES		NO			\$632.92		
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Y/12 month	YES		NO			\$912.05		
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC		NO		NO			\$467.23		
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Y/12 month	YES		NO			\$860.28		
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Y/12 month	YES		NO			\$1,085.74		
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Y/12 month	YES		NO			\$919.62		
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	Y/12 month	YES		NO			\$3,355.44		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Y/12 month	YES		NO			\$1,634.55		
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Y/12 month	YES		NO			\$1,409.09		
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT		NO		NO			\$233.82		
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE		NO		NO			\$147.53		
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	Y/12 month	YES		NO			\$25,393.14		
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	Y/12 month	YES		NO			\$3,112.30		
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	Y/12 month	YES		NO			\$2,360.84		
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER		NO		NO			\$1,534.26		
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		NO		NO			\$130.10		
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	Y/12 month	YES		NO			\$478.63		
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Y/12 month	YES		NO			\$1,365.87		
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Y/12 month	YES		NO			\$1,358.12		
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Y/12 month	YES		NO			\$1,161.34		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	Y/12 month	YES		NO			\$585.52		
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$5,105.00		
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$6,872.21		
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$5,136.66		
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$6,978.86		
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$6,711.38		
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$8,200.51		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$7,628.42		
L6955	INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$9,136.08		
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$10,246.43		
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$10,928.19		
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$11,387.37		
L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Y/12 month	YES		NO			\$12,454.12		
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Y/12 month	YES		NO			\$2,590.46		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	Y/12 month	YES		NO			\$4,077.12		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	Y/12 month	YES		NO			\$2,643.09		
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	Y/12 month	YES		NO			\$2,156.50		
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	Y/12 month	YES		NO			\$1,236.40		
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	Y/12 month	YES		NO			\$5,692.81		
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	Y/12 month	YES		NO			\$24,740.96		✓
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	Y/12 month	PA YES Requires Department Review		NO			\$29,245.58		✓
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Y/12 month	YES		NO			\$5,621.74		✓
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Y/12 month	YES		NO			\$6,766.31		✓
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Y/12 month	YES		NO			\$5,904.74		✓
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Y/12 month	YES		NO			\$7,070.40		
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	Y/12 month	YES		NO			\$3,047.27		✓
L7360	SIX VOLT BATTERY, EACH		NO		NO			\$182.53		
L7362	BATTERY CHARGER, SIX VOLT, EACH		NO		NO			\$191.65		
L7364	TWELVE VOLT BATTERY, EACH	Y/12 month if PA required	YES > 2 per year	2 per year	NO			\$304.81	PA only required if more than 2 per year needed	
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$410.59	PA only required if more than 1 per 4 years needed	✓
L7367	LITHIUM ION BATTERY, RECHARGEABLE, REPLACEMENT		NO		NO			\$296.38		
L7368	LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	Y/12 month if PA required	YES > 1 per 4 years	1 per 4 years	NO			\$368.37	PA only required if more than 1 per 4 years needed	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		NO		NO			\$223.71		
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		NO		NO			\$261.21		
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL		NO		NO			\$268.11		
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL		NO		NO			\$423.12		
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		✓
L7500	REPAIR OF PROSTHETIC DEVICE, HOURLY RATE (EXCLUDES V5335 REPAIR OF ORAL OR LARYNGEAL PROSTHESIS OR ARTIFICIAL LARYNX)	Y/12 month if PA required	YES > \$500		NO			\$58.00		
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Y/12 month	YES		NO			Invoice + 20%		
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Y/12 month if PA required	YES > \$500		NO			\$10.00		
L7600	PROSTHETIC DORNING SLEEVE, ANY MATERIAL, EACH	Y/12 month	YES		NO			Invoice + 20%		
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	NO	NO		NO			\$109.12	Effective 2/1/2024 no PA required	
L7900	MALE VACUUM ERECTION SYSTEM	NO	NO		NO			\$418.65	Effective 2/1/2024 no PA required	
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	Y/12 month if PA required	YES > 5 per year	5 per year	NO			\$33.65	PA required only if more than 5 per year needed	
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	Y/12 month if PA required	YES > 5 per year	5 per year	NO			\$91.55	PA required only if more than 5 per year needed	
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	Y/12 month if PA required	YES > 5 per year	5 per year	NO			\$120.43	PA required only if more than 5 per year needed	✓
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE		NO		NO			\$47.84		✓
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY		NO		NO			\$46.36		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	Y/12 month if PA required	YES > 5 per year	5 per year	NO			\$174.40	PA required only if more than 5 per year needed	
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	Y/12 month if PA required	YES > 2 per year	2 per year	NO			\$252.26	PA required only if more than 2 per year needed	
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	NO	NO		NO			\$346.58	Effective 2/1/2024 no PA required	
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	NO	NO		NO			\$41.63	Effective 2/1/2024 no PA required	
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	Y/12 month	YES		NO			\$2,834.00		
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	Y/12 month	YES		NO			Invoice + 20%		
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	NO	NO		NO			\$491.73	Effective 2/1/2024 no PA required	
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$592.68		
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$665.93		
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$745.84		
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$825.76		
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$742.15		
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			\$532.74		
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	NO	NO		NO			\$273.03	Effective 2/1/2024 no PA required	
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	Y/12 month	YES		NO			Invoice + 20%		
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN	Y/12 month if PA required	YES > \$500		NO			\$20.92		
L8300	TRUSS, SINGLE WITH STANDARD PAD		NO		NO			\$74.50		✓
L8310	TRUSS, DOUBLE WITH STANDARD PADS		NO		NO			\$114.54		
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD		NO		NO			\$50.05		
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD		NO		NO			\$49.59		✓
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH		NO		NO			\$14.49		
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH		NO		NO			\$16.49		
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH		NO		NO			\$16.40		

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L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH		NO		NO			\$58.17		
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH		NO		NO			\$19.17		
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH		NO		NO			\$21.08		
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH		NO		NO			\$18.93		
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH		NO		NO			\$40.11		
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH		NO		NO			\$55.81		
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH		NO		NO			\$49.75		
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH		NO		NO			\$5.11		
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH		NO		NO			\$7.04		
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH		NO		NO			\$8.50		
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Y/12 month	YES		NO			Invoice + 20%		
L8500	ARTIFICIAL LARYNX, ANY TYPE	Y/12 month	YES		NO			\$529.27		
L8501	TRACHEOSTOMY SPEAKING VALVE	Y/12 month if PA required	YES > 6 per calendar year		NO			\$112.12		
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	Y/12 month	YES		NO			Invoice + 20%		
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH		NO		NO			\$27.18		
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE		NO		NO			\$70.86		
L8510	VOICE AMPLIFIER		NO		NO			\$163.95		
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH		NO		NO			\$47.19		
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, REPLACEMENT ONLY, PER 10		NO		NO			\$1.42		
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH		NO		NO			\$3.38		
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH		NO		NO			\$61.19		

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L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, EACH		NO		NO			\$48.05		
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		NO		NO			\$329.19		✓
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		NO		NO			\$76.68		✓
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		NO		NO			\$66.97		✓
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT		NO		NO			\$19.13		✓
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Y/12 month	YES		NO			\$6,281.98		✓
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE AND AUDITORY OSSEOINTEGRATED SOUND PROCESSORS, REPLACEMENT, EACH		NO		NO			\$0.45		
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH		NO		NO			\$0.24		✓
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH		NO		NO			\$47.21		✓
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH		NO		NO			\$136.38		✓
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH		NO		NO			\$184.66		✓
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Y/12 month	YES		NO			\$6,279.07		✓
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Y/12 month	YES		NO			\$1,128.41		✓
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Y/12 month	YES		NO			\$163.32		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Y/12 month	YES		NO			\$1,683.79		✓
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH		NO		NO			\$923.36		✓
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY		NO		NO			\$12.69		✓
L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH		NO		NO			\$209.01		✓
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	Y/12 month	YES		NO			Invoice + 20%		
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$10.00		✓
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$10.00		✓
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$10.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (USE THIS CODE FOR INTERIM MAINTENANCE OF VASCULAR ACCESS NOT CURRENTLY IN USE)		NO		NO			\$10.00		✓
S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER PATENCY OR DECLOTTING		NO		NO			\$10.00		✓
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR		NO		NO			\$35.00		✓
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	NO	NO	2 per calendar month for members under 21	NO			MSRP - 18%	MSRP-18% Effective 7/1/2023 Effective 2/1/2024 no PA required Effective 4/1/2024 qnty 4 per calendar month for under 21. No PA unless more than 4 is needed	✓
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$20.00		
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9326, S9327 OR S9328)		NO		NO			\$50.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$25.00		
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$25.00		✓
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH S9330 OR S9331)		NO		NO			\$50.00		✓
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., HEPARIN), ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$40.00		✓
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$45.00		✓
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$12.00		✓
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$12.00		✓
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$12.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$12.00		✓
S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR SUBCUTANEOUS INFUSION THERAPY (E.G., EPOPROSTENOL); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G., DOBUTAMINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$45.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$40.00		✓
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$45.00		✓
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G., IMIGLUCERASE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G., INFlixIMAB); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$60.00		✓
S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$45.00		✓
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$45.00		✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE WITH HOME INFUSION CODES S9365-S9368 USING DAILY VOLUME SCALES)		NO		NO			\$100.00		✓
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$100.00		✓
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$110.00		✓
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT INCLUDING STANDARD TPN FORMULA (LIPIDS, SPECIALTY AMINO ACID FORMULAS, DRUGS OTHER THAN IN STANDARD FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$110.00		✓

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

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$40.00		✓
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$40.00		✓
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$40.00		✓
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Y/12 month	YES		NO			Invoice + 20%		✓
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$50.00		✓

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

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

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
S9558	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$10.00		✓
S9559	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$10.00		✓
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$20.00		✓
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB OR OTHER MONOCLONAL ANTIBODY FOR RSV, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$15.00		
S9590	HOME THERAPY, IRRIGATION THERAPY (E.G., STERILE IRRIGATION OF AN ORGAN OR ANATOMICAL CAVITY); INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM		NO		NO			\$20.00		

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH		NO	192 Per Month	NO			\$0.78	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.74 to \$.78	✓
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH		NO	192 Per Month	NO			\$0.81	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.78 to \$.81	✓
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH		NO	192 Per Month	NO			\$0.86	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. No price change	✓
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH		NO	192 Per Month	NO			\$0.86	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. No price change	
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH		NO	192 Per Month	NO			\$0.76	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. No price change	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH		NO	192 Per Month	NO			\$0.95	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.78 to \$.95	
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH		NO	192 Per Month	NO			\$0.98	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.86 to \$.98	
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH		NO	192 Per Month	NO			\$0.98	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.86 to \$.98	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH		NO	192 Per Month	NO			\$0.73	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.49 to \$.73	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH		NO	192 Per Month	NO			\$0.73	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.55 to \$.73	✓

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA & CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH		NO	192 Per Month	NO			\$0.87	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.70 to \$.87	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH		NO	192 Per Month	NO			\$0.87	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.85 to \$.87	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH		NO	192 Per Month	NO			\$0.75	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.67 to \$.75	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH		NO	192 Per Month	NO			\$0.89	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from \$.84 to \$.89	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH		NO	192 Per Month	NO			\$1.07	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. No price change	
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH		NO	6 PER YEAR	NO			\$21.00	Effective 9/15/2023: All ages PA/CMN required only if more than 6 per year.	

HCPCS	Description	CMN expiration date for purchase or rental	Purchase PA & CMN required	Limits	Rental	Rental PA& CMN required	Rental Price	Purchase Price	Notes	Medicare Bypass list
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH		NO	6 PER YEAR	NO			\$16.00	Effective 9/15/2023: All ages PA/CMN required only if more than 6 per year.	
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH		NO	150 Per Month	NO			\$0.43	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 150 per month. No price change	
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH		NO	150 Per Month	NO			\$0.43	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 150 per month. No price change	
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTRA LARGE, EACH		NO	192 Per Month	NO			\$1.54	Effective 9/15/2023: Available for all ages. Removed PA & CMN requirement. PA/CMN required only if more than 192 per month. Pricing updated from 1.29 to \$1.54	
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH		NO	180 Per Month	NO			\$1.35	Effective date 9/15/2023. PA required if more than 180 needed per month.	
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	Y/12 month	YES		NO			\$686.64		
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS		NO		NO			\$46.57		
V2625	ENLARGEMENT OF OCULAR PROSTHESIS		NO		NO			\$301.62		
V2626	REDUCTION OF OCULAR PROSTHESIS		NO		NO			\$191.36		
V2627	SCLERAL COVER SHELL	Y/12 month	YES		NO			\$1,095.59		
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER		NO		NO			\$250.49		
V2629	PROSTHETIC EYE, OTHER TYPE	Y/12 month	YES		NO			\$125.00		