

## The ForwardHealth Durable Medical Equipment (DME) Index and Maximum Fee Schedules

ForwardHealth utilizes Healthcare Common Procedure Coding System (HCPCS) National Level codes developed by the Centers for Medicare and Medicaid Services (CMS.) Wisconsin Administrative Code DHS 107.24 (2)(b) states that **covered services are limited to those items listed in the DME Index.** National HCPCS codes that are not used by ForwardHealth because they are not covered or have been discontinued are listed in a separate table "Invalid HCPCS."

Attached is the ForwardHealth Durable Medical Equipment (DME) Index. The DME Index is divided into categories of equipment as follows:

- ♦ **Home Health Equipment:** Gradient compression garments and burn garments; protective helmets; adaptive equipment; ambulation aids; bathing and hygiene equipment; hospital beds; decubitus care; patient lifts; augmentative communication devices; blood glucose monitors; breast pumps, traction and positioning equipment; pneumatic pumps; modality equipment
- ♦ **Respiratory and Oxygen Equipment:** Oxygen systems; concentrators; humidifiers; compressors; nebulizers; suction equipment; ventilators; respiratory assist devices; airway clearance equipment
- ♦ **Wheelchair Equipment:** Manual wheelchairs, manual wheelchair accessories and features; power operated vehicles; power wheelchairs; power wheelchair accessories and features; wheelchair seating
- ♦ **Orthotics:** Cervical collars; orthopedic shoes and inserts; splints and braces-upper and lower extremity orthotics, repair.
- ♦ **Prosthetics:** Upper and lower extremity prosthetic equipment, repair.
- ♦ **Specialty Equipment:** Implantable equipment such as catheters, pumps, stimulators, cochlear devices and osseointegrated equipment; Halo equipment; automatic external defibrillators; cranial remolding orthotics.
- ♦ **Invalid HCPCS procedure codes:** Procedure codes that are current valid HCPCS codes that ForwardHealth has not included as a covered service and codes that CMS has discontinued as of June 1, 2012.

The **Policy Notes** in the DME Index key are only reminders and do not represent all of the rules and regulations that govern provider issue of medical equipment to members. Please see Wisconsin Administrative Code, the Online Handbook and all other Provider publications for additional information.

Providers must select the procedure codes that most accurately identify the equipment or service ordered by the prescriber. Most procedure codes listed in this Index are inclusive of all components necessary to the functioning of the part or equipment. Billing additionally or separately for these components, when provided at the same time when a more inclusive code exists, could result in prior authorization denials or claim adjustments and/or recoupments from ForwardHealth.

If an item is not listed in the DME Index, or the Non-Covered HCPCS Codes Index, a "not otherwise classified" (NOC) or miscellaneous procedure code, may be used but prior authorization may be required. (Please see prior dollar amount limits for authorization requirements for specific NOC procedure codes in the DME Index.) Documentation submitted with a complete prior authorization request must include a complete description of the nature, extent and member-specific medical need for the equipment. Manufacturer product information, with brand and/or model and pricing, should be sent as an attachment to the prior authorization request.

If you have questions regarding the following information, please contact the DHCAA policy unit in writing at:

DME Policy Analyst  
Policy Section  
Division of Health Care Access and Accountability  
P. O. Box 309  
Madison, WI 53701-0309

Changes to the DME Index tables will be updated on a quarterly basis. Any new changes from the previous version will be highlighted in yellow to reflect a change in policy or pricing. As a reminder maximum allowable fees can be changed at any time without notification to providers. Providers should refer to the interactive maximum allowable fee schedule for durable medical equipment on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for the most current reimbursement rates.

## KEY TO DME INDEX and POLICY

| Field Heading                              | Description and Policy notes   |
|--|--|
| <b>Procedure Code and Full Description</b> | 5 alpha-numeric character national HCPCS code followed by a full narrative description (additional service information if applicable)  |
| <b>Modifiers</b>                           | <p>ForwardHealth uses a number of modifiers for DME items. If a modifier is allowable for use, either required or only when applicable for the specific procedure code with which it is used, it will be listed in the modifier column.</p> <p><b>KH</b> Identifies an initial claim for purchase or first month of rental for DME.</p> <p><b>RT</b> Designates 'right' If the procedure code in the DME Index lists this modifier for the code, this modifier is <b>required</b> to be used.</p> <p><b>LT</b> Designates 'left' If the procedure code in the DME Index lists this modifier for the code, this modifier is <b>required</b> to be used.</p> <p><b>*Policy Note:</b> If requesting or billing compression garments or burn garments, please see ForwardHealth Updates or the Online Handbook on the use of RT and LT modifiers.*</p> <p><b>RR</b> Indicates rental reimbursement is available for this code. Providers indicate this modifier on claims and PA requests with the number of rental days provided/requested. The modifier is <b>required</b> for certain equipment such as oxygen that is only reimbursed for rental.</p> <p><b>QE</b> Identifies prescribed '<b>oxygen of less than 1 liter per minute</b>' and is used with daily rental of oxygen.</p> <p><b>QG</b> Identifies prescribed '<b>oxygen of more than 4 liters per minute</b>' and is used with daily rental of oxygen.</p> <p><b>RA</b> Identifies '<b>replacement</b>' and is used with re-orders for gradient compression garments and compression burn garments.</p> <p><b>RB</b> Identifies '<b>repair without prior approval</b>' for patient owned equipment. This indicates that PA is not required for repair with miscellaneous parts on specific procedure codes that list this modifier in the DME Index, if the billed amount is less than the dollar amount listed with the RB modifier. For example, a hospital bed E0260 may be repaired for miscellaneous parts without PA if the dollar amount billed will be less than \$50.00. Please see additional publications for limitations on the use of</p> <p><b>TW</b> Identifies '<b>backup equipment</b>' and is used when an item is ordered as a backup or secondary to an initial same or similar piece of equipment. Always requires PA.</p> <p><b>U1-U9, UA-UD</b> These sequence modifiers are assigned on the PA request or claim to designate unique separate items when the same procedure code is used, generally a 'not otherwise classified' or miscellaneous procedure code such as E1399 or L3999. In some cases, this modifier used with a specific HCPCS procedure code identifies a specific item as listed in the additional service description of the DME Index. For complete list of U sequence modifiers please see the DME service area of the Online Handbook.</p> <p><b>52</b> Identifies '<b>extended rental equipment</b>' and is used with rental equipment that has met the maximum fee, but is not purchased. Always requires PA.</p> |
| <b>Rental</b>                              | <p>"RR" is the modifier to be used with a procedure code to identify rental.</p> <p>If "RR" is not listed, reimbursement for rental of this HCPCS code is not available.</p> <p>A number with a dollar amount indicates that the HCPCS code may be rented for the allowed number of days BEFORE prior authorization is required; the dollar amount that follows is the maximum allowable daily rental payment. For example, 60 / \$3.62 in the rental column indicates the service may be rented for 60 days without prior approval, and the reimbursement is \$3.62 per day.</p> <p>A zero (0) number of days indicates PA is needed prior to dispense of equipment.</p> <p><b>Policy Note:</b> Rental services billed to ForwardHealth must have "from" and "to" dates of service. Rental items must be ranged within the same calendar month on claims. The number of days indicated must equal the number of days within the range.</p> <p><b>Policy Note:</b> Orthotics and prosthetics do not have a rental column as they are for purchase only.</p>  |

|   |   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
|---|---|-----------|------------------|-----------|-----------------------|-----------|----------------------------------|-----------|--------------|-----------|----------------|-----------|----------|-----------|---------------------------|-----------|-----------|---------------|------------------------------------|-----------|-----------------|---------------|--|---------------|--|---------------|--|-----------|---|-----------|-------------------------|-----------|--------------------|-----------|------------------------|-----------|-----------------------------|
| <b>Purchase Prior Authorization and Max Fee</b> | <p>"Y" for YES, prior authorization is needed for purchase before the provider may issue the equipment to a member; <b>OR</b></p> <p>"N" for NO, prior approval is not required for purchase;</p> <p><b>AND</b></p> <p>\$ Dollar amount is the maximum allowable fee for this item</p> <p>For example, N / \$50.22 identifies that this item may be issued to a member without prior authorization and the established maximum allowable fee is \$50.22.</p> <p><b>Priced on Claim/PA</b> indicates that the reimbursement for this item is determined on PA, if PA is required; <b>OR</b> on the claim, if PA is not required.</p> <p><b>Only If Over \$X</b> indicates that PA is required if the billed amount will be more than the identified dollar amount; For example, L3999 only requires PA if the claim will be for more than \$150.</p> <p><b>Policy note:</b> A provider is required to indicate their usual and customary charge for the item on PA requests and claims. ForwardHealth certified providers are reimbursed at the lesser of their usual and customary charge or the maximum allowable fee, in accordance with the Terms of Reimbursement provider contract. Providers are responsible for collecting copayments from members.</p> <p><b>Purchase Note:</b> All rental payments paid to the same provider are deducted from the maximum allowable reimbursement for the subsequent purchase.</p>  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>Life Expectancy</b>                          | <p>This field identifies the expected life or duration of use anticipated for the item. Prior authorization is always required if the DME item needs to be replaced before the end of the established life expectancy of the item.</p> <p><b>Policy note:</b> All items reimbursed by ForwardHealth must be medically necessary. An item is not considered medically necessary solely because the life expectancy has been met.</p>   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>In NH Facility Rate?</b>                     | <p><b>"In Rate"</b> indicates the item is to be provided by the nursing facility and is reimbursed in the nursing facility rate. A DME provider may not bill for reimbursement of this item separate from the facility per diem rate. Place of service codes 31, 32, and 54 are facilities with a per diem rate.</p> <p><b>"Not In Rate"</b> indicates the nursing facility is not responsible to provide this item and reimbursement separate from the facility rate may be considered.</p> <p><b>"Per Policy"</b> indicates that the item may be separately reimbursable for members within a nursing facility if policy guidelines are met for that item. Please see the Online Handbooks and Provider Publications for more information.</p> <p><b>Policy Note:</b> Wisconsin Administrative Code DHS 101.03 (50) defines durable medical equipment in part as equipment that "is appropriate for use in the home." For this reason, a provider must document provider confirmation that requested or issued DME meets this program requirement.</p>  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>Allowable Provider Types</b>                 | <p>DME may only be issued by certified ForwardHealth providers identified as an allowable provider type for the specific HCPCS code. Allowable provider types for the DME Index tables include:</p> <table border="0"> <tr><td><b>03</b></td><td>Nursing Facility</td></tr> <tr><td><b>04</b></td><td>Rehabilitation Agency</td></tr> <tr><td><b>05</b></td><td>Home Health/Personal Care Agency</td></tr> <tr><td><b>15</b></td><td>Chiropractor</td></tr> <tr><td><b>17</b></td><td>Therapy Groups</td></tr> <tr><td><b>24</b></td><td>Pharmacy</td></tr> <tr><td><b>25</b></td><td>Medical Equipment Vendors</td></tr> <tr><td><b>31</b></td><td>Physician</td></tr> <tr><td><b>31/312</b></td><td>Physician - Cardiovascular Disease</td></tr> <tr><td><b>33</b></td><td>Physician Group</td></tr> <tr><td><b>53/540</b></td><td>Individual Medical Supply - Individual Orthotist</td></tr> <tr><td><b>53/541</b></td><td>Individual Medical Supply - Individual Prosthetist</td></tr> <tr><td><b>53/542</b></td><td>Individual Medical Supply - Individual Orthotist/Prosthetist</td></tr> <tr><td><b>57</b></td><td>Facility for the Developmentally Disabled (FDD)</td></tr> <tr><td><b>74</b></td><td>Speech &amp; Hearing Clinic</td></tr> <tr><td><b>77</b></td><td>Physical Therapist</td></tr> <tr><td><b>78</b></td><td>Occupational Therapist</td></tr> <tr><td><b>79</b></td><td>Speech-Language Pathologist</td></tr> </table> <p>If a HCPCS procedure code lists a specific provider type and specialty, <b>ONLY</b> the specified provider type with the assigned contract specialty may provide the applicable DME. For Example, HCPCS code K0606 lists provider type/specialty 31/312, therefore, a cardiologist is able to dispense this</p> | <b>03</b> | Nursing Facility | <b>04</b> | Rehabilitation Agency | <b>05</b> | Home Health/Personal Care Agency | <b>15</b> | Chiropractor | <b>17</b> | Therapy Groups | <b>24</b> | Pharmacy | <b>25</b> | Medical Equipment Vendors | <b>31</b> | Physician | <b>31/312</b> | Physician - Cardiovascular Disease | <b>33</b> | Physician Group | <b>53/540</b> | Individual Medical Supply - Individual Orthotist | <b>53/541</b> | Individual Medical Supply - Individual Prosthetist | <b>53/542</b> | Individual Medical Supply - Individual Orthotist/Prosthetist | <b>57</b> | Facility for the Developmentally Disabled (FDD) | <b>74</b> | Speech & Hearing Clinic | <b>77</b> | Physical Therapist | <b>78</b> | Occupational Therapist | <b>79</b> | Speech-Language Pathologist |
| <b>03</b>                                       | Nursing Facility  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>04</b>                                       | Rehabilitation Agency   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>05</b>                                       | Home Health/Personal Care Agency  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>15</b>                                       | Chiropractor  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>17</b>                                       | Therapy Groups  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>24</b>                                       | Pharmacy  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>25</b>                                       | Medical Equipment Vendors   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>31</b>                                       | Physician   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>31/312</b>                                   | Physician - Cardiovascular Disease  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>33</b>                                       | Physician Group   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>53/540</b>                                   | Individual Medical Supply - Individual Orthotist  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>53/541</b>                                   | Individual Medical Supply - Individual Prosthetist  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>53/542</b>                                   | Individual Medical Supply - Individual Orthotist/Prosthetist  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>57</b>                                       | Facility for the Developmentally Disabled (FDD)   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>74</b>                                       | Speech & Hearing Clinic   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>77</b>                                       | Physical Therapist  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>78</b>                                       | Occupational Therapist  |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |
| <b>79</b>                                       | Speech-Language Pathologist   |           |                  |           |                       |           |                                  |           |              |           |                |           |          |           |                           |           |           |               |                                    |           |                 |               |  |               |  |               |  |           |   |           |                         |           |                    |           |                        |           |                             |

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| <b>Allowable Place of Service</b> | <p>Equipment may only be provided in an allowable place of service. This column lists the specific place of service codes where a item may be issued. Additional policy notes are listed below. The place of service codes referenced include the following categories:</p> <ul style="list-style-type: none"> <li><b>01</b> Pharmacy</li> <li><b>03</b> School</li> <li><b>04</b> Homeless Shelter</li> <li><b>05</b> Indian Health Service Freestanding Facility</li> <li><b>06</b> Indian Health Service Provider-based Facility</li> <li><b>07</b> Tribal 638 Freestanding Facility</li> <li><b>08</b> Tribal 638 Provider-based Facility</li> <li><b>11</b> Office</li> <li><b>12</b> Home</li> <li><b>13</b> Assisted Living Facility</li> <li><b>14</b> Group Home</li> <li><b>17</b> Walk-in Retail Health Clinic</li> <li><b>22</b> Outpatient Hospital</li> <li><b>23</b> Emergency Room - Hospital</li> <li><b>24</b> Ambulatory Surgical Center</li> <li><b>31*</b> Skilled Nursing Facility</li> <li><b>32*</b> Nursing Facility</li> <li><b>33</b> Custodial Care Facility</li> <li><b>49</b> Independent Clinic</li> <li><b>50</b> Federally Qualified Health Center</li> <li><b>54*</b> Intermediate Care Facility/Mentally Retarded</li> <li><b>71</b> Public Health Clinic</li> <li><b>72</b> Rural Health Clinic</li> </ul> <p>*Skilled nursing facilities and facilities for the developmentally disabled are required to provide equipment that is reasonably associated with the care of residents as stated in the facility "Methods of Implementation." These items may not be billed separately from the facility per diem rate by a DME provider or the facility. The items are to be provided by the facility at no cost to the member, or member's family.</p> <p>The following place of service codes are <b>NEVER Allowable</b> for DME listed in the DME Index Tables:</p> <ul style="list-style-type: none"> <li><b>09</b> Prison-Correctional Facility</li> <li><b>34</b> Hospice</li> <li><b>61</b> Comprehensive Inpatient Rehabilitation Facility</li> <li><b>62</b> Comprehensive Outpatient Rehabilitation Facility</li> <li><b>65</b> End-stage Renal Disease Treatment Facility</li> </ul> <p><b>Policy Note:</b> Wisconsin Administrative Code DHS 101.03 (50) defines durable medical equipment in part as equipment that "is appropriate for use in the home." For this reason, a provider must document provider confirmation that requested or issued DME meets this program requirement.</p> |
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|                       |  |
|-----------------------|--|
| <b>Effective Date</b> | Identifies the first date when the HCPCS code is available for use by Wisconsin Medicaid, or the most recent date when changes were made for the code. |
|-----------------------|--|

| <b>Cost Sharing</b> | <p>Copayments amounts are NOT listed in the DME Index tables. ForwardHealth requires certified providers to collect copayments for equipment and services when applicable. ForwardHealth establishes the following co-payment amounts for Wisconsin Medicaid members, BadgerCare Plus Standard Plan members, and BadgerCare Plus Core Plan members:</p> <table border="1"> <thead> <tr> <th>Item Max Fee</th><th>Copayment</th></tr> </thead> <tbody> <tr> <td>\$0.00 - \$10.00</td><td>\$0.50</td></tr> <tr> <td>\$10.01 - \$25.00</td><td>\$1.00</td></tr> <tr> <td>\$25.01 - \$50.00</td><td>\$2.00</td></tr> <tr> <td>\$50.01 and up</td><td>\$3.00</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>► The BadgerCare Plus Benchmark Plan has full coverage of DME up to \$2,500.00 per enrollment year, and a copayment up to \$5.00 per item.</li> <li>► The BadgerCare Plus Core Plan has full coverage up to \$2,500.00 per enrollment year.</li> <li>► The BadgerCare Plus Basic Plan has full coverage up to \$500.00 per enrollment year, and a copayment up to \$10.00 per item.</li> <li>► Rental equipment is not subject to copayment, but rental payments do count towards the enrollment year limits for BadgerCare Plus Benchmark, Core, and Basic plans.</li> </ul> | Item Max Fee | Copayment | \$0.00 - \$10.00 | \$0.50 | \$10.01 - \$25.00 | \$1.00 | \$25.01 - \$50.00 | \$2.00 | \$50.01 and up | \$3.00 |
|---------------------|--|--------------|-----------|------------------|--------|-------------------|--------|-------------------|--------|----------------|--------|
| Item Max Fee        | Copayment  |              |           |                  |        |                   |        |                   |        |                |        |
| \$0.00 - \$10.00    | \$0.50   |              |           |                  |        |                   |        |                   |        |                |        |
| \$10.01 - \$25.00   | \$1.00   |              |           |                  |        |                   |        |                   |        |                |        |
| \$25.01 - \$50.00   | \$2.00   |              |           |                  |        |                   |        |                   |        |                |        |
| \$50.01 and up      | \$3.00   |              |           |                  |        |                   |        |                   |        |                |        |

| Procedure Code | Full Description   | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee           | Life Expectancy      | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------------|---------------------------------|---------------------------------|--|----------------------|----------------------|--------------------------------|----------------|--|
| A4630          | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient |                                     |                                 | No Rental                       | N / \$50.43                            | 2 Per 3 Months       | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A4635          | Underarm pad, crutch, replacement, each  |                                     |                                 | No Rental                       | N / \$4.55                             | 2 Per Year           | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A4636          | Replacement, handgrip, cane, crutch, or walker, each   |                                     |                                 | No Rental                       | N / \$3.74                             | 2 Per Year           | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A4637          | Replacement, tip, cane, crutch, walker, each   |                                     |                                 | No Rental                       | N / \$1.88                             | 1 Per Year           | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A4640          | Replacement pad for use with medically necessary alternating pressure pad owned by patient.        |                                     |                                 | No Rental                       | N / \$39.86                            | 1 Year               | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A6501          | Compression burn garment, bodysuit (head to foot), custom fabricated                               | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6502          | Compression burn garment, chin strap, custom fabricated  | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6503          | Compression burn garment, facial hood, custom fabricated   | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6504          | Compression burn garment, glove to wrist, custom fabricated  | RT, LT, RA                          |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6505          | Compression burn garment, glove to elbow, custom fabricated  | RT, LT, RA                          |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6506          | Compression burn garment, glove to axilla, custom fabricated                                       | RT, LT, RA                          |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6507          | Compression burn garment, foot to knee length, custom fabricated                                   | RT, LT, RA                          |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6508          | Compression burn garment, foot to thigh length, custom fabricated                                  | RT, LT, RA                          |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6509          | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated    | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6510          | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated  | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6511          | Compression burn garment, lower trunk including leg openings (panty), custom fabricated            | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6512          | Compression burn garment, not otherwise classified   | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6513          | Compression burn mask, face and/or neck, plastic or equal, custom fabricated                       | RA                                  |                                 | No Rental                       | N / See Topic #11697 or Update 2011-27 | 8 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6530          | Gradient compression stocking, below knee, 18-30 mm Hg, each                                       | RT, LT                              |                                 | No Rental                       | N / \$23.93                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6531          | Gradient compression stocking, below knee, 30-40 mm Hg, each                                       | RT, LT                              |                                 | No Rental                       | N / \$37.43                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6532          | Gradient compression stocking, below knee, 40-50 mm Hg, each                                       | RT, LT                              |                                 | No Rental                       | N / \$54.77                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6533          | Gradient compression stocking, thigh length, 18-30 mm Hg, each                                     | RT, LT                              |                                 | No Rental                       | N / \$43.50                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Service Code Description   | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee           | Life Expectancy      | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---|---------------------------------|---------------------------------|--|----------------------|----------------------|--------------------------------|----------------|--|
| A6534          | Gradient compression stocking, thigh length, 30-40 mm Hg, each                       |   | RT, LT                          | No Rental                       | N / \$49.51                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6535          | Gradient compression stocking, thigh length, 40-50 mm Hg, each                       |   | RT, LT                          | No Rental                       | N / \$95.03                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6536          | Gradient compression stocking, full length/chap style, 18-30 mm Hg, each             |   | RT, LT                          | No Rental                       | N / \$38.80                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6537          | Gradient compression stocking, full length/chap style, 30-40 mm Hg, each             |   | RT, LT                          | No Rental                       | N / \$85.25                            | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6538          | Gradient compression stocking, full length/chap style, 40-50 mm Hg, each             |   | RT, LT                          | No Rental                       | N / \$129.00                           | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6539          | Gradient compression stocking, waist length, 18-30 mm Hg, each                       |   |                                 | No Rental                       | N / \$86.47                            | 3 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6540          | Gradient compression stocking, waist length, 30-40 mm Hg, each                       |   |                                 | No Rental                       | N / \$142.65                           | 3 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6541          | Gradient compression stocking, waist length, 40-50 mm Hg, each                       |   |                                 | No Rental                       | N / \$142.65                           | 3 Per 12 Months      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6545          | Gradient compression wrap, non elastic, below knee, 30-50 mmHg, each                 |   | RT, LT, RA                      | No Rental                       | N / Medical Review - Priced on Claim   | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A6549          | Gradient compression stocking/sleeve, not otherwise specified                        |   | RT, LT, RA                      | No Rental                       | N / See Topic #11697 or Update 2011-27 | 3 Each Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A8000          | Helmet, protective, soft, prefabricated, includes all components and accessories     |   |                                 | No Rental                       | N / \$85.85                            | 2 Years              | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 11, 12, 13, 14, 31, 32, 54   |
| A8001          | Helmet, protective, hard, prefabricated, includes all components and accessories     |   |                                 | No Rental                       | N / \$131.30                           | 2 Years              | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 11, 12, 13, 14, 31, 32, 54   |
| A8002          | Helmet, protective, soft, custom fabricated, includes all components and accessories |   |                                 | No Rental                       | N / \$135.85                           | 2 Years              | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140401       | 11, 12, 13, 14, 31, 32, 54   |
| A8003          | Helmet, protective, hard, custom fabricated, includes all components and accessories |   |                                 | No Rental                       | N / \$181.30                           | 2 Years              | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140401       | 11, 12, 13, 14, 31, 32, 54   |
| A8004          | Soft interface for helmet, replacement only  |   |                                 | No Rental                       | N / \$75.75                            | 2 Years              | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 11, 12, 13, 14, 31, 32, 54   |
| A9281          | Reaching/grabbing device, any type, any length, each                                 |   |                                 | No Rental                       | N / \$18.69                            | 3 Years              | In Rate              | 05, 24, 25                     | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  | Adaptive eating utensil, weighted handle, any size, style, or shape (limit one each: knife, fork, and spoon, as needed)     | U1                              | No Rental                       | N / \$7.32                             | 3 Per 2 Years        | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  | Adaptive eating utensil, non-weighted handle, any size, style, or shape (limit one each: knife, fork, and spoon, as needed) | U2                              | No Rental                       | N / \$6.31                             | 3 Per 2 Years        | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  | Rocker knife  | U3                              | No Rental                       | N / \$12.36                            | 3 Years              | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  | Plate guard   | U4                              | No Rental                       | N / \$7.58                             | 2 Years              | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code  | Scoop dish  | U5                              | No Rental                       | N / \$15.15                            | 3 Years              | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |

| Procedure Code | Full Description   | Additional Service Code Description                | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|--|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Universal cuff                                     | U6                              | No Rental                       | N / \$6.57                   | 1 Year          | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Dycem (any size or shape)                          | U7                              | No Rental                       | N / \$8.84                   | 4 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Sock/stocking aid                                  | U9                              | No Rental                       | N / \$8.59                   | 3 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Dressing stick                                     | UA                              | No Rental                       | N / \$4.55                   | 2 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Long-handled shoe horn                             | UB                              | No Rental                       | N / \$4.55                   | 2 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| A9900          | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code                                    | Adaptive hygiene aids, such as long-handled sponge | UD                              | No Rental                       | N / \$5.56                   | 1-3 Years       | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 12, 13, 14   |
| B9002          | Enteral nutrition infusion pump--- with alarm  | Primary  | RR                              | 180 / \$2.51                    | Y / \$1,133.19               | 5 Years         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |  | Backup   | TW, RR                          | 0 / \$1.26                      | Y / \$566.60                 |                 |                      |                                |                |  |
| B9004          | Parenteral nutrition infusion pump, portable   | Primary  | RR                              | 180 / \$5.02                    | Y / \$2,283.96               | 5 Years         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |  | Backup   | TW, RR                          | 0 / \$2.51                      | Y / \$1,141.98               |                 |                      |                                |                |  |
| B9006          | Parenteral nutrition infusion pump, stationary   | Primary  | RR                              | 180 / \$5.02                    | Y / \$2,283.96               | 5 Years         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |  | Backup   | TW, RR                          | 0 / \$2.51                      | Y / \$1,141.98               |                 |                      |                                |                |  |
| E0100          | Cane, includes canes of all materials, adjustable or fixed, with tip   |  |                                 | No Rental                       | N / \$18.98                  | 4 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0105          | Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips                                 |  |                                 | No Rental                       | N / \$37.33                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0110          | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips |  |                                 | No Rental                       | N / \$71.71                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0111          | Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, complete with tip and handgrip     |  |                                 | No Rental                       | N / \$19.31                  | 4 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0112          | Crutches, underarm, wood, adjustable or fixed, pair with pads, tips and handgrips                                      |  |                                 | No Rental                       | N / \$30.72                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0113          | Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip   |  |                                 | No Rental                       | N / \$17.54                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0114          | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips                         |  |                                 | No Rental                       | N / \$41.00                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0116          | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each  |  |                                 | No Rental                       | N / \$23.04                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0130          | Walker, rigid (pickup), adjustable or fixed height   |  | RR                              | 60 / \$0.27                     | N / \$58.32                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0135          | Walker, folding (pickup), adjustable or fixed height   |  | RR                              | 60 / \$0.32                     | N / \$73.70                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0140          | Walker, with trunk support, adjustable or fixed height   |  | RR                              | 0 / Priced on PA                | Y / Priced on PA             | 5 Years         | In Rate              | 04, 05, 17, 25, 77             | 20080701       | 12, 13, 14   |
| E0141          | Walker, rigid, wheeled, adjustable or fixed height   |  | RR                              | 60 / \$0.45                     | N / \$101.36                 | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0143          | Walker, folding, wheeled, adjustable or fixed height   |  | RR                              | 60 / \$0.45                     | N / \$117.44                 | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0147          | Walker, heavy duty, multiple braking system, variable wheel resistance.  |  | RR                              | 60 / \$1.20                     | Y / \$361.18                 | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| E0148          | Walker, heavy-duty, without wheels, rigid or folding, any type, each                                    |                                     | RR                              | 60 / \$0.40                     | Y / \$122.52                 | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0149          | Walker, heavy-duty, wheeled, rigid or folding, any type   |                                     | RR                              | 60 / \$0.73                     | Y / \$217.37                 | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0153          | Platform attachment, forearm crutch, each   |                                     | RT LT                           | No Rental                       | N / \$58.96                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0154          | Platform attachment, walker, each   |                                     | RT LT                           | No Rental                       | N / \$59.78                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0155          | Wheel attachment, rigid pick-up walker, per pair  |                                     | RT LT                           | No Rental                       | N / \$27.75                  | 4 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0156          | Seat attachment, walker   |                                     |                                 | No Rental                       | N / \$22.12                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0157          | Crutch attachment, walker, each   |                                     |                                 | No Rental                       | N / \$59.78                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0158          | Leg extensions for walker, per set of 4   |                                     |                                 | No Rental                       | N / \$26.74                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0159          | Brake attachment for wheeled walker, replacement, each  |                                     |                                 | No Rental                       | Y / \$18.07                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0160          | Sitz type bath or equipment, portable, used with or without commode                                     |                                     |                                 | No Rental                       | N / \$32.28                  | 1 Year          | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0161          | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)          |                                     |                                 | No Rental                       | N / \$32.28                  | 1 Year          | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0162          | Sitz bath chair   |                                     |                                 | No Rental                       | N / \$12.10                  | 4 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0163          | Commode chair, mobile or stationary, with fixed arms  |                                     | RR, RB < \$50                   | 60 / \$0.67                     | N / \$77.70                  | 5 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0167          | Pail or pan for use with commode chair, replacement   |                                     |                                 | No Rental                       | N / \$14.96                  | 1 Year          | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0168          | Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each |                                     | RB                              | No Rental                       | N / \$130.73                 | 5 Years         | In Rate              | 05, 24, 25, 53             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0175          | Footrest, for use with commode chair, each  |                                     |                                 | No Rental                       | Y / \$82.25                  | 5 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0181          | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy-duty              |                                     | RR                              | 60 / \$1.41                     | Y / \$244.10                 | 1 Year          | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0182          | Pump for alternating pressure pad, for replacement only   |                                     | RR                              | 60 / \$1.06                     | Y / \$199.30                 | 1 Year          | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0184          | Dry pressure mattress   |                                     |                                 | No Rental                       | Y / \$184.56                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0185          | Gel or gel-like pressure pad for mattress, standard mattress length and width                           |                                     | RR                              | 60 / \$1.29                     | Y / \$242.05                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0186          | Air pressure mattress   |                                     | RR                              | 60 / \$2.54                     | Y / \$403.42                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0187          | Water pressure mattress   |                                     | RR                              | 60 / \$2.54                     | Y / \$382.24                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0188          | Synthetic sheepskin pad   |                                     |                                 | No Rental                       | N / \$26.21                  | 5 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0189          | Lambswool sheepskin pad, any size   |                                     |                                 | No Rental                       | N / \$50.43                  | 5 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0193          | Powered air flotation bed (low air loss therapy)  |                                     | RR                              | 0 / \$19.81                     | No Purchase                  | N/A             | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0194          | Air fluidized bed   |                                     | RR                              | 0 / \$31.43                     | No Purchase                  | N/A             | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| E0196          | Gel pressure mattress   |                                     | RR                              | 60 / \$1.77                     | Y / \$252.14                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0197          | Air pressure pad for mattress, standard mattress length and width   |                                     | RR                              | 60 / \$1.24                     | Y / \$180.54                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0198          | Water pressure pad for mattress, standard mattress length and width   |                                     |                                 | No Rental                       | Y / \$191.64                 | 3 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0199          | Dry pressure pad for mattress, standard mattress length and width   |                                     |                                 | No Rental                       | N / \$26.34                  | 3 Years         | In Rate              | 05, 24, 25, 53             | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0200          | Heat lamp, without stand (table model), includes bulb, or infrared element  |                                     |                                 | No Rental                       | N / \$67.81                  | 8 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0202          | Phototherapy (bilirubin) light with photometer  |                                     | RR                              | 30 / \$11.40                    | No Purchase                  | N/A             | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0203          | Therapeutic lightbox, minimum 10,000 lux, table top model   |                                     |                                 | No Rental                       | Y / \$404.00                 | 5 Years         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0205          | Heat lamp, with stand, includes bulb, or infrared element   |                                     |                                 | No Rental                       | N / \$66.48                  | 8 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0215          | Electric heat pad, moist  |                                     |                                 | No Rental                       | Y / \$25.21                  | 5 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0240          | Bath/shower chair, with or without wheels, any size   |                                     | RB < \$50                       | No Rental                       | Y / Priced on PA             | 8 Years         | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0241          | Bathtub wall rail, each   |                                     |                                 | No Rental                       | N / \$26.91                  | 2 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0242          | Bathtub rail, floor base  |                                     |                                 | No Rental                       | N / \$26.91                  | 2 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0243          | Toilet rail, each   |                                     |                                 | No Rental                       | N / \$17.72                  | 2 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0244          | Raised toilet seat  |                                     |                                 | No Rental                       | N / \$38.39                  | 3 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0245          | Tub stool or bench  |                                     | RR                              | 60 / \$0.52                     | N / \$56.84                  | 5 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0246          | Transfer tub rail attachment  |                                     |                                 | No Rental                       | N / \$141.50                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0247          | Transfer bench for tub or toilet with or without commode opening  |                                     | RR, RB < \$50                   | 60 / \$0.87                     | N / \$154.79                 | 8 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0248          | Transfer bench, heavy-duty, for tub or toilet with or without commode opening   |                                     | RR                              | 60 / \$0.87                     | N / \$230.28                 | 8 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0250          | Hospital bed, fixed height, with any type side rails, with mattress   |                                     | RR, RB < \$50                   | 60 / \$2.04                     | Y / \$640.68                 | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0251          | Hospital bed, fixed height, with any type side rails, without mattress  |                                     | RR, RB < \$50                   | 60 / \$2.04                     | Y / \$541.03                 | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0255          | Hospital bed, variable height, hi-lo, with any type side rails, with mattress   |                                     | RR, RB < \$50                   | 60 / \$3.11                     | Y / \$946.68                 | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0256          | Hospital bed, variable height, hi-lo, with any type side rails, without mattress  |                                     | RR, RB < \$50                   | 60 / \$3.11                     | Y / \$811.50                 | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0260          | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress                         |                                     | RR, RB < \$50                   | 60 / \$3.96                     | Y / \$1,272.52               | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0261          | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress                      |                                     | RR, RB < \$50                   | 60 / \$3.96                     | Y / \$1,137.97               | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0265          | Hospital bed, total electric (head and foot adjustment and height adjustments), with any type side rails, with mattress |                                     | RR, RB < \$50                   | 60 / \$4.22                     | Y / \$1,847.41               | 10 Years        | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description   | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service                                     |
|----------------|--|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| E0266          | Hospital bed, total electric (head and foot adjustment and height adjustments), with any type side rails, without mattress   |                                     | RR, RB < \$50                   | 60 / \$4.22                     | Y / \$1,747.76               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0271          | Mattress, innerspring  |                                     |                                 | No Rental                       | N / \$134.54                 | 4 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0272          | Mattress, foam rubber  |                                     |                                 | No Rental                       | N / \$152.59                 | 4 Years         | In Rate              | 05, 24, 25, 53           | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0275          | Bed pan, standard, metal or plastic  |                                     |                                 | No Rental                       | N / \$8.28                   | 2 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0276          | Bed pan, fracture, metal or plastic  |                                     |                                 | No Rental                       | N / \$8.28                   | 2 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0277          | Powered pressure -reducing air mattress  |                                     | RR                              | 0 / Priced on PA                | Y / Priced on PA             | 5 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0290          | Hospital bed, fixed height, without side rails, with mattress  |                                     | RR, RB < \$50                   | 60 / \$2.04                     | Y / \$421.45                 | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0291          | Hospital bed, fixed height, without side rails, without mattress   |                                     | RR, RB < \$50                   | 60 / \$2.04                     | Y / \$286.91                 | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0292          | Hospital bed, variable height, hi-lo, without side rails, with mattress  |                                     | RR, RB < \$50                   | 60 / \$3.11                     | Y / \$827.13                 | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0293          | Hospital bed, variable height, hi-lo, without side rails, without mattress   |                                     | RR, RB < \$50                   | 60 / \$3.11                     | Y / \$692.57                 | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0294          | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress  |                                     | RR, RB < \$50                   | 60 / \$3.96                     | Y / \$1,137.97               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0295          | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress   |                                     | RR, RB < \$50                   | 60 / \$3.96                     | Y / \$1,003.45               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0296          | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress   |                                     | RR, RB < \$50                   | 60 / \$4.22                     | Y / \$1,747.76               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0297          | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress  |                                     | RR, RB < \$50                   | 60 / \$4.22                     | Y / \$1,613.21               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| 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 |                                     | RR, RB < \$50                   | 60 / \$7.70                     | Y / \$3,263.22               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0302          | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress                                 |                                     | RR, RB < \$50                   | 60 / \$12.25                    | Y / \$5,311.72               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| 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    |                                     | RR, RB < \$50                   | 60 / \$7.70                     | Y / \$3,465.22               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0304          | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress                                    |                                     | RR, RB < \$50                   | 60 / \$12.25                    | Y / \$5,513.72               | 10 Years        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0305          | Bedside rails, half-length   |                                     | RR                              | 60 / \$0.89                     | N / \$110.62                 | 8 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0310          | Bedside rails, full-length   |                                     | RR                              | 60 / \$0.89                     | N / \$119.57                 | 8 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0325          | Urinal; male, jug-type, any material   |                                     |                                 | No Rental                       | N / \$9.32                   | 2 Per Year      | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0326          | Urinal; female, jug-type, any material   |                                     |                                 | No Rental                       | N / \$6.96                   | 2 Per Year      | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0372          | Powered air overlay for mattress, standard mattress length and width   |                                     | RR                              | 0 / Priced on PA                | Y / Priced on PA             | 5 Years         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |
| E0602          | Breast pump, manual, any type  |                                     |                                 | No Rental                       | N / \$30.12                  | 1 Per Lifetime  | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72 |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| E0603          | Breast pump, electric (AC and/or DC), any type  |                                     |                                 | No Rental                       | N / \$156.55                 | 1 Per Lifetime  | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0604          | Breast pump, hospital grade, electric (AC and/or DC)  | Rental after initial 30 days        | RR                              | 30 / \$2.08                     | No Purchase                  | N/A             | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | First month rental only             | KH;RR                           | 30 / \$3.09                     |                              |                 |                      |                                |                |  |
| E0621          | Sling or seat, patient lift, canvas or nylon  |                                     |                                 | No Rental                       | N / \$86.75                  | 2 Years         | In Rate              | 05, 24, 25, 53                 | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0630          | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pads  |                                     | RR                              | 60 / \$2.10                     | Y / \$899.93                 | 8 Years         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0635          | Patient lift, electric, with seat or sling  |                                     | RR                              | 60 / \$4.13                     | Y / \$1,516.30               | 8 Years         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0638          | Standing frame/table system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels   |                                     | RR                              | 0 / \$2.92                      | Y / \$1,313.76               | 1 Per Lifetime  | In Rate              | 05, 25                         | 20080701       | 12, 13, 14   |
| E0650          | Pneumatic compressor, nonsegmental home model   |                                     | RR                              | 60 / \$1.80                     | Y / \$678.77                 | 5 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0651          | Pneumatic compressor, segmental home model without calibrated gradient pressure   |                                     | RR                              | 60 / \$3.07                     | Y / \$903.99                 | 5 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0652          | Pneumatic compressor, segmental home model with calibrated gradient pressure  |                                     | RR                              | 60 / \$5.03                     | Y / \$958.15                 | 5 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0655          | Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm  |                                     | RR                              | 60 / \$0.42                     | Y / \$122.09                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0656          | Segmental pneumatic appliance for use with pneumatic compressor, trunk  |                                     |                                 | No Rental                       | Y / \$349.51                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20090701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0657          | Segmental pneumatic appliance for use with pneumatic compressor, full leg   |                                     |                                 | No Rental                       | Y / \$349.51                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20090701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0660          | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg  |                                     | RR                              | 60 / \$0.42                     | Y / \$122.09                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0665          | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm  |                                     | RR                              | 60 / \$0.42                     | Y / \$122.09                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0666          | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg  |                                     | RR                              | 60 / \$0.42                     | Y / \$122.09                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0667          | Segmental pneumatic appliance for use with pneumatic compressor, full leg   |                                     | RR                              | 60 / \$1.91                     | Y / \$379.21                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0668          | Segmental pneumatic appliance for use with pneumatic compressor, full arm   |                                     | RR                              | 60 / \$1.81                     | Y / \$367.12                 | 8 Years         | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0669          | Segmental pneumatic appliance for use with pneumatic compressor, half leg   |                                     | RR                              | 60 / \$3.55                     | Y / \$353.01                 | 1 Per Lifetime  | In Rate              | 04, 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0705          | Transfer device, any type, each   |                                     |                                 | No Rental                       | N / \$47.32                  | 4 Years         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0720          | Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation  |                                     | RR                              | 60 / \$1.20                     | Y / \$361.80                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0730          | Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve  |                                     | RR                              | 60 / \$1.21                     | Y / \$364.73                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| 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 Rental                       | Y / \$75.65                  | 3 Years         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0744          | Neuromuscular stimulator for scoliosis  |                                     | RR                              | 60 / \$2.02                     | Y / \$574.48                 | 1 Per Lifetime  | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0745          | Neuromuscular stimulator, electronic shock unit   |                                     | RR                              | 60 / \$3.10                     | Y / \$586.16                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0746          | Electromyography (EMG), biofeedback device  |                                     | RR                              | 60 / \$15.13                    | Y / \$705.99                 | 8 Years         | In Rate              | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description   | Additional Service Code Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| E0770          | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified |                                     |                                 | No Rental                       | Y / \$586.36                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0776          | IV Pole (Not for use with portable pumps)  | Primary                             | RR                              | 60 / \$0.62                     | N / \$116.26                 | 8 Years         | In Rate              | 05, 24, 25, 53             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |  | Backup                              | RR, TW                          | 0 / \$0.31                      | Y / \$58.13                  |                 |                      |                            |                |  |
| E0781          | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient            | Primary                             | RR                              | 180 / \$7.61                    | Y / \$3,460.41               | 5 Years         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |  | Backup                              | RR, TW                          | 0 / \$3.81                      | Y / \$1,730.21               |                 |                      |                            |                |  |
| E0784          | External ambulatory infusion pump, insulin   |                                     | RR                              | 60 / \$8.49                     | Y / \$5,105.49               | 5 Years         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0791          | Parenteral infusion pump, stationary, single, or multichannel  | Primary                             | RR                              | 180 / \$7.98                    | Y / \$3,630.45               | 5 Years         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |  | Backup                              | RR, TW                          | 0 / \$3.96                      | Y / \$1,815.23               |                 |                      |                            |                |  |
| E0840          | Traction frame, attached to headboard, cervical traction   |                                     | RR                              | 60 / \$0.23                     | N / \$29.94                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0850          | Traction stand, freestanding, cervical traction  |                                     | RR                              | 60 / \$0.52                     | N / \$89.74                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0860          | Traction equipment, overdoor, cervical   |                                     | RR                              | 60 / \$0.23                     | N / \$27.96                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0870          | Traction frame, attached to footboard, extremity traction (e.g., Buck's)   |                                     | RR                              | 60 / \$0.52                     | N / \$56.84                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0880          | Traction stand, freestanding, extremity traction (e.g., Buck's)  |                                     | RR                              | 60 / \$0.52                     | N / \$64.33                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0890          | Traction frame, attached to footboard, pelvic traction   |                                     | RR                              | 60 / \$0.52                     | N / \$72.76                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0900          | Traction stand, freestanding, pelvic traction (e.g., Buck's)   |                                     | RR                              | 60 / \$1.06                     | N / \$56.84                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0910          | Trapeze bars, also known as Patient Helper, attached to bed, with grab bar   |                                     | RR                              | 60 / \$1.01                     | Y / \$114.61                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0911          | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar                                   |                                     | RR                              | 60 / \$1.01                     | Y / \$114.61                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0912          | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar                             |                                     | RR                              | 60 / \$3.37                     | Y / \$903.95                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0920          | Fracture frame, attached to bed, includes weights  |                                     | RR                              | 60 / \$1.06                     | Y / \$372.65                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0930          | Fracture frame, freestanding, includes weights   |                                     | RR                              | 60 / \$1.31                     | Y / \$510.33                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0935          | Continuous passive motion exercise device for use on knee only   |                                     | RR                              | 0 / \$1.02                      | No Purchase                  | N/A             | In Rate              | 05, 24, 25, 53             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0940          | Trapeze bar, freestanding, complete with grab bar  |                                     | RR                              | 60 / \$0.52                     | Y / \$293.07                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0941          | Gravity assisted traction device, any type   |                                     | RR                              | 60 / \$2.10                     | Y / \$597.88                 | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0942          | Cervical head harness/halter   |                                     |                                 | No Rental                       | N / \$16.61                  | 1 Per Lifetime  | In Rate              | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0944          | Pelvic belt/harness/boot   |                                     |                                 | No Rental                       | Y / \$35.29                  | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0945          | Extremity belt/harness   |                                     |                                 | No Rental                       | Y / \$14.13                  | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0946          | Fracture frame, dual with cross bars, attached to bed (e.g., Balken, Four Poster)  |                                     | RR                              | 60 / \$2.02                     | Y / \$403.42                 | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description   | Additional Service Code Description        | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy       | In NH Facility Rate? | Allowable Provider Types                   | Effective Date | Allowable Place of Service   |
|----------------|--|--|---------------------------------|---------------------------------|------------------------------|-----------------------|----------------------|--|----------------|--|
| E0947          | Fracture frame, attachments for complex pelvic traction  |  | RR                              | 60 / \$1.11                     | Y / \$448.47                 | 1 Per Lifetime        | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0948          | Fracture frame, attachments for complex cervical traction  |  | RR                              | 60 / \$1.11                     | Y / \$448.47                 | 1 Per Lifetime        | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E1399          | Durable medical equipment, miscellaneous (Must specify complete description of DME)  |  | RR, U1-U9, UA-UD                | 0 / Priced on PA                | Y / Priced on PA             | Varies                | Not In Rate          | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1800          | Dynamic adjustable elbow extension/flexion device includes soft interface material   |  | RR, RT, LT                      | 60 / \$4.12                     | Y / Priced on PA             | 4 Years               | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1801          | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories |  | RR, RT, LT                      | 60 / \$4.34                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1802          | Dynamic adjustable forearm pronation/supination device, includes soft interface material   |  | RR, RT, LT                      | 60 / \$10.10                    | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1805          | Dynamic adjustable wrist extension/flexion device, includes soft interface material  |  | RR, RT, LT                      | 60 / \$3.21                     | Y / Priced on PA             | 4 Years               | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1806          | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories |  | RR, RT, LT                      | 60 / \$2.53                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1810          | Dynamic adjustable knee extension/flexion device, includes soft interface material   |  | RR, RT, LT                      | 60 / \$4.19                     | Y / Priced on PA             | 4 Years               | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1811          | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories  |  | RR, RT, LT                      | 60 / \$4.51                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1812          | Dynamic knee, extension/flexion device with active resistance control  |  | RR, RT, LT                      | 60 / \$4.51                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77                 | 20080701       | 12, 13, 14, 31, 32, 33, 54   |
| E1815          | Dynamic adjustable ankle extension/flexion device, includes soft interface material  |  | RR, RT, LT                      | 60 / \$4.25                     | Y / Priced on PA             | 4 Years               | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1816          | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories |  | RR, RT, LT                      | 60 / \$4.59                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1818          | Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories    |  | RR, RT, LT                      | 60 / \$4.69                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1825          | Dynamic adjustable finger extension/flexion device, includes soft interface material   |  | RR, RT, LT                      | 60 / \$2.08                     | No Purchase                  | N/A                   | Not In Rate          | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1840          | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material  |  | RR, RT, LT                      | 30 / \$6.37                     | No Purchase                  | N/A                   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2000          | Gastric suction pump, home model, portable or stationary, electric   |  | RR                              | 60 / \$1.75                     | Y / \$965.33                 | 5 Years               | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2402          | Negative pressure wound therapy electrical pump, stationary or portable  | First 90 rental days                       | RR                              | 90 / \$59.90                    | No Purchase                  | 90 Day Lifetime Limit | Not In Rate          | 25   | 20110101       | 11, 12, 13, 14, 33   |
|                |  | Additional 90 rental days within 12 months | RR, 52                          | 90 / \$29.95                    | No Purchase                  | 90 Day Lifetime Limit | Not In Rate          | 03, 57                                     |                | 31, 32, 54   |
|                |  |  |                                 |                                 |                              |                       |                      | 25   |                | 11, 12, 13, 14, 33   |
|                |  |  |                                 |                                 |                              |                       |                      | 03, 57                                     |                | 31, 32, 54   |
| E2500          | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time                            |  | RR                              | 0 / Priced on PA                | Y / Priced on PA             | Varies                | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2502          | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time    |  | RR                              | 0 / Priced on PA                | Y / Priced on PA             | Varies                | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2504          | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time   |  | RR                              | 0 / Priced on PA                | Y / Priced on PA             | Varies                | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2506          | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time  |  | RR                              | 60 / \$7.88                     | Y / Priced on PA             | Varies                | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Max Fee | Purchase<br>PA Needed /<br>Max Fee     | Life Expectancy | In NH Facility Rate? | Allowable Provider Types                   | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|---------------------------------------|--|-----------------|----------------------|--|----------------|--|
| E2508          | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device                      |                                     | RR                              | 60 / \$9.09                           | Y / Priced on PA                       | Varies          | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2510          | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access                      |                                     | RR                              | 60 / \$18.18                          | Y / Priced on PA                       | Varies          | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2511          | Speech generating software program, for personal computer or personal digital assistant   |                                     | RR                              | 0 / Priced on PA                      | Y / Priced on PA                       | Varies          | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2512          | Accessory for speech generating device, mounting system   |                                     | RR                              | 0 / Priced on PA                      | Y / Priced on PA                       | Varies          | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2599          | Accessory for speech generating device, not otherwise classified  |                                     | RR                              | 0 / Priced on PA                      | Y / Priced on PA                       | Varies          | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0739          | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes |                                     |                                 | No Rental                             | Only if Over 8 Units / \$10.95         | N/A             | Per Policy           | 04, 05, 17, 24, 25, 53, 74, 79             | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8270          | Enuresis alarm, using auditory buzzer and/or vibration device   |                                     |                                 | No Rental                             | N / \$60.76                            | 1 Per Lifetime  | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| S8420          | Gradient pressure aid (sleeve and glove combination), custom made   | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20070201       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8421          | Gradient pressure aid (sleeve and glove combination), ready made  | RT, LT                              |                                 | No Rental                             | N / \$73.68                            | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8422          | Gradient pressure aid (sleeve), custom made, medium weight  | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8423          | Gradient pressure aid (sleeve), custom made, heavy weight   | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8424          | Gradient pressure aid (sleeve), ready made  | RT, LT                              |                                 | No Rental                             | N / \$58.95                            | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8425          | Gradient pressure aid (glove), custom made, medium weight   | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8426          | Gradient pressure aid (glove), custom made, heavy weight  | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8427          | Gradient pressure aid (glove), ready made   | RT, LT                              |                                 | No Rental                             | N / \$181.75                           | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8428          | Gradient pressure aid (gauntlet), ready made  | RT, LT                              |                                 | No Rental                             | N / \$37.30                            | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| S8429          | Gradient pressure exterior wrap   | RT, LT, RA                          |                                 | No Rental                             | N / See Topic #11697 or Update 2011-27 | 3 Per 12 Months | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| T2029          | Specialized medical equipment, not otherwise specified waiver   |                                     |                                 | No Rental                             | Y / Priced on PA                       | Varies          | Not In Rate          | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| T5001          | Positioning seat for persons with special orthopedic needs, for use in vehicles   |                                     | RR                              | 60 / \$1.49                           | Y / \$655.57                           | 5 Years         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| V5336          | Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)  |                                     |                                 | No Rental                             | Y / Only If Over \$300                 | N/A             | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental                         | Purchase            | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|--------------------------------|---------------------|-----------------|----------------------|--------------------------------|----------------|--|
|                |   |                                     |                                 | Days Before PA / Daily Max Fee | PA Needed / Max Fee |                 |                      |                                |                |  |
| 93268          | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY PERIOD OF TIME; INCLUDES TRANSMISSION, PHYSICIAN REVIEW AND INTERPRETATION |                                     |                                 | No Rental                      | Y / \$196.77        | 4 PER YEAR      | In Rate              | 05, 24, 25, 53                 | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| 94760          | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION   |                                     |                                 | No Rental                      | N / \$6.98          | 6 PER YEAR      | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| 94762          | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)  |                                     |                                 | No Rental                      | N / \$41.75         | 4 PER YEAR      | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| 94772          | CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOURS CONTINUOUS RECORDING, INFANT   |                                     |                                 | No Rental                      | N / \$126.57        | 4 PER YEAR      | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| A4611          | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR   |                                     |                                 | No Rental                      | Y / \$148.01        | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A4612          | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR  |                                     |                                 | No Rental                      | Y / \$62.54         | 4 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A4613          | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR   |                                     |                                 | No Rental                      | Y / \$127.82        | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0424          | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING                                       | 1-4 L/min, primary                  | RR                              | 30 / \$6.87                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | 1-4 L/min, backup                   | RR, TW                          | 0 / \$3.44                     |                     |                 |                      |                                |                |  |
|                |   | <1 L/min, primary                   | QE, RR                          | 30 / \$3.43                    |                     |                 |                      |                                |                |  |
|                |   | <1 L/min, backup                    | QE, RR, TW                      | 0 / \$1.72                     |                     |                 |                      |                                |                |  |
|                |   | >4 L/min, primary                   | QG, RR                          | 30 / \$10.30                   |                     |                 |                      |                                |                |  |
|                |   | >4 L/min, backup                    | QG, RR, TW                      | 0 / \$5.15                     |                     |                 |                      |                                |                |  |
| E0425          | STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING   |                                     |                                 | No Rental                      | Y / \$133.96        | 1 PER LIFETIME  | In Rate              | 04, 05, 06, 24, 25, 53         | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0430          | PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING   |                                     |                                 | No Rental                      | Y / \$290.02        | 1 PER LIFETIME  | In Rate              | 04, 05, 06, 24, 25, 53         | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0431          | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING  | RR                                  |                                 | 30 / \$6.87                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | RR, TW                              |                                 | 0 / \$3.44                     |                     |                 |                      |                                |                |  |
| E0434          | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING                          | RR                                  |                                 | 30 / \$6.87                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | RR, TW                              |                                 | 0 / \$3.44                     |                     |                 |                      |                                |                |  |
| E0435          | PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASKS, TUBING AND REFILL ADAPTOR                        |                                     |                                 | No Rental                      | Y / \$1,174.54      | 1 PER LIFETIME  | In Rate              | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0439          | STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING   | 1-4 L/min, primary                  | RR                              | 30 / \$6.87                    | No Purchase         | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | 1-4 L/min, backup                   | RR, TW                          | 0 / \$3.44                     |                     |                 |                      |                                |                |  |
|                |   | <1 L/min, primary                   | QE, RR                          | 30 / \$3.43                    |                     |                 |                      |                                |                |  |
|                |   | <1 L/min, backup                    | QE, RR, TW                      | 0 / \$1.72                     |                     |                 |                      |                                |                |  |
|                |   | >4 L/min, primary                   | QG, RR                          | 30 / \$10.30                   |                     |                 |                      |                                |                |  |
|                |   | >4 L/min, backup                    | QG, RR, TW                      | 0 / \$5.15                     |                     |                 |                      |                                |                |  |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental                         | Purchase            | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|--------------------------------|---------------------|-----------------|----------------------|--------------------------------|----------------|--|
|                |   |                                     |                                 | Days Before PA / Daily Max Fee | PA Needed / Max Fee |                 |                      |                                |                |  |
| E0440          | STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING   |                                     |                                 | No Rental                      | Y / \$451.73        | 1 PER LIFETIME  | In Rate              | 04, 05, 06, 24, 25, 53         | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0441          | OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT |                                     |                                 | No Rental                      | N / \$104.84        | 1 PER MONTH     | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0442          | OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT    |                                     |                                 | No Rental                      | N / \$104.84        | 1 PER MONTH     | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0443          | PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT           |                                     |                                 | No Rental                      | N / \$104.84        | 1 PER MONTH     | In Rate              | 04, 05, 06, 24, 25, 53         | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0444          | PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT             |                                     |                                 | No Rental                      | N / \$104.84        | 1 PER MONTH     | In Rate              | 04, 05, 06, 24, 25, 53         | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0445          | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY  |                                     | RR                              | 60 / \$2.09                    | Y / \$951.27        | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0450          | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)                 | Primary                             | RR                              | 0 / \$17.00                    | Y / \$9,265.00      | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | Extended rental                     | 52, RR                          | 0 / \$8.50                     |                     |                 |                      |                                |                |  |
|                |   | Backup rental                       | TW, RR                          | 0 / \$8.50                     | Y / \$4,632.50      |                 | In Rate              |                                |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Extended backup rental              | 52, TW, RR                      | 0 / \$4.25                     |                     |                 |                      |                                |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0455          | OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS   |                                     | RR                              | 60 / \$1.12                    | Y / \$204.80        | 1 YEAR          | In Rate              | 05, 24, 25, 53                 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0457          | CHEST SHELL (CUIRASS)   |                                     | RR                              | 60 / \$1.90                    | Y / \$340.00        | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0459          | CHEST WRAP  |                                     | RR                              | 60 / \$1.36                    | Y / \$209.50        | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0460          | NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY (E.G., PORTA-LUNG)   | Primary                             | RR                              | 60 / \$4.90                    | Y / \$903.49        | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20130101       | 01, 03, 04 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72  |
|                |   | Backup                              | RR, TW                          | 0 / \$2.45                     | Y / \$451.75        |                 | In Rate              |                                |                | 01, 03, 04 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72              |
| E0461          | VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USE WITH NON-INVASIVE INTERFACE (E.G. MASK)                            | Primary                             | RR                              | 0 / \$17.00                    | Y / \$9,265.00      | 5 YEARS         | Not in Rate          | 05, 24, 25, 53, 75             | 20130101       | 11, 12, 31, 32, 33, 54   |
|                |   | Extended rental                     | 52, RR                          | 0 / \$8.50                     |                     |                 |                      |                                |                |  |
|                |   | Backup rental                       | TW, RR                          | 0 / \$8.50                     | Y / \$4,632.50      |                 | In Rate              |                                |                | 11, 12, 33   |
|                |   | Extended backup rental              | 52, TW, RR                      | 0 / \$4.25                     |                     |                 |                      |                                |                |  |
| E0462          | ROCKING BED WITH OR WITHOUT SIDE RAILS  |                                     | RR                              | 60 / \$8.07                    | Y / \$4,398.15      | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0463          | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)                      | Primary                             | RR                              | 0 / \$17.00                    | Y / \$9,265.00      | 5 YEARS         | Not in Rate          | 05, 24, 25                     | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | Extended rental                     | 52, RR                          | 0 / \$8.50                     |                     |                 |                      |                                |                |  |
|                |   | Backup rental                       | TW, RR                          | 0 / \$8.50                     | Y / \$4,632.50      |                 | In Rate              |                                |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Extended backup rental              | 52, TW, RR                      | 0 / \$4.25                     |                     |                 |                      |                                |                |  |
| E0464          | PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)                               | Primary                             | RR                              | 0 / \$17.00                    | Y / \$9,265.00      | 5 YEARS         | Not in Rate          | 05, 24, 25                     | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | Extended rental                     | 52, RR                          | 0 / \$8.50                     |                     |                 |                      |                                |                |  |
|                |   | Backup rental                       | TW, RR                          | 0 / \$8.50                     | Y / \$4,632.50      |                 | In Rate              |                                |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Extended backup rental              | 52, TW, RR                      | 0 / \$4.25                     |                     |                 |                      |                                |                |  |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental                         | Purchase            | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|--------------------------------|---------------------|-----------------|----------------------|--------------------------|----------------|--|
|                |   |                                     |                                 | Days Before PA / Daily Max Fee | PA Needed / Max Fee |                 |                      |                          |                |  |
| E0471          | RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE) |                                     | RR                              | 60 / \$6.42                    | Y / \$2,922.74      | 5 YEARS         | Not in Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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)       | Primary                             | RR                              | 0 / \$11.11                    | Y / \$4,721.75      | 5 YEARS         | Not in Rate          | 05, 24, 25, 53           | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | Extended rental                     | 52, RR                          | 0 / \$5.56                     |                     |                 |                      |                          |                |  |
|                |   | Backup rental                       | TW, RR                          | 0 / \$5.56                     | Y / \$2,360.88      |                 | In Rate              |                          |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Extended backup rental              | 52, TW, RR                      | 0 / \$2.78                     |                     |                 |                      |                          |                |  |
| E0480          | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL  |                                     | RR                              | 60 / \$2.13                    | Y / \$428.52        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0481          | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES  |                                     |                                 | 60 / \$7.43                    | Y / \$4,077.88      | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0482          | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE   | Primary                             | RR                              | 60 / \$7.54                    | Y / \$4,139.74      | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20130401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$3.77                     | Y / \$2,069.87      | 5 YEARS         | In Rate              | 05, 24, 25, 53           |                |  |
| E0483          | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH   |                                     | RR                              | 0 / \$21.50                    | Y / \$12,000.00     | 1 PER LIFETIME  | In Rate              | 05, 24, 25               | 20061001       | 11, 12   |
| E0487          | SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES  |                                     | RR                              | 60 / \$1.06                    | Y / \$351.55        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0500          | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE   |                                     | RR                              | 60 / \$3.35                    | Y / \$903.49        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0550          | HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY   | Primary                             | RR                              | 60 / \$2.74                    | Y / \$790.63        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$1.37                     | Y / \$395.32        |                 |                      |                          |                |  |
| E0555          | HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER   |                                     | RR                              | No Rental                      | Y / \$27.11         | 6 MONTHS        | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0560          | HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY  | Primary                             | RR                              | 60 / \$0.68                    | Y / \$114.81        | 3 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$0.34                     | Y / \$57.41         |                 |                      |                          |                |  |
| E0561          | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE   |                                     | RR                              | 60 / \$0.65                    | Y / \$86.11         | 3 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0562          | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE   |                                     | RR                              | 60 / \$1.62                    | Y / \$265.77        | 3 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0565          | COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN   | Primary                             | RR                              | 60 / \$2.20                    | Y / \$378.50        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$1.10                     | Y / \$189.25        |                 |                      |                          |                |  |
| E0570          | NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID  | Primary                             | RR                              | 60 / \$0.51                    | N / \$103.29        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$0.26                     | Y / \$51.65         |                 |                      |                          |                |  |
| E0575          | NEBULIZER, ULTRASONIC, LARGE VOLUME   | Primary                             | RR                              | 60 / \$2.62                    | Y / \$508.10        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$1.31                     | Y / \$254.05        |                 |                      |                          |                |  |
| E0580          | NEBULIZER, WITH COMPRESSOR, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER  | Primary                             |                                 | No Rental                      | Y / \$91.17         | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | TW                              |                                | Y / \$45.59         |                 |                      |                          |                |  |
| E0585          | NEBULIZER; WITH COMPRESSOR AND HEATER   | Primary                             | RR                              | 60 / \$2.93                    | Y / \$460.08        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$1.47                     | Y / \$230.04        |                 |                      |                          |                |  |
| E0600          | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC  | Primary                             | RR                              | 60 / \$1.09                    | Y / \$403.04        | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 60 / \$0.55                    | Y / \$201.52        |                 |                      |                          |                |  |

| Procedure Code | Full Description  | Additional Service Code Description | Allowable or Required Modifiers | Rental                         | Purchase                       | Life Expectancy | In NH Facility Rate? | Allowable Provider Types                   | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------------|---------------------------------|--------------------------------|--------------------------------|-----------------|----------------------|--|----------------|--|
|                |   |                                     |                                 | Days Before PA / Daily Max Fee | PA Needed / Max Fee            |                 |                      |  |                |  |
| E0601          | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE   |                                     | RR                              | 60 / \$3.91                    | Y / \$1,174.54                 | 5 YEARS         | Not in Rate          | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0605          | VAPORIZER, ROOM TYPE (NOTE: FOR USE WITH OXYGEN SYSTEM ONLY)  |                                     |                                 | No Rental                      | Y / \$15.21                    | 2 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0606          | POSTURAL DRAINAGE BOARD   |                                     | RR                              | 60 / \$1.35                    | Y / \$271.05                   | 2 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0619          | APNEA MONITOR, WITH RECORDING FEATURE   |                                     | RR                              | 90 / \$5.11                    | Y / \$1,909.60                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0776          | IV POLE (NOT FOR USE WITH PORTABLE PUMPS)   | Primary                             | RR                              | 60 / \$0.62                    | N / \$116.26                   | 8 YEARS         | In Rate              | 05, 24, 25, 53                             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   | Backup                              | RR, TW                          | 0 / \$0.31                     | Y / \$58.13                    |                 |                      |  |                |  |
| E1353          | REGULATOR   |                                     | RR                              | 0 / \$0.50                     | Y / \$30.98                    | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E1355          | STAND/RACK  |                                     |                                 | No Rental                      | Y / \$18.34                    | 1 PER LIFETIME  | In Rate              | 05, 24, 25, 53                             | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E1372          | IMMERSION EXTERNAL HEATER FOR NEBULIZER   |                                     | RR                              | 60 / \$1.10                    | Y / \$78.58                    | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
|                |   |                                     | RR, TW                          | 0 / \$0.55                     | Y / \$39.29                    |                 |                      |  |                |  |
| E1390          | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE                     | <1 L/min, primary                   | QE, RR                          | 30 / \$3.43                    | Y / \$1,456.42                 | 5 YEARS         | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   | 1-4 L/min, primary                  | RR                              | 30 / \$6.87                    |                                |                 |                      |  |                |  |
|                |   | >4 L/min, primary                   | QG, RR                          | 30 / \$10.30                   |                                |                 |                      |  |                |  |
|                |   | <1 L/min, backup                    | QE, RR, TW                      | 0 / \$1.72                     | Y / \$728.21                   |                 |                      |  |                |  |
|                |   | 1-4 L/min, backup                   | RR, TW                          | 0 / \$3.44                     |                                |                 |                      |  |                |  |
|                |   | >4 L/min, backup                    | QG, RR, TW                      | 0 / \$5.15                     |                                |                 |                      |  |                |  |
| E1392          | PORTABLE OXYGEN CONCENTRATOR, RENTAL  |                                     | RR                              | 30 / \$1.08                    | No Purchase                    | N/A             | Not in Rate          | 03, 04, 05, 24, 25, 53, 57                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
|                |   |                                     | RR, TW                          | 0 / \$0.54                     |                                |                 |                      |  |                |  |
| E1399          | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME)   |                                     | U1-U9, UA-UD, RR                | 0 / Priced on PA               | Y / Priced on PA               | VARIES          | Not in Rate          | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 | 20031001       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1405          | OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITH HEATED DELIVERY   |                                     | RR                              | 30 / \$6.87                    | No Purchase                    | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1406          | OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITHOUT HEATED DELIVERY  |                                     | RR                              | 30 / \$6.87                    | No Purchase                    | N/A             | Not in Rate          | 03, 04, 05, 06, 24, 25, 53, 57             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0739          | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES |                                     |                                 | No Rental                      | Only if Over 8 units / \$10.95 | N/A             | Per Policy           | 04, 05, 17, 24, 25, 53, 74, 79             | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Daily Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life<br>Expectancy | In NH<br>Facility<br>Rate? | Allowable<br>Provider<br>Types | Effective<br>Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---|------------------------------------|--------------------|----------------------------|--------------------------------|-------------------|--|
| E0950          | WHEELCHAIR ACCESSORY, TRAY, EACH   |                                 | No Rental                                   | Y / \$104.99                       | 4 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0951          | HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH  | RT, LT                          | No Rental                                   | N / \$18.15                        | 2 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0952          | TOE LOOP/HOLDER, ANY TYPE, EACH  | RT, LT                          | No Rental                                   | N / \$13.82                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0955          | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH                     |                                 | No Rental                                   | Y / \$150.94                       | 3 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0956          | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH            | RT, LT,<br>RB < \$50            | No Rental                                   | Y / \$71.83                        | 4 PER 2<br>YEARS   | Per Policy                 | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0958          | MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH  |                                 | No Rental                                   | Y / \$394.68                       | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0959          | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH   | RT, LT                          | No Rental                                   | N / \$37.96                        | 3 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0960          | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE               |                                 | No Rental                                   | N / \$75.05                        | 1 YEAR             | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0961          | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH   | RT, LT                          | No Rental                                   | N / \$25.53                        | 3 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0966          | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH  |                                 | No Rental                                   | Y / \$61.27                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0967          | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH   | RT, LT                          | No Rental                                   | Y / \$54.15                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0969          | NARROWING DEVICE, WHEELCHAIR   |                                 | No Rental                                   | Y / \$120.52                       | 4 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0971          | MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH   | RT, LT                          | No Rental                                   | N / \$42.17                        | 3 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0973          | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH                             | RT, LT                          | No Rental                                   | Y / \$85.95                        | 3 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0974          | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH  |                                 | No Rental                                   | N / \$67.32                        | 3 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0978          | WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH  |                                 | No Rental                                   | N / \$36.66                        | 2 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0981          | WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH  |                                 | No Rental                                   | N / \$32.63                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0982          | WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH  |                                 | No Rental                                   | N / \$34.42                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0983          | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL | RR                              | 60 / \$3.03                                 | Y / \$1,815.41                     | 4 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0984          | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL   | RR                              | 60 / \$3.03                                 | Y / \$1,002.50                     | 4 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0986          | MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH   | RT, LT                          | No Rental                                   | Y / \$3,112.96                     | 5 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0988          | MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR  |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | In Rate                    | 04, 05, 17, 24, 25, 77, 78     | 20120101          | 11, 12, 13, 14, 33   |
| E0990          | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH  | RT, LT                          | No Rental                                   | N / \$98.24                        | 3 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0992          | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT   |                                 | No Rental                                   | N / \$81.69                        | 2 YEARS            | In Rate                    | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E0995          | WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH  | RT, LT                          | No Rental                                   | N / \$26.10                        | 2 YEARS            | Per Policy                 | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types                   | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--|----------------|--|
| E1002          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY   |                                 | No Rental                             | Y / \$3,752.44               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1003          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION   |                                 | No Rental                             | Y / \$3,512.81               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20040101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1004          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION   |                                 | No Rental                             | Y / \$3,895.24               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20040101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1005          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION  |                                 | No Rental                             | Y / \$4,216.28               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1007          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION   |                                 | No Rental                             | Y / \$6,537.73               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1008          | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION  |                                 | No Rental                             | Y / \$6,538.73               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1009          | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH            |                                 | No Rental                             | Y / Priced on PA             | 3 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1010          | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR                                      |                                 | No Rental                             | Y / \$727.20                 | 3 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1020          | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE   |                                 | No Rental                             | N / \$208.97                 | 4 YEARS         | In Rate              | 05, 24, 25, 53                             | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E1028          | WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY | U1-U9, UA-UD                    | No Rental                             | Y / Priced on PA             | 3 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1029          | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED  |                                 | No Rental                             | Y / \$120.90                 | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1030          | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED   |                                 | No Rental                             | Y / \$1,000.38               | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1031          | ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER   | RR, RB                          | 60 / \$1.53                           | Y / \$226.93                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E1226          | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH  | RR                              | 60 / \$1.62                           | Y / \$468.44                 | 5 YEARS         | Per Policy           | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1399          | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME)   | U1-U9, UA-UD                    | 0 / Priced on PA                      | Y / Priced on PA             | VARIES          | Per Policy           | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2201          | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES                             |                                 | No Rental                             | Y / \$310.56                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2202          | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES   |                                 | No Rental                             | Y / \$310.45                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2203          | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES  |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2204          | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES  |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2205          | MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH                      | RT, LT                          | No Rental                             | Y / Priced on PA             | 5 YEARS         | In Rate              | 05, 24, 25                                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2206          | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH  | RT, LT                          | No Rental                             | N / \$41.51                  | 5 YEARS         | In Rate              | 05, 24, 25                                 | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2207          | WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH  |                                 | No Rental                             | Y / \$28.83                  | 5 YEARS         | In Rate              | 05, 24, 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| E2208          | WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH   |                                 | No Rental                             | Y / \$73.92                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2209          | ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH   |                                 | No Rental                             | Y / \$85.72                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2210          | WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH  |                                 | No Rental                             | N / \$4.55                   | 4 PER YEAR      | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2211          | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH  | RT, LT                          | No Rental                             | N / \$22.73                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 49, 50, 54, 71, 72             |
| E2212          | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$5.42                   | 1 YEAR          | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 49, 50, 54, 71, 72             |
| E2213          | MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$20.20                  | 1 YEAR          | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2214          | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH  | RT, LT                          | No Rental                             | N / \$23.94                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2215          | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$7.68                   | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2216          | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH  | RT, LT                          | No Rental                             | N / \$25.86                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2217          | MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH  | RT, LT                          | No Rental                             | N / \$30.91                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2218          | MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$25.86                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2219          | MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$30.91                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2220          | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$19.33                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2221          | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$16.99                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2222          | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$22.62                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2224          | MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH   | RT, LT                          | No Rental                             | N / \$17.78                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2225          | MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH   | RT, LT                          | No Rental                             | N / \$14.54                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2226          | MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH  | RT, LT                          | No Rental                             | N / \$16.15                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2227          | MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH   | RT, LT                          | No Rental                             | Y / Priced on PA             | 1 YEAR          | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2228          | MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH  | RT, LT                          | No Rental                             | Y / Priced on PA             | 1 YEAR          | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2231          | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE                                 |                                 | No Rental                             | N / \$80.88                  | 3 YEARS         | In Rate              | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2295          | MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | In Rate              | 05, 24, 25               | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2312          | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE  |                                 | No Rental                             | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Daily Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life<br>Expectancy | In NH<br>Facility<br>Rate? | Allowable<br>Provider<br>Types | Effective<br>Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---|------------------------------------|--------------------|----------------------------|--------------------------------|-------------------|--|
| E2313          | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH   |                                 | No Rental                                   | Y / \$275.19                       | 1 YEAR             | Not In Rate                | 05, 24, 25, 53                 | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2321          | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE  |                                 | No Rental                                   | Y / \$1,316.00                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2322          | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE   |                                 | No Rental                                   | Y / \$1,210.80                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2323          | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED   |                                 | No Rental                                   | Y / \$55.49                        | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2324          | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE   |                                 | No Rental                                   | Y / \$38.20                        | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2325          | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE  |                                 | No Rental                                   | Y / \$1,156.26                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2326          | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE  |                                 | No Rental                                   | Y / \$259.16                       | 3 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2327          | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE  |                                 | No Rental                                   | Y / \$1,979.82                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2328          | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE  |                                 | No Rental                                   | Y / \$3,328.68                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                                 | No Rental                                   | Y / \$1,485.47                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                                 | No Rental                                   | Y / \$2,861.61                     | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2340          | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES  |                                 | No Rental                                   | Y / \$310.40                       | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2341          | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES  |                                 | No Rental                                   | Y / \$445.64                       | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2342          | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES   |                                 | No Rental                                   | Y / \$388.04                       | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2343          | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES  |                                 | No Rental                                   | Y / \$486.86                       | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2351          | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE   |                                 | No Rental                                   | Y / Priced on PA                   | 5 YEARS            | Not In Rate                | 05, 24, 25, 53                 | 20130101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| E2358          | POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH  |                                 | No Rental                             | N / \$80.69                  | 15 MONTHS       | Not In Rate          | 24, 25                   | 20120901       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2359          | POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)   |                                 | No Rental                             | N / \$177.69                 | 24 MONTHS       | Not In Rate          | 24;25                    | 20120901       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2360          | POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH   |                                 | No Rental                             | N / \$80.69                  | 9 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2361          | POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)  |                                 | No Rental                             | N / \$129.12                 | 18 MONTHS       | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2362          | POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH  |                                 | No Rental                             | N / \$80.69                  | 9 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2363          | POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)   |                                 | No Rental                             | N / \$163.59                 | 18 MONTHS       | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2364          | POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH   |                                 | No Rental                             | N / \$80.69                  | 9 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2365          | POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)  |                                 | No Rental                             | N / \$103.92                 | 18 MONTHS       | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2366          | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH   |                                 | No Rental                             | Y / \$175.26                 | 10 YEARS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2367          | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH   |                                 | No Rental                             | Y / \$175.26                 | 10 YEARS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2368          | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY  | RT, LT                          | No Rental                             | Y / \$413.25                 | 5 YEARS         | Not In Rate          | 05, 24, 25               | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2369          | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY   | RT, LT                          | No Rental                             | Y / \$359.95                 | 5 YEARS         | Not In Rate          | 05, 24, 25               | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2370          | POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY  | RT, LT                          | No Rental                             | Y / \$642.27                 | 5 YEARS         | Not In Rate          | 05, 24, 25               | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2371          | POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH  |                                 | No Rental                             | N / \$139.55                 | 18 MONTHS       | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2372          | POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH  |                                 | No Rental                             | N / \$160.59                 | 9 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2373          | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE   |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                                 | No Rental                             | Y / \$469.68                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2375          | POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY   |                                 | No Rental                             | Y / \$713.70                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2376          | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY   |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2377          | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE  |                                 | No Rental                             | Y / \$427.19                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| E2378          | POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY  |                                 | No Rental                             | Y / Priced on PA             | 5 YEARS         | Per Policy           | 05, 24, 25, 53           | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2381          | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                  | RT, LT                          | No Rental                             | N / \$60.02                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2382          | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                         | RT, LT                          | No Rental                             | N / \$16.61                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2383          | POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH | RT, LT                          | No Rental                             | N / \$121.50                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2384          | POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                       | RT, LT                          | No Rental                             | N / \$64.80                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2385          | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                              | RT, LT                          | No Rental                             | N / \$39.40                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2386          | POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                | RT, LT                          | No Rental                             | N / \$127.93                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2387          | POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                     | RT, LT                          | No Rental                             | N / \$51.94                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2388          | POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                       | RT, LT                          | No Rental                             | N / \$40.31                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2389          | POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH  | RT, LT                          | No Rental                             | N / \$21.88                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2390          | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                     | RT, LT                          | No Rental                             | N / \$38.80                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2391          | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH              | RT, LT                          | No Rental                             | N / \$18.97                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2392          | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH    | RT, LT                          | No Rental                             | N / \$45.79                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2394          | POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                   | RT, LT                          | No Rental                             | N / \$46.05                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2395          | POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                  | RT, LT                          | No Rental                             | N / \$43.64                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2396          | POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH   | RT, LT                          | No Rental                             | N / \$53.20                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2397          | POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH   |                                 | No Rental                             | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2601          | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH   |                                 | No Rental                             | N / \$53.79                  | 3 YEARS         | In Rate              | 05, 24, 25, 53           | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2602          | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  |                                 | No Rental                             | N / \$105.01                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2603          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH   |                                 | No Rental                             | N / \$133.32                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2604          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  |                                 | No Rental                             | N / \$165.71                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2605          | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH   |                                 | No Rental                             | N / \$259.92                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2606          | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  |                                 | No Rental                             | N / \$352.34                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2607          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                             |                                 | No Rental                             | N / \$244.27                 | 3 YEARS         | In Rate              | 05, 24, 25               | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Daily Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life<br>Expectancy | In NH<br>Facility<br>Rate? | Allowable<br>Provider<br>Types | Effective<br>Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---|------------------------------------|--------------------|----------------------------|--------------------------------|-------------------|--|
| E2608          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH   |                                 | No Rental                                   | Y / \$295.17                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2609          | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | Per Policy                 | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2610          | WHEELCHAIR SEAT CUSHION, POWERED   |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | Not In Rate                | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2611          | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                     |                                 | No Rental                                   | Y / \$252.38                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2612          | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                    |                                 | No Rental                                   | Y / \$341.41                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2613          | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                          |                                 | No Rental                                   | Y / \$317.57                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2614          | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                         |                                 | No Rental                                   | Y / \$439.49                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2615          | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                  |                                 | No Rental                                   | Y / \$365.47                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2616          | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                 |                                 | No Rental                                   | Y / \$491.73                       | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2617          | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE  |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | Per Policy                 | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2619          | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH  |                                 | No Rental                                   | N / \$45.13                        | 2 YEARS            | In Rate                    | 05, 24, 25                     | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2620          | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2621          | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE |                                 | No Rental                                   | Y / Priced on PA                   | 3 YEARS            | In Rate                    | 05, 24, 25                     | 20080701          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2622          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH  |                                 | No Rental                                   | Y / \$239.68                       | 3 YEARS            | In Rate                    | 04, 05, 17, 24, 25, 53, 77, 78 | 20110101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2623          | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH   |                                 | No Rental                                   | Y / \$304.80                       | 3 YEARS            | In Rate                    | 04, 05, 17, 24, 25, 53, 77, 78 | 20110101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2624          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH  |                                 | No Rental                                   | Y / \$241.60                       | 3 YEARS            | In Rate                    | 04, 05, 17, 24, 25, 53, 77, 78 | 20110101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2625          | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH   |                                 | No Rental                                   | Y / \$305.99                       | 3 YEARS            | In Rate                    | 04, 05, 17, 24, 25, 53, 77, 78 | 20110101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| E2626          | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE  | RT, LT                          | No Rental                                   | Y / \$181.38                       | 3 YEARS            | Not In Rate                | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101          | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2627          | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE                                    | RT, LT                          | No Rental                                   | Y / \$221.43                       | 3 YEARS            | Not In Rate                | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101          | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2628          | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING   | RT, LT                          | No Rental                                   | Y / \$247.80                       | 3 YEARS            | Not In Rate                | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101          | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| E2629          | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)     | RT, LT                          | No Rental                             | Y / \$305.80                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2630          | WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT | RT, LT                          | No Rental                             | Y / \$207.76                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2631          | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM   | RT, LT                          | No Rental                             | Y / \$221.13                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2632          | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL  | RT, LT                          | No Rental                             | Y / \$121.03                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| E2633          | WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR  | RT, LT                          | No Rental                             | Y / \$121.03                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| K0001          | STANDARD WHEELCHAIR  | RR, RB < \$150                  | 60 / \$1.79                           | Y / \$556.02                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0002          | STANDARD HEMI (LOW SEAT) WHEELCHAIR  | RR, RB < \$150                  | 60 / \$2.84                           | Y / \$710.19                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0003          | LIGHTWEIGHT WHEELCHAIR   | RR, RB < \$150                  | 60 / \$2.64                           | Y / \$830.85                 | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0004          | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR  | RR, RB < \$150                  | 60 / \$3.62                           | Y / \$1,083.53               | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0005          | ULTRA LIGHTWEIGHT WHEELCHAIR   | RR, RB < \$150                  | 60 / \$6.04                           | Y / \$1,638.68               | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0006          | HEAVY DUTY WHEELCHAIR  | RR, RB < \$150                  | 60 / \$4.10                           | Y / \$1,228.80               | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0007          | EXTRA HEAVY DUTY WHEELCHAIR  | RR, RB < \$150                  | 60 / \$6.31                           | Y / \$1,890.69               | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0009          | OTHER MANUAL WHEELCHAIR/BASE   | RR, RB < \$150                  | 0 / Priced on PA                      | Y / Priced on PA             | 5 YEARS         | In Rate              | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0010          | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR   | RB < \$150                      | No Rental                             | No Purchase                  | 6 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0011          | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING       | RB < \$150                      | No Rental                             | No Purchase                  | 6 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0012          | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR  | RB < \$150                      | No Rental                             | No Purchase                  | 6 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0014          | OTHER MOTORIZED/POWER WHEELCHAIR BASE  | RB < \$150                      | No Rental                             | No Purchase                  | 6 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0015          | DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH  | RT, LT                          | No Rental                             | N / \$120.81                 | 5 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0017          | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH  | RT, LT                          | No Rental                             | N / \$33.98                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0018          | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH   | RT, LT                          | No Rental                             | N / \$18.99                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0019          | ARM PAD, EACH  | RT, LT                          | No Rental                             | N / \$12.94                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0020          | FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR   |                                 | No Rental                             | N / \$30.88                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0037          | HIGH MOUNT FLIP-UP FOOTREST, EACH  | RT, LT                          | No Rental                             | N / \$32.02                  | 4 YEARS         | Per Policy           | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| K0038          | LEG STRAP, EACH   | RT, LT                          | No Rental                             | N / \$16.13                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0039          | LEG STRAP, H STYLE, EACH  | RT, LT                          | No Rental                             | N / \$35.80                  | 5 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0040          | ADJUSTABLE ANGLE FOOTPLATE, EACH  | RT, LT                          | No Rental                             | N / \$62.47                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0041          | LARGE SIZE FOOTPLATE, EACH  | RT, LT                          | No Rental                             | N / \$35.19                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0042          | STANDARD SIZE FOOTPLATE, EACH   | RT, LT                          | No Rental                             | N / \$24.22                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0043          | FOOTREST, LOWER EXTENSION TUBE, EACH  | RT, LT                          | No Rental                             | N / \$16.35                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0044          | FOOTREST, UPPER HANGER BRACKET, EACH  | RT, LT                          | No Rental                             | N / \$13.92                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0045          | FOOTREST, COMPLETE ASSEMBLY   | RT, LT                          | No Rental                             | N / \$47.37                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0046          | ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH   | RT, LT                          | No Rental                             | N / \$16.35                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0047          | ELEVATING LEGREST, UPPER HANGER BRACKET, EACH   | RT, LT                          | No Rental                             | N / \$63.99                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0050          | RATCHET ASSEMBLY  | RT, LT                          | No Rental                             | N / \$21.61                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0051          | CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH   | RT, LT                          | No Rental                             | N / \$34.96                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0052          | SWINGAWAY, DETACHABLE FOOTRESTS, EACH   | RT, LT                          | No Rental                             | Y / \$61.45                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0053          | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH   | RT, LT                          | No Rental                             | Y / \$85.36                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0056          | SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR |                                 | No Rental                             | Y / \$63.24                  | 5 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0065          | SPOKE PROTECTORS, EACH  | RT, LT                          | No Rental                             | N / \$37.20                  | 2 YEARS         | In Rate              | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| K0069          | REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH  | RT, LT                          | No Rental                             | Y / \$66.43                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0070          | REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH  | RT, LT                          | No Rental                             | Y / \$121.78                 | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0071          | FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH  | RT, LT                          | No Rental                             | Y / \$72.63                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0072          | FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH   | RT, LT                          | No Rental                             | Y / \$43.72                  | 3 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0073          | CASTER PIN LOCK, EACH   | RT, LT                          | No Rental                             | N / \$23.15                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0077          | FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH  | RT, LT                          | No Rental                             | N / \$39.12                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0105          | IV HANGER, EACH   |                                 | No Rental                             | Y / \$88.15                  | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0108          | WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED  | U1-U9, UA-UD                    | No Rental                             | Y / Priced on PA             | 2 YEARS         | Per Policy           | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0733          | POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)            |                                 | No Rental                             | N / \$62.15                  | 18 MONTHS       | Per Policy           | 05, 24, 25, 53           | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Daily Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life<br>Expectancy | In NH<br>Facility<br>Rate? | Allowable<br>Provider<br>Types | Effective<br>Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---|------------------------------------|--------------------|----------------------------|--------------------------------|-------------------|--|
| K0739          | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES |                                 | No Rental                                   | Only if Over 8 units / \$10.95     | N/A                | Per Policy                 | 04, 05, 17, 24, 25, 53, 74, 79 | 20100101          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0800          | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$150                  | 0 / \$2.31                                  | Y / \$1,043.33                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0801          | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | RR, RB < \$150                  | 0 / \$3.74                                  | Y / \$1,683.67                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0802          | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | RR, RB < \$150                  | 0 / \$4.23                                  | Y / \$1904.86                      | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0806          | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$150                  | 0 / \$2.80                                  | Y / \$1,262.50                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0807          | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | RR, RB < \$150                  | 0 / \$4.25                                  | Y / \$1,916.98                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0808          | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | RR, RB < \$150                  | 0 / \$6.69                                  | Y / \$2,965.36                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0812          | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED  | RR, RB < \$150                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0813          | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                             | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$3,789.84                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0814          | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,619.51                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0815          | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                                       | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,838.68                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0816          | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,120.85                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0820          | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                                 | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0821          | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0822          | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,363.00                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0823          | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,375.00                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0824          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,840.00                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0825          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$4,840.00                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120901          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0826          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$7,750.00                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0827          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / \$6,163.20                     | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20140401          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0828          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE   | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS            | Per Policy                 | 05, 24, 25                     | 20120501          | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| K0829          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE  | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0830          | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,363.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0831          | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0835          | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,520.65               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0836          | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0837          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS              | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0838          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,738.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0839          | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS          | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0840          | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE       | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0841          | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0842          | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS        | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0843          | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0848          | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,860.23               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0849          | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0850          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,638.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0851          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0852          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0853          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                     | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0854          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                            | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Rental Days Before PA / Daily Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|---------------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| K0855          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                                   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0856          | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$4,905.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0857          | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0858          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS                       | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$5,363.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0859          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0860          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS         | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0861          | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$5,310.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120901       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0862          | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$5,744.00               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0863          | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS       | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0864          | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE     | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0868          | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0869          | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0870          | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0871          | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0877          | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0878          | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0879          | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS              | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0880          | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS                  | RR, RB < \$300                  | 0 / Priced on PA                      | Y / Priced on PA             | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0884          | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < \$300                  | 0 / Priced on PA                      | Y / \$6,383.80               | 6 YEARS         | Per Policy           | 05, 24, 25               | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Daily Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---|------------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| K0885          | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS         | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0886          | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS             | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0890          | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS   | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0891          | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0898          | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0899          | POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA  | RR, RB < \$300                  | 0 / Priced on PA                            | Y / Priced on PA                   | 6 YEARS         | Per Policy           | 05, 24, 25               | 20120501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types           | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|------------------------------------|----------------|--|
| A4566          | SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$21.35                  | 6 Months        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5500          | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE   |                               | RT, LT                          | Y / \$73.11                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5501          | FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE  |                               | RT, LT                          | Y / \$175.55                 | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5503          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM  |                               | RT, LT                          | N / \$29.62                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5504          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE   |                               | RT, LT                          | N / \$29.62                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5505          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE   |                               | RT, LT                          | N / \$29.62                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5506          | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE  |                               | RT, LT                          | N / \$29.62                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| A5507          | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE  |                               | RT, LT                          | Y / Priced on PA             | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               | RT, LT                          | N / \$5.31                   | 3 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               | RT, LT                          | Y / \$25.58                  | 3 PER YEAR      | Not In Rate          | 05, 24, 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0672          | ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH   |                               | RT, LT                          | N / \$81.89                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0112          | CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED   |                               |                                 | Y / \$2,062.42               | 1 PER LIFETIME  | Not In Rate          | 25, 53                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| L0113          | CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | Y / \$60.28                  | 1 YEAR          | Not In Rate          | 25, 53                             | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| L0120          | CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)   |                               |                                 | N / \$14.99                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0130          | CERVICAL, FLEXIBLE; THERMOPLASTIC COLLAR, MOLDED TO PATIENT  |                               |                                 | N / \$297.34                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0140          | CERVICAL, SEMI-RIGID; ADJUSTABLE (PLASTIC COLLAR)  |                               |                                 | N / \$33.73                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0150          | CERVICAL, SEMI-RIGID; ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)  |                               |                                 | N / \$62.54                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0160          | CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF  |                               |                                 | N / \$114.93                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0170          | CERVICAL COLLAR; MOLDED TO PATIENT MODEL   |                               |                                 | N / \$553.58                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0172          | CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE, PREFABRICATED, OFF-THE-SHELF   |                               |                                 | N / \$71.44                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types           | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|------------------------------------|----------------|--|
| L0174          | CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF  |                               |                                 | N / \$206.13                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0180          | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE   |                               |                                 | N / \$382.31                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0190          | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)  |                               |                                 | N / \$252.14                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0200          | CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION   |                               |                                 | N / \$236.20                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0220          | THORACIC, RIB BELT; CUSTOM FABRICATED   |                               |                                 | N / \$110.72                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$130.60                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$257.17                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$347.99                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$199.99                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               |                                 | N / \$347.99                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$328.00                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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               |                               |                                 | N / \$596.41                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

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|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| 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 |                               |                                 | N / \$596.41                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$596.41                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$596.41                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$308.49                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$231.00                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$386.62                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$421.00                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               |                                 | N / \$534.98                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

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|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L0472          | TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR & LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC & ONE STERNAL), POSTERIOR & LATERAL PADS WITH STRAPS & CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES FITTING & SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | N / \$329.19                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0480          | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, W/ MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & 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, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED  |                               |                                 | N / \$1,228.15               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0482          | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & 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, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED  |                               |                                 | N / \$1,371.85               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0484          | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED                               |                               |                                 | N / \$1,481.57               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0486          | TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED                                       |                               |                                 | N / \$1,663.83               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0488          | TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & 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, & TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               |                                 | N / \$1,239.64               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0490          | TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL & CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | N / \$1,049.59               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               |                                 | N / \$472.20                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types           | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|------------------------------------|----------------|--|
| 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 |                               |                                 | N / \$472.20                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$65.58                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0622          | SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED  |                               |                                 | N / \$173.99                 | 2 YEARS         | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$89.67                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0624          | 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, CUSTOM FABRICATED   |                               |                                 | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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, SHOULDERS STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF  |                               |                                 | N / \$44.78                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$63.38                  | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$113.88                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 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  |                               |                                 | N / \$63.38                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types           | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|------------------------------------|----------------|--|
| 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  |                               |                                 | N / \$131.70                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$834.70                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / Priced on Claim          | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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     |                               |                                 | N / \$233.17                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / Priced on Claim          | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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, INCLUDE STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | N / \$812.49                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0636          | 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, CUSTOM FABRICATED   |                               |                                 | N / \$1,102.38               | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               |                                 | N / \$848.84                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types           | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|------------------------------------|----------------|--|
| 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, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, CUSTOM FABRICATED   |                               |                                 | N / \$1,072.43               | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               |                                 | N / \$280.68                 | 2 YEARS         | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, CUSTOM FABRICATED   |                               |                                 | N / \$850.83                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$49.29                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$49.29                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$79.25                  | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$130.78                 | 1 YEAR          | Not In Rate          | 04, 05, 15, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$328.25                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               |                                 | N / \$420.19                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77, 78             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| 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 |                               |                                 | N / \$453.00                 | 1 YEAR          | Not In Rate          | 04, 15, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0700          | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTL SO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)   |                               |                                 | N / \$1,449.87               | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0710          | CTL SO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)   |                               |                                 | N / \$1,634.41               | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0810          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST   |                               |                                 | N / \$1,997.14               | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0820          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET   |                               |                                 | N / \$970.09                 | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0830          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS   |                               |                                 | N / \$1,091.35               | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0859          | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL   |                               |                                 | N / \$1,002.35               | 3 YEARS         | Not In Rate          | 09, 10, 31, 33                 | 20120901       | 21, 22, 23   |
| L0970          | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), CORSET FRONT  |                               |                                 | N / \$55.89                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0972          | LUMBAR-SACRAL-ORTHOSIS (LSO), CORSET FRONT  |                               |                                 | N / \$54.84                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0974          | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FULL CORSET   |                               |                                 | N / \$91.22                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0976          | LUMBAR-SACRAL-ORTHOSIS (LSO), FULL CORSET   |                               |                                 | N / \$91.22                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0978          | AXILLARY CRUTCH EXTENSION   |                               |                                 | N / \$210.89                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0980          | PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR   |                               |                                 | N / \$7.29                   | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0982          | STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)   |                               |                                 | N / \$7.29                   | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0984          | PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH  | RT, LT                        |                                 | N / \$47.59                  | 3 PER YEAR      | Not In Rate          | 05, 15, 24, 25, 53, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L0999          | ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED  | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1000          | CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTL SO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MODEL  |                               |                                 | N / \$1,215.78               | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1001          | CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | N / \$808.00                 | 1 PER 3 MONTHS  | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1005          | TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT  |                               |                                 | N / \$2,602.47               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1010          | ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; AXILLA SLING   | RT, LT                        |                                 | N / \$48.61                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1020          | ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD   | RT, LT                        |                                 | N / \$48.61                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1025          | ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING   | RT, LT                        |                                 | N / \$123.04                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1030          | ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; LUMBAR BOLSTER PAD   | RT, LT                        |                                 | N / \$54.84                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1040          | ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; LUMBAR OR LUMBAR RIB PAD   | RT, LT                        |                                 | N / \$53.51                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L1050          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; STERNAL PAD   |                               |                                 | N / \$60.78                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1060          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; THORACIC PAD  | RT, LT                        |                                 | N / \$54.84                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1070          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; TRAPEZE SLING   |                               |                                 | N / \$50.60                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1080          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER   |                               |                                 | N / \$22.15                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1085          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS   |                               |                                 | N / \$99.85                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1090          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR SLING  | RT, LT                        |                                 | N / \$64.62                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1100          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER   | RT, LT                        |                                 | N / \$105.43                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1110          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL  | RT, LT                        |                                 | N / \$160.29                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1120          | ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; COVER FOR UPRIGHT, EACH   |                               |                                 | N / \$24.26                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1200          | THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY   |                               |                                 | N / \$1,054.46               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1210          | ADDITION TO TLSO, (LOW PROFILE); LATERAL THORACIC EXTENSION   | RT, LT                        |                                 | N / \$312.66                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1220          | ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC EXTENSION  | RT, LT                        |                                 | N / \$143.42                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1230          | ADDITION TO TLSO, (LOW PROFILE); MILWAUKEE TYPE SUPERSTRUCTURE  |                               |                                 | N / \$364.73                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1240          | ADDITION TO TLSO, (LOW PROFILE); LUMBAR DEROTATION PAD  | RT, LT                        |                                 | N / \$78.16                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1250          | ADDITION TO TLSO, (LOW PROFILE); ANTERIOR ASIS PAD  | RT, LT                        |                                 | N / \$47.39                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1260          | ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC DEROTATION PAD   | RT, LT                        |                                 | N / \$74.64                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1270          | ADDITION TO TLSO, (LOW PROFILE); ABDOMINAL PAD  |                               |                                 | N / \$74.64                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1280          | ADDITION TO TLSO, (LOW PROFILE); RIB GUSSET (ELASTIC), EACH   | RT, LT                        |                                 | N / \$75.65                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1290          | ADDITION TO TLSO, (LOW PROFILE); LATERAL TROCHANTERIC PAD   | RT, LT                        |                                 | N / \$66.57                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1300          | OTHER SCOLIOSIS PROCEDURE; BODY JACKET MOLDED TO PATIENT MODEL  |                               |                                 | N / \$1,038.65               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1310          | OTHER SCOLIOSIS PROCEDURE; POST-OPERATIVE BODY JACKET   |                               |                                 | N / \$1,006.99               | 2 PER YEAR      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1499          | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED  |                               |                                 | Y / Priced on PA             | VARIES          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | RT, LT                        |                                 | N / \$64.33                  | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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    | RT, LT                        |                                 | N / \$30.58                  | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L1620          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIC HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE                             |                               | RT, LT                          | N / \$77.50                  | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1630          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$137.09                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1640          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED  |                               | RT, LT                          | N / \$303.96                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1650          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$182.42                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1652          | HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE   |                               | RT, LT                          | N / \$289.84                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1660          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$79.09                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1680          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, HIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED   |                               | RT, LT                          | N / \$437.59                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1685          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED   |                               | RT, LT                          | N / \$695.91                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1686          | HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$769.53                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1690          | COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               |                                 | Y / \$1,517.14               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1700          | LEGG-PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$907.90                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1710          | LEGG-PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED  |                               | RT, LT                          | N / \$1,001.74               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1720          | LEGG-PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED  |                               | RT, LT                          | N / \$757.09                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1730          | LEGG-PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED  |                               | RT, LT                          | N / \$680.79                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1755          | LEGG-PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$1,311.13               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               | RT, LT                          | N / \$63.59                  | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1812          | KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$42.68                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1820          | KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$74.11                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1830          | KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$52.73                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1831          | KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED  |                               | RT, LT                          | N / \$106.05                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               | RT, LT                          | N / \$477.05                 | 2 YEARS         | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1833          | KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF   |                               | RT, LT                          | N / \$267.14                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1834          | KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$449.81                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L1836          | KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF   |   | RT, LT                          | N / \$87.70                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1840          | KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED   |   | RT, LT                          | N / \$358.62                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |   | RT, LT                          | N / \$419.46                 | 2 YEARS         | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |   | RT, LT                          | N / \$605.14                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |   | RT, LT                          | N / \$621.27                 | 2 YEARS         | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |   | RT, LT                          | N / \$874.43                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |   | RT, LT                          | N / \$451.26                 | 2 YEARS         | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1848          | KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF  |   | RT, LT                          | N / \$248.97                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1850          | KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF  |   | RT, LT                          | N / \$218.82                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1860          | KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)   |   | RT, LT                          | N / \$705.43                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1900          | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$182.42                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1902          | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, OFF-THE-SHELF  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$51.00                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1904          | ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$453.85                 | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1906          | ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$75.00                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1907          | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$316.33                 | 1 YEAR          | Not In Rate          | 04, 17, 53, 77                 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1910          | ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$168.71                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L1920          | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$212.74                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1930          | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$169.57                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1932          | ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |   | RT, LT                          | N / \$404.00                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1940          | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$285.76                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1945          | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$778.58                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1950          | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$516.69                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1951          | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$369.06                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1960          | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$285.76                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1970          | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$369.06                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1971          | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |   | RT, LT                          | N / \$369.06                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1980          | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORTHOSIS), CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$230.93                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L1990          | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR BK ORTHOSIS), CUSTOM FABRICATED   | ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990 | RT, LT                          | N / \$261.50                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2000          | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM FABRICATED   |   | RT, LT                          | N / \$548.32                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |   | RT, LT                          | N / \$1,727.10               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                                  |   | RT, LT                          | N / \$669.57                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2020          | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR AK ORTHOSIS), CUSTOM FABRICATED  |   | RT, LT                          | N / \$852.24                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                                 |   | RT, LT                          | N / \$777.12                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| 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 |                               | RT, LT                          | N / \$1,727.54               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2035          | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT                                      |                               | RT, LT                          | N / \$134.56                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2036          | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED                                  |                               | RT, LT                          | N / \$1,017.63               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2040          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$159.36                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2050          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$273.64                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2060          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$369.06                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2070          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED  |                               | RT, LT                          | N / \$89.64                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2080          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$249.37                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2090          | HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$289.97                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2106          | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$321.73                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2108          | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED  |                               | RT, LT                          | N / \$806.85                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2112          | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$507.31                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2114          | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$529.49                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2116          | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$605.14                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2126          | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$922.83                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2128          | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$1,008.57               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2132          | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$704.98                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2134          | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$738.12                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2136          | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$1,008.57               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2180          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; PLASTIC SHOE INSERT, WITH ANKLE JOINTS   |                               | RT, LT                          | N / \$96.83                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2182          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; DROP LOCK KNEE JOINT   |                               | RT, LT                          | N / \$70.61                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2184          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; LIMITED MOTION KNEE JOINT  |                               | RT, LT                          | N / \$74.87                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2186          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE  |                               | RT, LT                          | N / \$100.86                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2188          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; QUADRILATERAL BRIM   |                               | RT, LT                          | N / \$189.62                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2190          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; WAIST BELT   |                               |                                 | N / \$59.51                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2192          | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT  |                               | RT, LT                          | N / \$307.61                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L2200          | ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT  |                               | RT, LT                          | N / \$44.69                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2210          | ADDITION TO LOWER EXTREMITY; DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT  |                               | RT, LT                          | N / \$34.89                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2220          | ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT  |                               | RT, LT                          | N / \$44.69                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2230          | ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT  |                               | RT, LT                          | N / \$66.86                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2232          | ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY |                               | RT, LT                          | N / \$60.60                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2240          | ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT  |                               | RT, LT                          | N / \$66.54                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2250          | ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT   |                               | RT, LT                          | N / \$200.35                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2260          | ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)   |                               | RT, LT                          | N / \$91.58                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2270          | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD                                  |                               | RT, LT                          | N / \$48.61                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2275          | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED                                       |                               | RT, LT                          | N / \$91.62                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2280          | ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT   |                               | RT, LT                          | N / \$316.33                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2300          | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE                                    |                               | RT, LT                          | N / \$152.90                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2310          | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT  |                               | RT, LT                          | N / \$79.09                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2320          | ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY   |                               | RT, LT                          | N / \$316.33                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2330          | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY                                |                               | RT, LT                          | N / \$474.51                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2335          | ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND   |                               | RT, LT                          | N / \$186.59                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2340          | ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL   |                               | RT, LT                          | N / \$321.61                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20130501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2350          | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR "PTB", AFO ORTHOSSES)            |                               | RT, LT                          | N / \$485.05                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2360          | ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK  |                               | RT, LT                          | N / \$32.67                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2370          | ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM   |                               | RT, LT                          | N / \$325.77                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2375          | ADDITION TO LOWER EXTREMITY; TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP   |                               | RT, LT                          | N / \$70.61                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2380          | ADDITION TO LOWER EXTREMITY; TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT  |                               | RT, LT                          | N / \$80.69                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2385          | ADDITION TO LOWER EXTREMITY; STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT   |                               | RT, LT                          | N / \$102.57                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2387          | ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT                |                               | RT, LT                          | N / \$121.03                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2390          | ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, EACH JOINT   |                               | RT, LT                          | N / \$105.90                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2395          | ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT   |                               | RT, LT                          | N / \$121.03                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L2397          | ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE   |                               | RT, LT                          | N / \$85.80                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2405          | ADDITION TO KNEE JOINT, DROP LOCK, EACH   |                               | RT, LT                          | N / \$61.57                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2415          | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT         |                               | RT, LT                          | N / \$81.03                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2425          | ADDITION TO KNEE JOINT; DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT                                 |                               | RT, LT                          | N / \$95.62                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2430          | ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT                        |                               | RT, LT                          | N / \$95.62                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2492          | ADDITION TO KNEE JOINT; LIFT LOOP FOR DROP LOCK RING  |                               | RT, LT                          | N / \$105.90                 | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2500          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; GLUTEAL/ISCHIAL WEIGHT BEARING, RING                           |                               | RT, LT                          | N / \$276.27                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2510          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL                    |                               | RT, LT                          | N / \$395.42                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2520          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; QUADRILATERAL BRIM, CUSTOM FITTED                              |                               | RT, LT                          | N / \$474.51                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2525          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL    |                               | RT, LT                          | N / \$1,008.57               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2526          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED             |                               | RT, LT                          | N / \$796.76                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2530          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER, NON-MOLDED  |                               | RT, LT                          | N / \$158.19                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2540          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER, MOLDED TO PATIENT MODEL                                 |                               | RT, LT                          | N / \$215.11                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2550          | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; HIGH ROLL CUFF   |                               | RT, LT                          | N / \$302.56                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2570          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT; EACH                      |                               | RT, LT                          | N / \$73.81                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2580          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PELVIC SLING   |                               |                                 | N / \$66.45                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2600          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING; FREE, EACH                |                               | RT, LT                          | N / \$255.18                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2610          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE OR THRUST BEARING; LOCK, EACH                 |                               | RT, LT                          | N / \$133.92                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2620          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, HEAVY-DUTY, EACH  |                               | RT, LT                          | N / \$257.19                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2622          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, ADJUSTABLE FLEXION, EACH                                  |                               | RT, LT                          | N / \$400.05                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2624          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH    |                               | RT, LT                          | N / \$473.01                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2627          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES |                               |                                 | N / \$1,175.98               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2628          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; METAL FRAME, RECIPROCATING HIP JOINT AND CABLES                      |                               |                                 | N / \$1,270.80               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2630          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT, UNILATERAL  |                               |                                 | N / \$126.53                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2640          | ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT, BILATERAL   |                               |                                 | N / \$179.26                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2650          | ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL; GLUTEAL PAD, EACH                                       |                               | RT, LT                          | N / \$66.96                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L2660          | ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, THORACIC BAND   |                               |                                 | N / \$79.09                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2670          | ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, PARASPINAL UPRIGHTS   | RT, LT                        |                                 | N / \$73.81                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2680          | ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS  | RT, LT                        |                                 | N / \$68.55                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2750          | ADDITION TO LOWER EXTREMITY ORTHOSIS; PLATING CHROME OR NICKEL, PER BAR  | RT, LT                        |                                 | N / \$24.26                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2755          | ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY | RT, LT                        |                                 | Y / \$102.52                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2760          | ADDITION TO LOWER EXTREMITY ORTHOSIS; EXTENSION, PER EXTENSION PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)  | RT, LT                        |                                 | N / \$34.01                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2768          | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR   |                               |                                 | N / \$105.93                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2780          | ADDITION TO LOWER EXTREMITY ORTHOSIS; NON-CORROSIVE FINISH, PER BAR  | RT, LT                        |                                 | N / \$10.54                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2785          | ADDITION TO LOWER EXTREMITY ORTHOSIS; DROP LOCK RETAINER, EACH   | RT, LT                        |                                 | N / \$51.30                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2795          | ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL, FULL KNEECAP   | RT, LT                        |                                 | N / \$56.31                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2800          | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY                                   | RT, LT                        |                                 | N / \$73.64                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2810          | ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL, CONDYLAR PAD   | RT, LT                        |                                 | N / \$63.03                  | 2 PER 2 YEARS   | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2820          | ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION  | RT, LT                        |                                 | N / \$106.91                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2830          | ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION  | RT, LT                        |                                 | N / \$82.71                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2840          | ADDITION TO LOWER EXTREMITY ORTHOSIS; TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH  | RT, LT                        |                                 | N / \$28.23                  | 3 PER YEAR      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2850          | ADDITION TO LOWER EXTREMITY ORTHOSIS; FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH   | RT, LT                        |                                 | N / \$40.34                  | 3 PER YEAR      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2861          | ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH                           | RT, LT                        |                                 | Y / \$300.04                 | N/A             | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L2999          | LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED  | RT, LT                        |                                 | Y / If Over \$150            | VARIES          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3000          | FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; UCB TYPE, BERKELEY SHELL, EACH  | RT, LT                        |                                 | N / \$124.42                 | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3001          | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SPENCO, EACH   | RT, LT                        |                                 | N / \$5.31                   | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3002          | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; PLASTAZOTE OR EQUAL, EACH  | RT, LT                        |                                 | N / \$57.99                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3003          | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SILICONE GEL, EACH   | RT, LT                        |                                 | N / \$189.81                 | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3010          | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL ARCH SUPPORT, EACH  | RT, LT                        |                                 | N / \$103.34                 | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3020          | FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL/METATARSAL SUPPORT, EACH  | RT, LT                        |                                 | N / \$91.74                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3030          | FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH  | RT, LT                        |                                 | N / \$92.36                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3031          | FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH               | RT, LT                        |                                 | N / \$102.52                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy  | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|------------------|----------------------|--------------------------------|----------------|--|
| L3100          | HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF                          |                               | RT, LT                          | N / \$25.40                  | 1 YEAR           | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3140          | FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES   |                               | RT, LT                          | N / \$57.99                  | 1 YEAR           | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3150          | FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES   |                               | RT, LT                          | N / \$35.29                  | 1 YEAR           | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3160          | FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE   |                               | RT, LT                          | N / Priced on Claim          | 1 YEAR           | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3170          | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF, EACH     |                               | RT, LT                          | N / \$29.90                  | 1 YEAR           | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3201          | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT                                |                               | RT, LT                          | N / \$89.77                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3202          | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD                                 |                               | RT, LT                          | N / \$96.83                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3203          | ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR                                |                               | RT, LT                          | Y / \$102.88                 | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3204          | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT                               |                               | RT, LT                          | N / \$76.65                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3206          | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD                                |                               | RT, LT                          | N / \$70.61                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3207          | ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR                               |                               | RT, LT                          | Y / \$76.65                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3208          | SURGICAL BOOT, EACH; INFANT   |                               | RT, LT                          | N / \$34.78                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3209          | SURGICAL BOOT, EACH; CHILD  |                               | RT, LT                          | N / \$34.78                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3211          | SURGICAL BOOT, EACH; JUNIOR   |                               | RT, LT                          | Y / \$34.78                  | 3 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3212          | BENESCH BOOT, PAIR; INFANT  |                               |                                 | N / \$96.83                  | 3 PAIRS PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3213          | BENESCH BOOT, PAIR; CHILD   |                               |                                 | N / \$96.83                  | 3 PAIRS PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3214          | BENESCH BOOT, PAIR; JUNIOR  |                               |                                 | Y / \$89.77                  | 3 PAIRS PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3215          | ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH  |                               | RT, LT                          | Y / \$53.96                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3216          | ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH                                       |                               | RT, LT                          | Y / \$70.60                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3217          | ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH                              |                               | RT, LT                          | Y / \$75.65                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3219          | ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH  |                               | RT, LT                          | Y / \$59.00                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3221          | ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH   |                               | RT, LT                          | Y / \$75.64                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3222          | ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH                                |                               | RT, LT                          | Y / \$80.70                  | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3224          | ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS) |                               | RT, LT                          | Y / \$53.97                  | 1 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3225          | ORTHOPEDIC FOOTWEAR, MANS SHOE, OXFORD USED AS AN INTEGRAL PART OF BRACE                  |                               | RT, LT                          | Y / \$59.00                  | 1 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3230          | ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH                                       |                               | RT, LT                          | Y / \$201.72                 | 2 SHOES PER YEAR | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3250          | ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH      |                               | RT, LT                          | Y / \$301.55                 | 1 PER YEAR       | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L3251          | FOOT, SHOE MOLDED TO PATIENT MODEL; SILICONE SHOE, EACH                             |                               | RT, LT                          | Y / \$263.62                 | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3252          | FOOT, SHOE MOLDED TO PATIENT MODEL; PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED EACH |                               | RT, LT                          | Y / \$316.33                 | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3253          | FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH                     |                               | RT, LT                          | Y / \$65.56                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3254          | NON-STANDARD SIZE OR WIDTH  |                               | RT, LT                          | Y / \$42.18                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3255          | NON-STANDARD SIZE OR LENGTH   |                               | RT, LT                          | Y / \$35.29                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3257          | ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE                               |                               | RT, LT                          | Y / \$45.39                  | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3260          | SURGICAL BOOT/SHOE, EACH  |                               | RT, LT                          | Y / \$100.16                 | 1 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3300          | LIFT, ELEVATION; HEEL, TAPERED TO METATARSAL, PER INCH                              |                               | RT, LT                          | N / \$35.29                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3310          | LIFT, ELEVATION; HEEL AND SOLE, NEOPRENE, PER INCH                                  |                               | RT, LT                          | N / \$50.43                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3320          | LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH                                      |                               | RT, LT                          | N / \$34.26                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3330          | LIFT, ELEVATION; METAL EXTENSION (SKATE)  |                               | RT, LT                          | N / \$45.39                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3332          | LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH                          |                               | RT, LT                          | N / \$30.25                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3334          | LIFT, ELEVATION; HEEL, PER INCH   |                               | RT, LT                          | N / \$47.39                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3340          | HEEL WEDGE, SACH  |                               | RT, LT                          | N / \$35.59                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3350          | HEEL WEDGE, EACH  |                               | RT, LT                          | N / \$15.13                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3360          | SOLE WEDGE; OUTSIDE SOLE  |                               | RT, LT                          | N / \$25.21                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3370          | SOLE WEDGE; BETWEEN SOLE  |                               | RT, LT                          | N / \$40.34                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3380          | CLUBFOOT WEDGE  |                               | RT, LT                          | N / \$45.39                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3390          | OUTFLARE WEDGE  |                               | RT, LT                          | N / \$40.34                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3400          | METATARSAL BAR WEDGE; ROCKER  |                               | RT, LT                          | N / \$35.29                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3410          | METATARSAL BAR WEDGE; BETWEEN SOLE  |                               | RT, LT                          | N / \$35.84                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3420          | FULL SOLE AND HEEL WEDGE; BETWEEN SOLE  |                               | RT, LT                          | N / \$48.40                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3430          | HEEL; COUNTER, PLASTIC REINFORCED   |                               | RT, LT                          | N / \$52.73                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3440          | HEEL; COUNTER, LEATHER REINFORCED   |                               | RT, LT                          | N / \$36.90                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3450          | HEEL; SACH CUSHION TYPE   |                               | RT, LT                          | N / \$70.61                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3455          | HEEL; NEW LEATHER, STANDARD   |                               | RT, LT                          | N / \$10.02                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3460          | HEEL; NEW RUBBER, STANDARD  |                               | RT, LT                          | N / \$17.40                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L3465          | HEEL; THOMAS WITH WEDGE  |                               | RT, LT                          | N / \$22.19                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3470          | HEEL; THOMAS EXTENDED TO BALL  |                               | RT, LT                          | N / \$18.14                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3480          | HEEL; PAD AND DEPRESSION FOR SPUR  |                               | RT, LT                          | N / \$31.64                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3485          | HEEL; PAD, REMOVABLE FOR SPUR  |                               | RT, LT                          | N / \$13.19                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3500          | ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER  |                               | RT, LT                          | N / \$25.21                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3510          | ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER   |                               | RT, LT                          | N / \$21.18                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3520          | ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER  |                               | RT, LT                          | N / \$25.21                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3530          | ORTHOPEDIC SHOE ADDITION, SOLE, HALF   |                               | RT, LT                          | N / \$32.28                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3540          | ORTHOPEDIC SHOE ADDITION, SOLE, FULL   |                               | RT, LT                          | N / \$25.21                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3550          | ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD   |                               | RT, LT                          | N / \$24.21                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3560          | ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE   |                               | RT, LT                          | N / \$18.98                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3570          | ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)   |                               | RT, LT                          | N / \$60.52                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3580          | ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE   |                               | RT, LT                          | N / \$35.29                  | 3 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3590          | ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER  |                               | RT, LT                          | N / \$24.26                  | 3 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3595          | ORTHOPEDIC SHOE ADDITION, MARCH BAR  |                               | RT, LT                          | N / \$30.58                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3600          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER PLATE EXISTING   |                               |                                 | N / \$50.43                  | 4 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3610          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER PLATE NEW  |                               |                                 | N / \$80.69                  | 4 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3620          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP EXISTING   |                               |                                 | N / \$50.43                  | 4 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3630          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP NEW  |                               |                                 | N / \$80.69                  | 4 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3640          | TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES   |                               |                                 | N / \$35.29                  | 6 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3649          | ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED   | RT, LT                        |                                 | Y / Priced on PA             | 3 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20101201       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3650          | SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF   | RT, LT                        |                                 | N / \$48.98                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3660          | SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF                                   | RT, LT                        |                                 | N / \$70.24                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3670          | SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF  | RT, LT                        |                                 | N / \$77.28                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3671          | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 17, 24, 25, 53, 77, 78     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L3674          | SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNBuckle, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT                |                               | RT, LT                          | Y / \$754.50                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20110101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3675          | SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF  |                               |                                 | N / \$85.20                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3677          | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, 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 |                               | RT, LT                          | N / \$111.88                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3678          | SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$68.55                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3702          | ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$129.56                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3710          | ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$58.24                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3720          | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED  |                               | RT, LT                          | N / \$289.97                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3730          | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$255.18                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3740          | ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED   |                               | RT, LT                          | N / \$371.18                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3760          | ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE   |                               | RT, LT                          | N / \$333.52                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3762          | ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$43.85                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3763          | ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$159.86                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3764          | ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | Y / \$378.13                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3765          | ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$180.06                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3766          | ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               | RT, LT                          | Y / \$226.80                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               | RT, LT                          | N / \$142.83                 | 2 PER YEAR      | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3808          | WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | Y / \$168.50                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20070101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3809          | WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE   |                               | RT, LT                          | N / \$54.53                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3891          | ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH  |                               | RT, LT                          | Y / \$300.04                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3900          | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED  |                               | RT, LT                          | Y / \$1,204.17               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L3901          | WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED   |                               | RT, LT                          | Y / \$1,223.17               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3904          | WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED   |                               | RT, LT                          | Y / \$1,998.17               | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3905          | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | Y / \$454.20                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20060101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3906          | WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$237.26                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3908          | WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$49.84                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3912          | HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$71.61                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3913          | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | N / \$76.60                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                   |                               | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3916          | WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$57.81                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               | RT, LT                          | N / \$36.79                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3918          | HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$52.79                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3919          | HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   |                               | RT, LT                          | N / \$36.20                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3921          | HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  |                               | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               | RT, LT                          | N / \$27.76                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3924          | HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$27.76                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3925          | FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF  |                               |                                 | N / \$33.49                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$29.75                  | 6 MONTHS        | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               |                                 | N / \$80.00                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 53, 77, 78         | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               | RT, LT                          | N / \$53.49                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| 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  |                               |                                 | N / \$85.15                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3933          | FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | N / \$58.52                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3935          | FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | N / \$79.09                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3960          | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | RT, LT                        |                                 | Y / \$395.42                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3961          | SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3962          | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | Y / \$490.36                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3967          | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | Y / \$1,214.00               | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3973          | SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT        | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3975          | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3976          | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3977          | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT   | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3978          | SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT | RT, LT                        |                                 | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3980          | UPPER EXTREMITY FRACTURE ORTHOSIS; HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT   | RT, LT                        |                                 | N / \$200.35                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3982          | UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                        |                                 | N / \$142.36                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3984          | UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ATTACHMENT   | RT, LT                        |                                 | N / \$132.85                 | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3995          | ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH  | RT, LT                        |                                 | N / \$26.21                  | 3 PER YEAR      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L3999          | UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED   | RT, LT                        |                                 | Y / If Over \$150            | VARIES          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4000          | REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)   |                               |                                 | N / \$695.94                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4002          | REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE   | RT, LT                        |                                 | N / \$30.30                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L4010          | REPLACE TRILATERAL SOCKET BRIM  |                               | RT, LT                          | N / \$568.58                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4020          | REPLACE QUADRILATERAL SOCKET BRIM; MOLDED TO PATIENT MODEL  |                               | RT, LT                          | N / \$838.28                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4030          | REPLACE QUADRILATERAL SOCKET BRIM; CUSTOM FITTED  |                               | RT, LT                          | N / \$395.42                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4040          | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY   |                               | RT, LT                          | N / \$358.50                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4045          | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY   |                               | RT, LT                          | N / \$214.82                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4050          | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY  |                               | RT, LT                          | N / \$219.32                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4055          | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY  |                               | RT, LT                          | N / \$201.71                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4060          | REPLACE HIGH ROLL CUFF  |                               | RT, LT                          | N / \$237.26                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4070          | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO  |                               | RT, LT                          | N / \$89.64                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4080          | REPLACE METAL BANDS KAFO, PROXIMAL THIGH  |                               | RT, LT                          | N / \$50.09                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4090          | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH  |                               | RT, LT                          | N / \$47.71                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4100          | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH   |                               | RT, LT                          | N / \$66.54                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4110          | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH   |                               | RT, LT                          | N / \$47.46                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4130          | REPLACE PRETIBIAL SHELL   |                               | RT, LT                          | N / \$337.42                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4210          | REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS (NOT TO BE USED FOR WHEELCHAIR SEATING SYSTEM)   |                               |                                 | Y / If Over \$150            | N/A             | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4350          | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$66.57                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 |                               | RT, LT                          | N / \$204.74                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4361          | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF   |                               |                                 | N / \$153.09                 | 1 PER LIFETIME  | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4370          | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF   |                               | RT, LT                          | N / \$70.61                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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           |                               | RT, LT                          | N / \$128.93                 | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4387          | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF   |                               |                                 | N / \$93.18                  | 1 PER LIFETIME  | Not In Rate          | 04, 05, 17, 24, 25, 53, 77     | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4392          | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO  |                               | RT, LT                          | N / \$16.22                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4394          | REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT   |                               | RT, LT                          | N / \$11.83                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Additional Policy Information | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|---|-------------------------------|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| 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 |                               | RT, LT                          | N / \$115.65                 | 1 YEAR          | Not In Rate          | 04, 17, 53, 77             | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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   |                               |                                 | N / \$62.00                  | 1 PER LIFETIME  | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L4398          | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF  |                               | RT, LT                          | N / \$53.24                  | 1 YEAR          | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20140101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  |                               | RT, LT                          | N / \$926.80                 | 6 MONTHS        | Not In Rate          | 53                         | 20110101       | 11   |
| S1040          | CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)   |                               |                                 | Y / \$2,331.08               | VARIES          | Not In Rate          | 53                         | 20080701       | 11   |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5000          | PARTIAL FOOT; SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER  | RT, LT                          | N / \$409.25                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5010          | PARTIAL FOOT; MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER  | RT, LT                          | N / \$986.11                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5020          | PARTIAL FOOT; MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER  | RT, LT                          | N / \$1,605.19               | 4 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5050          | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT  | RT, LT                          | N / \$1,858.89               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5060          | ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT  | RT, LT                          | N / \$2,237.19               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5100          | BELOW KNEE; MOLDED SOCKET, SHIN, SACH FOOT  | RT, LT                          | N / \$2,017.12               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5105          | BELOW KNEE; PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT   | RT, LT                          | N / \$2,813.86               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5150          | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET; EXTERNAL KNEE JOINTS, SHIN, SACH FOOT  | RT, LT                          | N / \$2,844.42               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5160          | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET; BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT   | RT, LT                          | N / \$1,755.66               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5200          | ABOVE KNEE; MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  | RT, LT                          | N / \$2,675.77               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5210          | ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH   | RT, LT                          | N / \$1,613.32               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5220          | ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH  | RT, LT                          | N / \$2,234.15               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5230          | ABOVE KNEE; FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, EACH FOOT  | RT, LT                          | N / \$3,163.36               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5250          | HIP DISARTICULATION; CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT   | RT, LT                          | N / \$4,202.66               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5270          | HIP DISARTICULATION; TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT   | RT, LT                          | N / \$4,207.28               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5280          | HEMIPLECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT  | RT, LT                          | N / \$4,124.19               | 4 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5301          | BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM   | RT, LT                          | N / \$2,182.70               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5312          | KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM  | RT, LT                          | Y / \$3,439.00               | 5 YEARS         | Not In Rate          | 53                       | 20120101       | 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54                     |
| L5321          | ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE   | RT, LT                          | N / \$2,910.56               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5331          | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT  | RT, LT                          | N / \$4,262.92               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5341          | HEMIPLECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT   | RT, LT                          | N / \$4,531.42               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5400          | IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION AND ONE CAST CHANGE, BELOW KNEE                             | RT, LT                          | N / \$974.85                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 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 | RT, LT                          | N / \$342.71                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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         | RT, LT                          | N / \$1,231.20               | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5430          | IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, "AK" OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT | RT, LT                          | N / \$416.51                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5450          | IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, BELOW KNEE   | RT, LT                          | N / \$330.00                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5460          | IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, ABOVE KNEE   | RT, LT                          | N / \$441.67                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5500          | INITIAL, BELOW KNEE, "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED   | RT, LT                          | N / \$1,040.29               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5505          | INITIAL, ABOVE KNEE, KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED   | RT, LT                          | N / \$1,407.82               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5510          | PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL  | RT, LT                          | N / \$1,179.24               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5520          | PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED  | RT, LT                          | N / \$1,164.80               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5530          | PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL  | RT, LT                          | N / \$1,399.04               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5535          | PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET   | RT, LT                          | N / \$1,373.58               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5540          | PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL  | RT, LT                          | N / \$1,466.05               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5560          | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL   | RT, LT                          | N / \$1,574.28               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5570          | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED   | RT, LT                          | N / \$1,636.69               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5580          | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL   | RT, LT                          | N / \$1,910.72               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5585          | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET  | RT, LT                          | N / \$2,072.41               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5590          | PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT LAMINATED SOCKET MOLDED TO MODEL   | RT, LT                          | N / \$1,947.16               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5595          | PREPARATORY, HIP DISARTICULATION / HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL  | RT, LT                          | N / \$3,261.42               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5600          | PREPARATORY, HIP DISARTICULATION / HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL  | RT, LT                          | N / \$3,601.58               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5610          | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM   | RT, LT                          | N / \$1,212.62               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5611          | ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL   | RT, LT                          | N / \$1,305.03               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5613          | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL   | RT, LT                          | N / \$1,985.03               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5614          | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL | RT, LT                          | N / \$1,374.76               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5616          | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL               | RT, LT                          | N / \$1,196.93               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5617          | ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH   | RT, LT                          | N / \$455.84                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5618          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; SYMES  | RT, LT                          | N / \$227.80                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5620          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; BELOW KNEE   | RT, LT                          | N / \$236.20                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5622          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; KNEE DISARTICULATION   | RT, LT                          | N / \$293.64                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5624          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; ABOVE KNEE   | RT, LT                          | N / \$294.48                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5626          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; HIP DISARTICULATION  | RT, LT                          | N / \$308.95                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5628          | ADDITION TO LOWER EXTREMITY, TEST SOCKET; HEMIPELVECTOMY   | RT, LT                          | N / \$391.08                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5629          | ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET  | RT, LT                          | N / \$254.17                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5630          | ADDITION TO LOWER EXTREMITY, SYMES TYPE; EXPANDABLE WALL SOCKET  | RT, LT                          | N / \$447.26                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5631          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET  | RT, LT                          | N / \$355.89                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5632          | ADDITION TO LOWER EXTREMITY, SYMES TYPE; "PTB" BRIM DESIGN SOCKET  | RT, LT                          | N / \$179.85                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5634          | ADDITION TO LOWER EXTREMITY, SYMES TYPE; POSTERIOR OPENING (CANADIAN) SOCKET   | RT, LT                          | N / \$274.33                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5636          | ADDITION TO LOWER EXTREMITY, SYMES TYPE; MEDIAL OPENING SOCKET   | RT, LT                          | N / \$209.67                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5637          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; TOTAL CONTACT   | RT, LT                          | N / \$267.30                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5638          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; LEATHER SOCKET  | RT, LT                          | N / \$485.05                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5639          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; WOOD SOCKET   | RT, LT                          | N / \$908.14                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5640          | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET  | RT, LT                          | N / \$596.94                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5642          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET  | RT, LT                          | N / \$553.34                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5643          | ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME  | RT, LT                          | N / \$1527.98                | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5644          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET   | RT, LT                          | N / \$478.42                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5645          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; FLEXIBLE INNER SOCKET, EXTERNAL FRAME   | RT, LT                          | N / \$646.28                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5646          | ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET  | RT, LT                          | N / \$443.80                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5647          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; SUCTION SOCKET  | RT, LT                          | N / \$593.04                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5648          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET   | RT, LT                          | N / \$594.28                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5649          | ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET  | RT, LT                          | N / \$1,597.60               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5650          | ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET   | RT, LT                          | N / \$395.43                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5651          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME  | RT, LT                          | N / \$972.73                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5652          | ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET  | RT, LT                          | N / \$302.56                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5653          | ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET   | RT, LT                          | N / \$525.13                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5654          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | RT, LT                          | N / \$268.62                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5655          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)  | RT, LT                          | N / \$230.62                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5656          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; KNEE DISARTICULATION, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)   | RT, LT                          | N / \$311.06                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5658          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; ABOVE KNEE, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)   | RT, LT                          | N / \$311.06                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5661          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER, SYMES  | RT, LT                          | N / \$492.91                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5665          | ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER, BELOW KNEE   | RT, LT                          | N / \$414.74                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5666          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; CUFF SUSPENSION  | RT, LT                          | N / \$48.50                  | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5668          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED DISTAL CUSHION  | RT, LT                          | N / \$61.17                  | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5670          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)   | RT, LT                          | N / \$184.52                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5671          | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT   | RT, LT                          | N / \$402.90                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5672          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; REMOVABLE MEDIAL BRIM SUSPENSION   | RT, LT                          | N / \$238.31                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5673          | ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EQUAL, FOR USE WITH LOCKING MECHANISM  | RT, LT                          | Y / \$640.31                 | 1 YEAR          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5676          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS, SINGLE AXIS, PAIR   |                                 | N / \$293.52                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5677          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS, POLYCENTRIC, PAIR   |                                 | N / \$399.37                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5678          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; JOINT COVERS, PAIR   |                                 | N / \$13.19                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  | RT, LT                          | Y / \$533.58                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5680          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER, NON-MOLDED  | RT, LT                          | N / \$246.54                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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) | RT, LT                          | Y / \$957.56                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L5682          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER, GLUTEAL/ISCHIAL, MOLDED  | RT, LT                          | N / \$516.69                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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) | RT, LT                          | Y / \$957.56                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5684          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; FORK STRAP  | RT, LT                          | N / \$31.64                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5685          | ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH   | RT, LT                          | N / \$85.85                  | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5686          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; BACK CHECK (EXTENSION CONTROL)  | RT, LT                          | N / \$36.90                  | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5688          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT, WEBBING   | RT, LT                          | N / \$43.23                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5690          | ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT, PADDED AND LINED  | RT, LT                          | N / \$65.38                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5692          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT, LIGHT  | RT, LT                          | N / \$107.63                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5694          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT, PADDED AND LINED   | RT, LT                          | N / \$103.34                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5695          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH  | RT, LT                          | N / \$132.10                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5696          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, PELVIC JOINT   | RT, LT                          | N / \$149.86                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5697          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, PELVIC BAND  | RT, LT                          | N / \$54.84                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5698          | ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, SILESIA BANDAGE  | RT, LT                          | N / \$79.09                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5699          | ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS   | RT, LT                          | N / \$151.03                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5700          | REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL   | RT, LT                          | N / \$2,498.94               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5701          | REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL  | RT, LT                          | N / \$3,100.16               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5702          | REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL   | RT, LT                          | N / \$3,907.29               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5703          | ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY   | RT, LT                          | N / \$2,014.95               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5704          | CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE   | RT, LT                          | N / \$440.46                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5705          | CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE   | RT, LT                          | N / \$807.50                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5706          | CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION   | RT, LT                          | N / \$787.64                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5707          | CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION  | RT, LT                          | N / \$1,058.18               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5710          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK   | RT, LT                          | N / \$291.32                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5711          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK, ULTRA-LIGHT MATERIAL   | RT, LT                          | N / \$422.95                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5712          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)                 | RT, LT                          | N / \$349.03                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5714          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; VARIABLE FRICTION SWING PHASE CONTROL                                 | RT, LT                          | N / \$338.79                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5716          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK  | RT, LT                          | N / \$702.23                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5718          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING AND STANCE PHASE CONTROL                               | RT, LT                          | N / \$737.88                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5722          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL                        | RT, LT                          | N / \$731.32                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5724          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL   | RT, LT                          | N / \$1,222.61               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5726          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; EXTERNAL JOINTS FLUID SWING PHASE CONTROL                             | RT, LT                          | N / \$1,675.63               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5728          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL                                  | RT, LT                          | N / \$1,927.36               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5780          | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL                         | RT, LT                          | N / \$927.36                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5781          | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM             | RT, LT                          | Y / \$3,259.74               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5782          | ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY | RT, LT                          | Y / Priced on PA             | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5785          | ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)                           | RT, LT                          | Y / \$420.83                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5790          | ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)                           | RT, LT                          | Y / \$582.40                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5795          | ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)                  | RT, LT                          | Y / \$876.46                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5810          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK  | RT, LT                          | N / \$394.35                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5811          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK, ULTRA-LIGHT MATERIAL                                    | RT, LT                          | Y / \$590.74                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5812          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)                | RT, LT                          | N / \$457.88                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5814          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK          | RT, LT                          | Y / \$2,919.18               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5816          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK   | RT, LT                          | N / \$356.04                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5818          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING, AND STANCE PHASE CONTROL                             | RT, LT                          | N / \$617.23                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5822          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL                       | RT, LT                          | N / \$1,397.87               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5824          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL  | RT, LT                          | N / \$1,348.89               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5826          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME    | RT, LT                          | N / \$2,430.59               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5828          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL                                 | RT, LT                          | N / \$2,400.67               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5830          | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING PHASE CONTROL  | RT, LT                          | N / \$1,172.96               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5840          | ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL                        | RT, LT                          | N / \$1,976.79               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| L5845          | ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE  | RT, LT                          | Y / \$1,460.24               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5848          | ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY                                       | RT, LT                          | N / \$876.06                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5850          | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST   | RT, LT                          | N / \$75.65                  | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5855          | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST   | RT, LT                          | N / \$216.24                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5910          | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM   | RT, LT                          | N / \$226.93                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5920          | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM  | RT, LT                          | N / \$407.47                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5925          | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK   | RT, LT                          | N / \$235.27                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5930          | ADDITION ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME  | RT, LT                          | Y / \$2,625.06               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5940          | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)   | RT, LT                          | Y / \$344.93                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5950          | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT  | RT, LT                          | Y / \$630.18                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5960          | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)  | RT, LT                          | Y / \$942.27                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5961          | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION, AND/OR EXTENSION CONTROL | RT, LT                          | Y / \$6,630.00               | 5 YEARS         | Not In Rate          | 53                         | 20110101       | 11   |
| L5962          | ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM  | RT, LT                          | N / \$411.56                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5964          | ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM  | RT, LT                          | N / \$789.47                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5966          | ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM   | RT, LT                          | N / \$1,016.97               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5968          | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE  | RT, LT                          | Y / \$2,856.56               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5970          | ALL LOWER EXTREMITY PROSTHESES; FOOT, EXTERNAL KEEL, SACH FOOT  | RT, LT                          | N / \$176.98                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5971          | ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY  | RT, LT                          | N / \$204.02                 | 5 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5972          | ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL   | RT, LT                          | Y / \$231.97                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5974          | ALL LOWER EXTREMITY PROSTHESES; FOOT, SINGLE AXIS ANKLE/FOOT  | RT, LT                          | N / \$128.08                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5975          | ALL LOWER EXTREMITY PROSTHESIS; COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT  | RT, LT                          | Y / \$364.43                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5976          | ALL LOWER EXTREMITY PROSTHESES; ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)   | RT, LT                          | Y / \$478.77                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5978          | ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT   | RT, LT                          | Y / \$252.14                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5979          | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM  | RT, LT                          | Y / \$1,755.90               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20140401       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5980          | ALL LOWER EXTREMITY PROSTHESES; FLEX FOOT SYSTEM  | RT, LT                          | Y / \$3,094.79               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5981          | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL   | RT, LT                          | Y / \$2,403.05               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L5982          | ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES; AXIAL ROTATION UNIT   | RT, LT                          | Y / \$558.75                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5984          | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY   | RT, LT                          | Y / \$594.05                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5985          | ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON   | RT, LT                          | N / \$220.22                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5986          | ALL LOWER EXTREMITY PROSTHESES; MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)  | RT, LT                          | Y / \$560.76                 | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5987          | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON   | RT, LT                          | Y / \$5,654.40               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5988          | ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE  | RT, LT                          | Y / \$1,570.37               | 5 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L5999          | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED   | RT, LT                          | Y / Only If Over \$150       | VARIES          | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6000          | PARTIAL HAND, ROBIN-AIDS; THUMB REMAINING (OR EQUAL)  | RT, LT                          | N / \$1,120.89               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6010          | PARTIAL HAND, ROBIN-AIDS; LITTLE AND/OR RING FINGER REMAINING, (OR EQUAL)   | RT, LT                          | N / \$1,182.05               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6020          | PARTIAL HAND, ROBIN-AIDS; NO FINGER REMAINING (OR EQUAL)  | RT, LT                          | N / \$1,300.13               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6025          | 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 | RT, LT                          | Y / \$6,519.48               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6050          | WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD  | RT, LT                          | N / \$1,512.84               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6055          | WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD  | RT, LT                          | N / \$1,730.70               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6100          | BELOW ELBOW, MOLDED SOCKET; FLEXIBLE ELBOW HINGE, TRICEPS PAD   | RT, LT                          | N / \$1,057.63               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6110          | BELOW ELBOW, MOLDED SOCKET; (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)   | RT, LT                          | N / \$1,057.63               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6120          | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STEP-UP HINGES, HALF CUFF   | RT, LT                          | N / \$1,244.26               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6130          | BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STUMP ACTIVATED LOCKING HINGE, HALF CUFF  | RT, LT                          | N / \$1,228.44               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6200          | ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM  | RT, LT                          | N / \$1,492.05               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6205          | ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM   | RT, LT                          | N / \$2,970.21               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6250          | ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM   | RT, LT                          | N / \$1,455.16               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6300          | SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM  | RT, LT                          | N / \$1,697.68               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6310          | SHOULDER DISARTICULATION, PASSIVE RESTORATION; (COMPLETE PROSTHESIS)  | RT, LT                          | N / \$1,977.10               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6320          | SHOULDER DISARTICULATION, PASSIVE RESTORATION; (SHOULDER CAP ONLY)  | RT, LT                          | N / \$1,207.34               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6350          | INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM  | RT, LT                          | N / \$1,818.94               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72         |
| L6360          | INTERSCAPULAR THORACIC; PASSIVE RESTORATION (COMPLETE PROSTHESIS)   | RT, LT                          | N / \$2,615.04               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L6370          | INTERSCAPULAR THORACIC; PASSIVE RESTORATION (SHOULDER CAP ONLY)   | RT, LT                          | N / \$1,096.64               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                                      | RT, LT                          | N / \$1,153.80               | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                                      | RT, LT                          | N / \$1,238.50               | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                        | RT, LT                          | N / \$1,737.62               | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6386          | IMMEDIATE POST SURGICAL OR EARLY FITTING; EACH ADDITIONAL CAST CHANGE AND REALIGNMENT   | RT, LT                          | N / \$383.26                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6388          | IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF RIGID DRESSING ONLY  | RT, LT                          | N / \$419.46                 | 3 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6400          | BELOW ELBOW, MOLDED SOCKET ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  | RT, LT                          | N / \$1,581.68               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6450          | ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING   | RT, LT                          | N / \$2,267.08               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6500          | ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING   | RT, LT                          | N / \$2,267.08               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6550          | SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  | RT, LT                          | N / \$2,646.67               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6570          | INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING  | RT, LT                          | N / \$2,978.83               | 4 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | RT, LT                          | N / \$1,644.81               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                   | RT, LT                          | N / \$1,381.43               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6584          | PREPARATORY, WRIST DISARTICULATION OR BELOW 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                    | RT, LT                          | N / \$2,045.51               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  | RT, LT                          | N / \$2,854.54               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                    | RT, LT                          | N / \$2,104.87               | 6 MONTHS        | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6600          | UPPER EXTREMITY ADDITIONS; POLYCENTRIC HINGE, PAIR  |                                 | N / \$68.55                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6605          | UPPER EXTREMITY ADDITIONS; SINGLE PIVOT HINGE, PAIR   |                                 | N / \$90.69                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6610          | UPPER EXTREMITY ADDITIONS; FLEXIBLE METAL HINGE, PAIR   |                                 | N / \$126.53                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L6611          | ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE   | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6615          | UPPER EXTREMITY ADDITIONS; DISCONNECT LOCKING WRIST UNIT  | RT, LT                          | N / \$126.53                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6616          | UPPER EXTREMITY ADDITIONS; ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH  | RT, LT                          | N / \$35.29                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6620          | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION  | RT, LT                          | N / \$169.76                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6621          | UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE                                    | RT, LT                          | N / \$169.76                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6623          | UPPER EXTREMITY ADDITIONS; SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE   | RT, LT                          | N / \$231.97                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6624          | UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT   | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6625          | UPPER EXTREMITY ADDITION; ROTATION WRIST UNIT WITH CABLE LOCK   | RT, LT                          | N / \$68.55                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6628          | UPPER EXTREMITY ADDITION; QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL   | RT, LT                          | N / \$296.53                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6629          | UPPER EXTREMITY ADDITION; QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL  | RT, LT                          | N / \$158.00                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6630          | UPPER EXTREMITY ADDITION; STAINLESS STEEL, ANY WRIST  | RT, LT                          | N / \$52.73                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6632          | UPPER EXTREMITY ADDITION; LATEX SUSPENSION SLEEVE, EACH   | RT, LT                          | N / \$42.36                  | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6635          | UPPER EXTREMITY ADDITION; LIFT ASSIST FOR ELBOW   | RT, LT                          | N / \$152.90                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6637          | UPPER EXTREMITY ADDITION; NUDGE CONTROL ELBOW LOCK  | RT, LT                          | N / \$295.52                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6638          | UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW  | RT, LT                          | Y / \$2,037.32               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6640          | UPPER EXTREMITY ADDITION; SHOULDER ABDUCTION JOINT, PAIR  | RT, LT                          | N / \$137.09                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6641          | UPPER EXTREMITY ADDITION; EXCURSION AMPLIFIER, PULLEY TYPE  | RT, LT                          | N / \$159.73                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6642          | UPPER EXTREMITY ADDITION; EXCURSION AMPLIFIER, LEVER TYPE   | RT, LT                          | N / \$100.86                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6645          | UPPER EXTREMITY ADDITION; SHOULDER FLEXION-ABDUCTION JOINT, EACH  | RT, LT                          | N / \$137.09                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6646          | UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM | RT, LT                          | Y / \$2,569.54               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6647          | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR  | RT, LT                          | Y / \$423.04                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6648          | UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR  | RT, LT                          | Y / \$2,650.11               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6650          | UPPER EXTREMITY ADDITION; SHOULDER UNIVERSAL JOINT, EACH  | RT, LT                          | N / \$158.19                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6655          | UPPER EXTREMITY ADDITION; STANDARD CONTROL CABLE, EXTRA   | RT, LT                          | N / \$52.73                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6660          | UPPER EXTREMITY ADDITION; HEAVY DUTY CONTROL CABLE  | RT, LT                          | N / \$36.90                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| L6665          | UPPER EXTREMITY ADDITION; TEFLON, OR EQUAL, CABLE LINING  | RT, LT                          | N / \$37.31                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6670          | UPPER EXTREMITY ADDITION; HOOK TO HAND, CABLE ADAPTER   | RT, LT                          | N / \$31.64                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6672          | UPPER EXTREMITY ADDITION; HARNESS, CHEST OR SHOULDER, SADDLE TYPE   | RT, LT                          | N / \$121.26                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6675          | UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN                       | RT, LT                          | N / \$68.55                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6676          | UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN                         | RT, LT                          | N / \$91.74                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6677          | UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW    | RT, LT                          | N / \$91.74                  | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6680          | UPPER EXTREMITY ADDITION; TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW                               | RT, LT                          | N / \$142.36                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6682          | UPPER EXTREMITY ADDITION; TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW                               | RT, LT                          | N / \$171.87                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6684          | UPPER EXTREMITY ADDITION; TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC                 | RT, LT                          | N / \$231.98                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6686          | UPPER EXTREMITY ADDITION; SUCTION SOCKET  | RT, LT                          | N / \$207.76                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6687          | UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION                         | RT, LT                          | N / \$249.11                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6688          | UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION                         | RT, LT                          | N / \$398.37                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6689          | UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, SHOULDER DISARTICULATION                                     | RT, LT                          | N / \$545.62                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6690          | UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, INTERSCAPULAR THORACIC                                       | RT, LT                          | N / \$604.13                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6691          | UPPER EXTREMITY ADDITION; REMOVABLE INSERT, EACH  | RT, LT                          | N / \$119.02                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6692          | UPPER EXTREMITY ADDITION; SILICONE GEL INSERT OR EQUAL, EACH  | RT, LT                          | N / \$484.11                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6693          | UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE   | RT, LT                          | Y / \$2,231.71               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6703          | TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE  | RT, LT                          | Y / \$235.40                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6706          | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED            | RT, LT                          | Y / \$282.04                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6707          | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED            | RT, LT                          | Y / \$997.53                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6708          | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE                              | RT, LT                          | Y / \$659.40                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6709          | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE                              | RT, LT                          | Y / \$931.87                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20070701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6711          | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC | RT, LT                          | Y / \$282.00                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6712          | TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC | RT, LT                          | Y / \$997.54                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6713          | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC                   | RT, LT                          | Y / \$659.40                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6714          | TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC                   | RT, LT                          | Y / \$935.87                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L6721          | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED   | RT, LT                          | Y / \$423.00                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6722          | TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED   | RT, LT                          | Y / \$1,447.23               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20090101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6805          | ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT   | RT, LT                          | N / \$312.46                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6810          | ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE  | RT, LT                          | N / \$148.25                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6881          | AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE  | RT, LT                          | Y / \$2,634.89               | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6882          | MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE  | RT, LT                          | Y / \$1,998.99               | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6883          | REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER   | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| L6884          | REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER   | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| L6885          | REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER   | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72             |
| L6890          | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT  | RT, LT                          | N / \$151.29                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6895          | ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED   | RT, LT                          | N / \$486.13                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6900          | HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, THUMB OR ONE FINGER REMAINING  | RT, LT                          | N / \$847.77                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6905          | HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, MULTIPLE FINGERS REMAINING   | RT, LT                          | N / \$883.64                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6910          | HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, NO FINGERS REMAINING   | RT, LT                          | N / \$801.38                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6915          | HAND RESTORATION, (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE   | RT, LT                          | N / \$553.58                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                          | RT, LT                          | Y / \$6,824.63               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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               | RT, LT                          | Y / \$6,792.66               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                                    | RT, LT                          | Y / \$6,573.06               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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                         | RT, LT                          | Y / \$6,951.02               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | RT, LT                          | Y / \$8,488.00               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|--------------------------|----------------|--|
| 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                                  | RT, LT                          | Y / \$9,469.46               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  | RT, LT                          | Y / \$8,472.25               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L6955          | ABOVE ELBOW, EXTERNAL POWER, MOLDED 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   | RT, LT                          | Y / \$9,825.15               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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            | RT, LT                          | Y / \$10,335.69              | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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 | RT, LT                          | Y / \$12,244.20              | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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             | RT, LT                          | Y / \$13,106.07              | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| 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  | RT, LT                          | Y / \$14,445.98              | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7007          | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT   | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7008          | ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC   | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7009          | ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT   | RT, LT                          | Y / Priced on PA             | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7040          | PREHENSILE ACTUATOR, SWITCH CONTROLLED   | RT, LT                          | Y / \$2,478.01               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7045          | ELECTRONIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC   | RT, LT                          | Y / \$990.41                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7170          | ELECTRONIC ELBOW; HOSMER OR EQUAL, SWITCH CONTROLLED   | RT, LT                          | Y / \$4,193.61               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7180          | ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE   | RT, LT                          | Y / \$27,957.38              | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7185          | ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED  | RT, LT                          | Y / \$4,426.58               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7186          | ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED   | RT, LT                          | Y / \$6,565.75               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7190          | ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED   | RT, LT                          | Y / \$4,830.02               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7191          | ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED  | RT, LT                          | Y / \$6,989.33               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53           | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|------------------------------|-----------------|----------------------|--------------------------------|----------------|--|
| L7260          | ELECTRONIC WRIST ROTATOR; OTTO BOCK OR EQUAL  | RT, LT                          | Y / \$1,522.93               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7261          | ELECTRONIC WRIST ROTATOR; FOR UTAH ARM  | RT, LT                          | Y / \$2,420.55               | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7360          | SIX VOLT BATTERY, EACH  | RT, LT                          | N / \$215.52                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7362          | BATTERY CHARGER, SIX VOLT, EACH   |                                 | N / \$189.62                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7364          | TWELVE VOLT BATTERY, EACH   | RT, LT                          | N / \$343.92                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7366          | BATTERY CHARGER, TWELVE VOLT, EACH  |                                 | N / \$428.63                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7367          | LITHIUM ION BATTERY, REPLACEMENT  | RT, LT                          | N / \$317.19                 | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7368          | LITHIUM ION BATTERY CHARGER   |                                 | Y / \$411.18                 | 1 PER LIFETIME  | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7403          | ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL               | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7404          | ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL                     | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72                         |
| L7405          | ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL | RT, LT                          | N / Priced on Claim          | 2 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72                         |
| L7499          | UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED   | RT, LT                          | Y / Only If Over \$150       | VARIES          | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L7510          | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS  |                                 | Y / Only If Over \$150       | N/A             | Not In Rate          | 20, 24, 25, 53, 74             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L7600          | PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH   |                                 | N / \$62.62                  | 2 PER YEAR      | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8000          | BREAST PROSTHESIS; MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE          |                                 | N / \$28.68                  | 4 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20130101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8010          | BREAST PROSTHESIS; MASTECTOMY SLEEVE  | RT, LT                          | N / \$42.18                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8015          | EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY                                 |                                 | N / \$44.59                  | 2 PER YEAR      | Not In Rate          | 05, 24, 25, 53                 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8020          | BREAST PROSTHESIS; MASTECTOMY FORM  | RT, LT                          | N / \$164.13                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8030          | BREAST PROSTHESIS; SILICONE OR EQUAL  | RT, LT                          | N / \$215.83                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8031          | BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE  | RT, LT                          | N / \$242.75                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8032          | NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH   | RT, LT                          | N / \$132.65                 | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8039          | BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED  | RT, LT                          | Y / Only If Over \$150       | 3 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8040          | NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   |                                 | Y / \$1,799.32               | VARIES          | Not In Rate          | 25, 53                         | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8041          | MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   |                                 | Y / \$2,168.58               | VARIES          | Not In Rate          | 25, 53                         | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8042          | ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   |                                 | Y / \$2,436.60               | VARIES          | Not In Rate          | 25, 53                         | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8043          | UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  |                                 | Y / \$2,729.00               | VARIES          | Not In Rate          | 25, 53                         | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |

| Procedure Code | Full Description   | Allowable or Required Modifiers | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types   | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|------------------------------|-----------------|----------------------|----------------------------|----------------|--|
| L8044          | HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  |                                 | Y / \$3,021.40               | VARIES          | Not In Rate          | 25, 53                     | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8045          | AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN  |                                 | Y / \$2,365.95               | VARIES          | Not In Rate          | 25, 53                     | 20091101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8046          | PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN   |                                 | Y / \$1,949.30               | VARIES          | Not In Rate          | 25, 53                     | 20101101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8048          | UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN   |                                 | Y / Priced on PA             | VARIES          | Not In Rate          | 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8049          | REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN |                                 | Y / Priced on PA             | VARIES          | Not In Rate          | 25, 53                     | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8300          | TRUSS; SINGLE WITH STANDARD PAD  |                                 | N / \$68.33                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8310          | TRUSS; DOUBLE WITH STANDARD PADS   |                                 | N / \$97.26                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8320          | TRUSS; ADDITION TO STANDARD PAD, WATER PAD   |                                 | N / \$29.00                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8330          | TRUSSES, ADDITION TO STANDARD PADS, SCROTAL PADS   |                                 | N / \$39.99                  | 1 YEAR          | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8400          | PROSTHETIC SHEATH; BELOW KNEE, EACH  | RT, LT                          | N / \$10.53                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8410          | PROSTHETIC SHEATH; ABOVE KNEE, EACH  | RT, LT                          | N / \$13.09                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8415          | PROSTHETIC SHEATH; UPPER LIMB, EACH  | RT, LT                          | N / \$8.07                   | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8417          | PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH                                  | RT, LT                          | Y / \$59.11                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8420          | PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH  | RT, LT                          | N / \$17.00                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8430          | PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH  | RT, LT                          | N / \$22.19                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8435          | PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH  | RT, LT                          | N / \$9.08                   | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8440          | PROSTHETIC SHRINKER; BELOW KNEE, EACH  | RT, LT                          | N / \$21.10                  | 12 PER YEAR     | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8460          | PROSTHETIC SHRINKER; ABOVE KNEE, EACH  | RT, LT                          | N / \$26.91                  | 12 PER YEAR     | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8465          | PROSTHETIC SHRINKER; UPPER LIMB, EACH  | RT, LT                          | N / \$30.25                  | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8470          | PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH   | RT, LT                          | N / \$5.40                   | 12 PER YEAR     | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8480          | PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH   | RT, LT                          | N / \$7.45                   | 12 PER YEAR     | Not In Rate          | 04, 05, 17, 24, 25, 53, 77 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8485          | PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH   | RT, LT                          | N / \$8.67                   | 12 PER YEAR     | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8499          | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES   | RT, LT                          | Y / Only If Over \$150       | VARIES          | Not In Rate          | 05, 24, 25, 53             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Max Fee | Purchase<br>PA Needed /<br>Max Fee                  | Life Expectancy | In NH Facility Rate? | Allowable Provider Types       | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|---|-----------------|----------------------|--------------------------------|----------------|--|
| A4210          | NEEDLE-FREE INJECTION DEVICE, EACH  |                                 | No Rental                             | Y / \$492.57  | 3 YEARS         | In Rate              | 05, 24, 25, 53                 | 20080701       | 01, 05, 06, 07, 08, 11, 12, 13, 14, 20, 26, 34, 49, 50, 57, 60, 71, 72                 |
| E0747          | OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS                              |                                 | No Rental                             | Y / \$2,408.48                                      | 2 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72                     |
| E0748          | OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS   |                                 | No Rental                             | Y / \$3,025.70                                      | 2 YEARS         | Not In Rate          | 25                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72                         |
| E0760          | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE  |                                 | No Rental                             | Y / \$2,552.49                                      | 5 YEARS         | Not In Rate          | 25                             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72                         |
| E0782          | INFUSION PUMP, IMPLANTABLE, NONPROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.) | RR                              | 0 / \$10.71                           | No Purchase   | 5 YEARS         | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72                     |
| K0606          | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE                    | RR                              | 0 / \$61.91                           | No Purchase   | N/A             | In Rate              | 25, 31/312                     | 20090101       | 12   |
| L0810          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST   |                                 | No Rental                             | N / \$1,997.14                                      | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0820          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET   |                                 | No Rental                             | N / \$970.09  | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0830          | HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS                                       |                                 | No Rental                             | N / \$1,091.35                                      | 3 YEARS         | Not In Rate          | 04, 05, 17, 24, 25, 53, 77, 78 | 20080701       | 21, 22, 23   |
| L0859          | ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL         |                                 | No Rental                             | N / \$1,002.35                                      | 3 YEARS         | Not In Rate          | 09, 10, 31, 33                 | 200120901      | 21, 22, 23   |
| L7510          | REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS  |                                 | No Rental                             | Y / Only If Over \$150                              | Varies          | Not In Rate          | 20, 24, 25, 53, 74             | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8500          | ARTIFICIAL LARYNX, ANY TYPE   |                                 | No Rental                             | N / \$536.12  | None            | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8501          | TRACHEOSTOMY SPEAKING VAVLE   |                                 | No Rental                             | N / \$84.84   | None            | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8510          | VOICE AMPLIFIER   | RR                              | 0 / Priced on PA                      | Y / Priced on PA                                    | None            | Not In Rate          | 04, 05, 17, 24, 25, 53, 74, 79 |                | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8610          | OCULAR IMPLANT  |                                 | No Rental                             | N / Priced on Claim                                 | None            | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8612          | AQUEOUS SHUNT   |                                 | No Rental                             | N / Priced on Claim                                 | None            | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8613          | OSSICULA IMPLANT  |                                 | No Rental                             | N / Priced on Claim                                 | None            | Not In Rate          | 05, 24, 25, 53                 | 20080701       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72             |
| L8614          | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS  |                                 | No Rental                             | N / \$17,262.95<br>Must be billed with implantation | Not Applicable  | Not In Rate          | 25                             | 20120901       | 22, 23, 24   |
| L8615          | HEADSET/HEADPIECE FOR USE WITH COCLEAR IMPLANT DEVICE, REPLACMENT   |                                 | No Rental                             | N / \$360.00  | 3 Years         | Not In Rate          | 20, 24, 25, 74                 | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description  | Allowable or Required Modifiers | Rental<br>Days Before PA /<br>Max Fee | Purchase<br>PA Needed /<br>Max Fee | Life Expectancy      | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service   |
|----------------|---|---------------------------------|---------------------------------------|------------------------------------|----------------------|----------------------|--------------------------|----------------|--|
| L8616          | MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT  |                                 | No Rental                             | N / \$240.00                       | 1 Year               | Not In Rate          | 20, 24, 25, 74           | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8617          | TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   |                                 | No Rental                             | N / \$77.19                        | 4 Per 6 Months       | Not In Rate          | 20, 24, 25, 74           | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8618          | TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT   |                                 | No Rental                             | N / \$22.06                        | 4 Per 6 Months       | Not In Rate          | 20, 24, 25, 74           | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8619          | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT                  |                                 | No Rental                             | N / \$6,000.00                     | 3 YEARS              | Not In Rate          | 20, 25, 31, 33, 74       | 20110501       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8621          | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH                                    |                                 | No Rental                             | N / \$1.02                         | 33 Per Month         | Not In Rate          | 20, 25, 31, 33, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8622          | ALAKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACMENT, EACH                          |                                 | No Rental                             | N / \$1.02                         | 33 Per Month         | Not In Rate          | 20, 25, 31, 33, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8623          | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICESPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT |                                 | No Rental                             | N / \$53.00                        | 2 Per Year           | Not In Rate          | 05, 20, 24, 25, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8624          | LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT           |                                 | No Rental                             | N / \$122.00                       | 2 Per Year           | Not In Rate          | 05, 20, 24, 25, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8627          | COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT   |                                 | No Rental                             | N / Priced on Claim                | 3 YEARS              | Not In Rate          | 20, 25, 31, 33, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8628          | COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT  |                                 | No Rental                             | N / Priced on Claim                | 3 YEARS              | Not In Rate          | 20, 25, 31, 33, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8629          | TRANSMITTING COIL AND CABLE, INTEGRATED FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT                   |                                 | No Rental                             | N / \$99.25                        | 4 Per 6 Months       | Not In Rate          | 20, 24, 25, 74           | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8680          | IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH   |                                 | No Rental                             | N / \$350.23                       | Up To 16 Per Surgery | Not In Rate          | 25                       | 20120901       | 22, 23, 24   |
| L8685          | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION                 |                                 | No Rental                             | N / \$11,999.00                    | 10 YEARS             | Not In Rate          | 25                       | 20080701       | 22, 23, 24   |
| L8686          | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NONRECHARGEABLE, INCLUDES EXTENSION              |                                 | No Rental                             | N / \$7,554.69                     | 10 YEARS             | Not In Rate          | 25                       | 20120901       | 22, 23, 24   |
| L8687          | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION                   |                                 | No Rental                             | N / \$11,999.00                    | 10 YEARS             | Not In Rate          | 25                       | 20080701       | 22, 23, 24   |
| L8688          | IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NONRECHARGEABLE, INCLUDES EXTENSION                |                                 | No Rental                             | N / \$9,831.68                     | 10 YEARS             | Not In Rate          | 25                       | 20120901       | 22, 23, 24   |
| L8690          | AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS                              |                                 | No Rental                             | Y / \$4,742.00                     | 5 YEARS              | Not In Rate          | 25                       | 20080701       | 22, 23, 24   |
| L8691          | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT                                      |                                 | No Rental                             | N / \$2,173.52                     | 5 YEARS              | Not In Rate          | 20, 25, 31, 33, 74       | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description   | Allowable or Required Modifiers | <u>Rental</u><br>Days Before PA /<br>Max Fee | <u>Purchase</u><br>PA Needed /<br>Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types                   | Effective Date | Allowable Place of Service   |
|----------------|--|---------------------------------|--|---|-----------------|----------------------|--|----------------|--|
| L8692          | AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT |                                 | No Rental                                    | Y / Priced on PA                          | 5 YEARS         | Not In Rate          | 25   | 20100101       | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72 |
| L8693          | AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY   |                                 | No Rental                                    | Y / \$1,336.90                            | 5 YEARS         | Not In Rate          | 25   | 20120901       | 22, 23, 24   |
| L8699          | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED (BONE-ANCHORED HEARING DEVICES ONLY)   |                                 | No Rental                                    | Y / Priced on PA                          | 5 YEARS         | Not In Rate          | 03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79 | 20080701       | 22, 23, 24   |
| S1040          | CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)                            |                                 | No Rental                                    | Y / \$2,331.08                            | 1 PER LIFETIME  | Not In Rate          | 53   | 20080701       | 11   |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| A4633          | NOT COVERED             | 20070901       |              |
| A4634          | NOT COVERED             | 20070901       |              |
| A4638          | NOT COVERED             | 20070901       |              |
| A4639          | NOT COVERED             | 20070901       |              |
| A5508          | NOT COVERED             | 20110101       |              |
| A5510          | NOT COVERED             | 20110101       |              |
| A6542          | END DATED               | 20100101       | A6549        |
| A6550          | NOT COVERED             | 20070101       |              |
| A9273          | NOT COVERED             | 20110101       |              |
| A9900-UC       | NOT COVERED             | 20140401       |              |
| B9000          | NOT COVERED             | 20080701       |              |
| E0117          | NOT COVERED             | 20120101       |              |
| E0118          | NOT COVERED             | 20120101       |              |
| E0144          | NOT COVERED             | 20120101       |              |
| E0164          | END DATED               | 20090101       |              |
| E0165          | NOT COVERED             | 20080701       |              |
| E0170          | NOT COVERED             | 20110101       |              |
| E0171          | NOT COVERED             | 20110101       |              |
| E0172          | NOT COVERED             | 20110101       |              |
| E0190          | NOT COVERED             | 20110101       |              |
| E0191          | NOT COVERED             | 20110101       |              |
| E0210          | NOT COVERED             | 20080701       |              |
| E0217          | NOT COVERED             | 20080701       |              |
| E0218          | NOT COVERED             | 20080701       |              |
| E0221          | NOT COVERED             | 20080701       |              |
| E0225          | NOT COVERED             | 20080701       |              |
| E0231          | NOT COVERED             | 20080701       |              |
| E0232          | NOT COVERED             | 20080701       |              |
| E0235          | NOT COVERED             | 20080701       |              |
| E0236          | NOT COVERED             | 20080701       |              |
| E0239          | NOT COVERED             | 20080701       |              |
| E0249          | NOT COVERED             | 20110101       |              |
| E0270          | NOT COVERED             | 20140401       |              |
| E0273          | NOT COVERED             | 20080701       |              |
| E0274          | NOT COVERED             | 20080701       |              |
| E0280          | NOT COVERED             | 20080701       |              |
| E0300          | NOT COVERED             | 20110101       |              |
| E0315          | NOT COVERED             | 20080701       |              |
| E0316          | NOT COVERED             | 20100101       |              |
| E0350          | NOT COVERED             | 20110101       |              |
| E0352          | NOT COVERED             | 20110101       |              |
| E0370          | NOT COVERED             | 20110101       |              |
| E0371          | NOT COVERED             | 20110101       |              |
| E0373          | NOT COVERED             | 20110101       |              |
| E0433          | NOT COVERED             | 20100101       |              |
| E0446          | NOT COVERED             | 20110101       |              |
| E0470          | NOT COVERED             | 20080701       |              |
| E0484          | NOT COVERED             | 20080701       |              |
| E0485          | NOT COVERED             | 20080701       |              |
| E0486          | NOT COVERED             | 20080701       |              |
| E0571          | END DATED               | 20120101       | E0570        |
| E0572          | NOT COVERED             | 20080701       |              |
| E0574          | NOT COVERED             | 20080701       |              |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| E0607          | END DATED               | 20101231       | NDC          |
| E0610          | NOT COVERED             | 20110101       |              |
| E0615          | NOT COVERED             | 20110101       |              |
| E0616          | NOT COVERED             | 20110101       |              |
| E0617          | NOT COVERED             | 20110101       |              |
| E0618          | NOT COVERED             | 20080701       |              |
| E0620          | NOT COVERED             | 20080701       |              |
| E0627          | NOT COVERED             | 20080701       |              |
| E0628          | NOT COVERED             | 20080701       |              |
| E0629          | NOT COVERED             | 20080701       |              |
| E0636          | NOT COVERED             | 20110101       |              |
| E0637          | NOT COVERED             | 20110101       |              |
| E0639          | NOT COVERED             | 20110101       |              |
| E0640          | NOT COVERED             | 20110101       |              |
| E0641          | NOT COVERED             | 20080701       |              |
| E0642          | NOT COVERED             | 20080701       |              |
| E0670          | NOT COVERED             | 20130101       |              |
| E0671          | NOT COVERED             | 20080701       |              |
| E0672          | NOT COVERED             | 20080701       |              |
| E0673          | NOT COVERED             | 20080701       |              |
| E0675          | NOT COVERED             | 20080701       |              |
| E0676          | NOT COVERED             | 20080701       |              |
| E0691          | NOT COVERED             | 20080701       |              |
| E0692          | NOT COVERED             | 20080701       |              |
| E0693          | NOT COVERED             | 20080701       |              |
| E0694          | NOT COVERED             | 20080701       |              |
| E0700          | NOT COVERED             | 20080701       |              |
| E0710          | NOT COVERED             | 20040101       |              |
| E0740          | NOT COVERED             | 20080701       |              |
| E0749          | NOT COVERED             | 20080701       |              |
| E0755          | NOT COVERED             | 20110101       |              |
| E0761          | NOT COVERED             | 20080701       |              |
| E0762          | NOT COVERED             | 20080701       |              |
| E0764          | NOT COVERED             | 20080701       |              |
| E0765          | NOT COVERED             | 20110101       |              |
| E0766          | NOT COVERED             | 20140101       |              |
| E0769          | NOT COVERED             | 20110101       |              |
| E0779          | NOT COVERED             | 20080701       |              |
| E0780          | NOT COVERED             | 20080701       |              |
| E0783          | NOT COVERED             | 20080701       |              |
| E0785          | NOT COVERED             | 20080701       |              |
| E0786          | NOT COVERED             | 20080701       |              |
| E0830          | NOT COVERED             | 20080701       |              |
| E0849          | NOT COVERED             | 20080701       |              |
| E0855          | NOT COVERED             | 20080701       |              |
| E0856          | NOT COVERED             | 20080701       |              |
| E0936          | NOT COVERED             | 20080701       |              |
| E0957          | NOT COVERED             | 20080701       |              |
| E0968          | NOT COVERED             | 20080701       |              |
| E0970          | NOT COVERED             | 20080701       |              |
| E0980          | NOT COVERED             | 20080701       |              |
| E0985          | NOT COVERED             | 20040101       |              |
| E0994          | NOT COVERED             | 20080701       |              |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| E1006          | NOT COVERED             | 20080701       |              |
| E1007          | NOT COVERED             | 20080701       |              |
| E1011          | NOT COVERED             | 20100101       |              |
| E1014          | NOT COVERED             | 20100101       |              |
| E1015          | NOT COVERED             | 20100101       |              |
| E1016          | NOT COVERED             | 20100101       |              |
| E1017          | NOT COVERED             | 20100101       |              |
| E1018          | NOT COVERED             | 20100101       |              |
| E1035          | NOT COVERED             | 20100101       |              |
| E1036          | NOT COVERED             | 20100101       |              |
| E1037          | NOT COVERED             | 20100101       |              |
| E1038          | NOT COVERED             | 20100101       |              |
| E1039          | NOT COVERED             | 20100101       |              |
| E1050          | NOT COVERED             | 20100101       |              |
| E1060          | NOT COVERED             | 20100101       |              |
| E1070          | NOT COVERED             | 20100101       |              |
| E1083          | NOT COVERED             | 20100101       |              |
| E1084          | NOT COVERED             | 20100101       |              |
| E1085          | NOT COVERED             | 20100101       |              |
| E1086          | NOT COVERED             | 20100101       |              |
| E1087          | NOT COVERED             | 20100101       |              |
| E1088          | NOT COVERED             | 20100101       |              |
| E1089          | NOT COVERED             | 20100101       |              |
| E1090          | NOT COVERED             | 20100101       |              |
| E1092          | NOT COVERED             | 20100101       |              |
| E1093          | NOT COVERED             | 20100101       |              |
| E1100          | NOT COVERED             | 20100101       |              |
| E1110          | NOT COVERED             | 20100101       |              |
| E1130          | NOT COVERED             | 20100101       |              |
| E1140          | NOT COVERED             | 20100101       |              |
| E1150          | NOT COVERED             | 20100101       |              |
| E1160          | NOT COVERED             | 20100101       |              |
| E1161          | NOT COVERED             | 20100101       |              |
| E1170          | NOT COVERED             | 20100101       |              |
| E1171          | NOT COVERED             | 20100101       |              |
| E1172          | NOT COVERED             | 20100101       |              |
| E1180          | NOT COVERED             | 20100101       |              |
| E1190          | NOT COVERED             | 20100101       |              |
| E1195          | NOT COVERED             | 20100101       |              |
| E1200          | NOT COVERED             | 20100101       |              |
| E1220          | NOT COVERED             | 20100101       |              |
| E1221          | NOT COVERED             | 20100101       |              |
| E1222          | NOT COVERED             | 20100101       |              |
| E1223          | NOT COVERED             | 20100101       |              |
| E1224          | NOT COVERED             | 20100101       |              |
| E1225          | NOT COVERED             | 20100101       |              |
| E1227          | NOT COVERED             | 20100101       |              |
| E1228          | NOT COVERED             | 20100101       |              |
| E1229          | NOT COVERED             | 20100101       |              |
| E1230          | END DATED               | 20070901       |              |
| E1231          | NOT COVERED             | 20080701       |              |
| E1232          | NOT COVERED             | 20080701       |              |
| E1233          | NOT COVERED             | 20080701       |              |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| E1234          | NOT COVERED             | 20080701       |              |
| E1235          | NOT COVERED             | 20080701       |              |
| E1236          | NOT COVERED             | 20080701       |              |
| E1237          | NOT COVERED             | 20080701       |              |
| E1238          | NOT COVERED             | 20080701       |              |
| E1239          | NOT COVERED             | 20080701       |              |
| E1240          | NOT COVERED             | 20080701       |              |
| E1250          | NOT COVERED             | 20080701       |              |
| E1260          | NOT COVERED             | 20080701       |              |
| E1270          | NOT COVERED             | 20080701       |              |
| E1280          | NOT COVERED             | 20080701       |              |
| E1285          | NOT COVERED             | 20080701       |              |
| E1290          | NOT COVERED             | 20080701       |              |
| E1295          | NOT COVERED             | 20080701       |              |
| E1296          | NOT COVERED             | 20080701       |              |
| E1297          | NOT COVERED             | 20080701       |              |
| E1298          | NOT COVERED             | 20080701       |              |
| E1300          | NOT COVERED             | 20080701       |              |
| E1310          | NOT COVERED             | 20080701       |              |
| E1340          | END DATED               | 20100101       | K0739        |
| E1352          | NOT COVERED             | 20140101       |              |
| E1354          | NOT COVERED             | 20080701       |              |
| E1356          | NOT COVERED             | 20080701       |              |
| E1357          | NOT COVERED             | 20080701       |              |
| E1358          | NOT COVERED             | 20080701       |              |
| E1391          | NOT COVERED             | 20080701       |              |
| E1820          | NOT COVERED             | 20080701       |              |
| E1821          | NOT COVERED             | 20080701       |              |
| E1830          | NOT COVERED             | 20080701       |              |
| E1831          | NOT COVERED             | 20120101       |              |
| E1841          | NOT COVERED             | 20100101       |              |
| E1902          | NOT COVERED             | 20100101       |              |
| E2100          | END DATED               | 20101231       | NDC          |
| E2101          | END DATED               | 20101231       | NDC          |
| E2120          | NOT COVERED             | 20100101       |              |
| E2230          | NOT COVERED             | 20080701       |              |
| E2291          | NOT COVERED             | 20080701       |              |
| E2292          | NOT COVERED             | 20080701       |              |
| E2293          | NOT COVERED             | 20080701       |              |
| E2294          | NOT COVERED             | 20080701       |              |
| E2300          | NOT COVERED             | 20040101       |              |
| E2301          | NOT COVERED             | 20040101       |              |
| E2310          | NOT COVERED             | 20100101       |              |
| E2311          | NOT COVERED             | 20100101       |              |
| E2331          | NOT COVERED             | 20100101       |              |
| E2393          | END DATED               | 20100101       |              |
| E2399          | END DATED               | 20100101       |              |
| K0008          | NOT COVERED             | 20130701       |              |
| K0013          | NOT COVERED             | 20130701       |              |
| K0098          | NOT COVERED             | 20080701       |              |
| K0195          | NOT COVERED             | 20080701       |              |
| K0455          | NOT COVERED             | 20080701       |              |
| K0462          | NOT COVERED             | 20080701       |              |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| K0552          | NOT COVERED             | 20080701       |              |
| K0601          | NOT COVERED             | 20080701       |              |
| K0602          | NOT COVERED             | 20080701       |              |
| K0603          | NOT COVERED             | 20080701       |              |
| K0604          | NOT COVERED             | 20080701       |              |
| K0605          | NOT COVERED             | 20080701       |              |
| K0607          | NOT COVERED             | 20080701       |              |
| K0608          | NOT COVERED             | 20080701       |              |
| K0609          | NOT COVERED             | 20080701       |              |
| K0669          | NOT COVERED             | 20080701       |              |
| K0672          | NOT COVERED             | 20080701       |              |
| K0730          | NOT COVERED             | 20080701       |              |
| K0734          | END DATED               | 20110101       | E2622        |
| K0735          | END DATED               | 20110101       | E2623        |
| K0736          | END DATED               | 20110101       | E2624        |
| K0737          | END DATED               | 20110101       | E2625        |
| K0738          | NOT COVERED             | 20080701       |              |
| K0740          | NOT COVERED             | 20100101       |              |
| K0741          | NOT COVERED             | 20120101       |              |
| K0742          | NOT COVERED             | 20120101       |              |
| K0743          | NOT COVERED             | 20120101       |              |
| K0900          | NOT COVERED             | 20130701       |              |
| L0210          | END DATED               | 20100101       |              |
| L1500          | END DATED               | 20120101       |              |
| L1510          | END DATED               | 20120101       |              |
| L1520          | END DATED               | 20120101       |              |
| L1800          | END DATED               | 20100101       |              |
| L1815          | END DATED               | 20100101       |              |
| L1825          | END DATED               | 20100101       |              |
| L1901          | END DATED               | 20100101       |              |
| L2770          | END DATED               | 20100101       |              |
| L2860          | END DATED               | 20090101       |              |
| L3040          | NOT COVERED             | 20130501       |              |
| L3050          | NOT COVERED             | 20130501       |              |
| L3060          | NOT COVERED             | 20130501       |              |
| L3070          | NOT COVERED             | 20130501       |              |
| L3080          | NOT COVERED             | 20130501       |              |
| L3090          | NOT COVERED             | 20130501       |              |
| L3651          | END DATED               | 20100101       |              |
| L3652          | END DATED               | 20100101       |              |
| L3672          | END DATED               | 20101231       |              |
| L3673          | END DATED               | 20120101       | L3674        |
| L3700          | END DATED               | 20100101       |              |
| L3701          | END DATED               | 20100101       |              |
| L3890          | END DATED               | 20090101       |              |

| Procedure Code | End-Dated / Not Covered | Effective Date | Replaced By? |
|----------------|-------------------------|----------------|--------------|
| L3909          | END DATED               | 20100101       |              |
| L3910          | END DATED               | 20100101       |              |
| L3911          | END DATED               | 20100101       |              |
| L3964          | END DATED               | 20120101       |              |
| L3965          | END DATED               | 20120101       |              |
| L3966          | END DATED               | 20120101       |              |
| L3968          | END DATED               | 20120101       |              |
| L3969          | END DATED               | 20120101       |              |
| L3970          | END DATED               | 20120101       |              |
| L3972          | END DATED               | 20120101       |              |
| L3974          | END DATED               | 20120101       |              |
| L4380          | END DATED               | 20080701       |              |
| L5311          | END DATED               | 20080701       | L5312        |
| L5859          | NOT COVERED             | 20130101       |              |
| L5969          | NOT COVERED             | 20140101       |              |
| L5995          | END DATED               | 20090101       |              |
| L6639          | END DATED               | 20100101       |              |
| L7266          | END DATED               | 20120101       |              |
| L7272          | END DATED               | 20120101       |              |
| L7274          | END DATED               | 20120101       |              |
| L7500          | END DATED               | 20120101       |              |
| L7611          | END DATED               | 20090101       |              |
| L7612          | END DATED               | 20090101       |              |
| L7613          | END DATED               | 20090101       |              |
| L7614          | END DATED               | 20090101       |              |
| L7621          | END DATED               | 20090101       |              |
| L7622          | END DATED               | 20090101       |              |
| L8679          | NOT COVERED             | 20140101       |              |
| Q0478          | NOT COVERED             | 20110101       |              |
| Q0479          | NOT COVERED             | 20110101       |              |
| S8130          | NOT COVERED             | 20120101       |              |
| S8131          | NOT COVERED             | 20120101       |              |
| T1505          | NOT COVERED             | 20110101       |              |