
KEY TO DME INDEX/MAF REPORT

ATTACHED IS THE WISCONSIN MEDICAID PROGRAM DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULE. THIS DME INDEX/MAFS COMPLETELY REPLACES PRIOR DME INDICES.

WISCONSIN MEDICAID CERTIFIED PROVIDERS ARE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR CUSTOMARY CHARGE OR THE MAXIMUM ALLOWABLE FEE, IN ACCORDANCE WITH THE TERMS OF REIMBURSEMENT.

NOTE: BADGERCARE PLUS BENCHMARK PLAN MEMBERS WILL BE RESPONSIBLE FOR A \$5.00 COPAYMENT PER ITEM. RENTALS ARE EXEMPT FROM COPAY.

WISCONSIN MEDICAID UTILIZES HCPCS NATIONAL LEVEL II CODES DEVELOPED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). PROVIDERS USING THE PROCEDURE CODES LISTED IN THIS INDEX MUST SELECT THE PROCEDURE CODES THAT MOST ACCURATELY IDENTIFY THE EQUIPMENT OR SERVICE ORDERED BY THE PHYSICIAN AND DELIVERED.

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 COULD RESULT IN DENIALS FROM WISCONSIN MEDICAID WHEN THERE EXISTS A MORE INCLUSIVE CODE.

WISCONSIN ADMINISTRATIVE CODE HFS 107.24(B) STATES COVERED SERVICES ARE LIMITED TO ITEMS CONTAINED IN THE WISCONSIN DURABLE MEDICAL EQUIPMENT (DME) AND MEDICAL SUPPLIES INDICES. ITEMS PRESCRIBED BY A PHYSICIAN WHICH ARE NOT CONTAINED IN THESE INDICES REQUIRE PRIOR AUTHORIZATION FOR CONSIDERATION OF COVERAGE.

THESE ITEMS MAY BE REQUESTED USING THE APPROPRIATE "NOT OTHERWISE CLASSIFIED CODE" (NOC). HOWEVER, DOCUMENTATION MUST INCLUDE A COMPLETE DESCRIPTION OF THE NATURE, EXTENT, AND NEED FOR THE SERVICE OR EQUIPMENT. PRIOR TO USING AN UNLISTED PROCEDURE CODE YOU MUST DETERMINE IF A SPECIFIC HCPCS CODE IS NOT AVAILABLE FOR USE.

IF YOU HAVE QUESTIONS REGARDING THE INFORMATION ATTACHED, PLEASE CONTACT THE DHCAA POLICY UNIT BY WRITING TO:

DME POLICY ANALYST
POLICY SECTION
DHCAA, P.O. BOX 309
MADISON, WI 53701-0309

DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULES ARE AVAILABLE ON THE WISCONSIN MEDICAID WEBSITE IN EXE, PDF, TXT, AND INTERACTIVE FORMATS. THE INDICES ARE ALSO AVAILABLE ON THE EDS-EPIX PC BULLETIN BOARD, MICROFICHE, TAPE CARTRIDGE, MAGNETIC TAPE AND DISKETTE. REFER TO PART A OF YOUR PROVIDER HANDBOOK FOR ADDITIONAL INFORMATION.

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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FIELD HEADING	DESCRIPTION
PROC CODE	5-CHARACTER HCPCS PROCEDURE CODE. IF A SPACE AND MODIFIER RR DISPLAY AFTER THE PROCEDURE CODE, THE ITEM IS A RENTAL. IF NO RR MODIFIER DISPLAYS AFTER THE PROCEDURE CODE, THE ITEM IS A PURCHASE. IF THE PROCEDURE CODE IS FOLLOWED BY A DASH AND TWO DIGITS, THE PROCEDURE CODE REQUIRES THE USE OF THE NATIONAL MODIFIER INDICATED. NOTE: ALL RENTAL PAYMENTS PAID TO THE SAME PROVIDER ARE DEDUCTED FROM THE MAXIMUM ALLOWABLE REIMBURSEMENT FOR THE SUBSEQUENT PURCHASE.
PAC	3-CHARACTER PRICING ACTION CODE. 170 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE 11J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT REVIEW 1F0 - INDIVIDUAL CONSIDERATION
MAX FEE	MAXIMUM ALLOWABLE FEE.
EFF DATE	THE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.
FULL DESC	THE COMPLETE DESCRIPTION OF A PROCEDURE CODE.
POS	THE PLACE OF SERVICE CODES A PROCEDURE CAN BE PROVIDED IN. 11 - OFFICE 12 - HOME 22 - OUTPATIENT HOSPITAL 2 0946 20081007 DMERPT54 SWIJMPQD **** COLD SYSTEM INDEX LINE

**** JOB16379 PWA
RptNumber:DMERPT54
JobName:SWIJMPQD
RptTitle:MAX FEES BY PROVIDER TYPE
DocType:Provider Maintenance General Reports
DocTypeGroup:Provider Maintenance
CycleDate:20081007

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FULL DESC	THE COMPLETE DESCRIPTION OF A PROCEDURE CODE.
POS	THE PLACE OF SERVICE CODES A PROCEDURE CAN BE PROVIDED IN. 11 - OFFICE 12 - HOME 22 - OUTPATIENT HOSPITAL 24 - AMBULATORY SURGICAL CENTER 31 - SKILLED NURSING FACILITY 32 - NURSING FACILITY 99 - OTHER PLACE OF SERVICE NOTE: ITEMS PROVIDED IN POS 31 AND 32 MAY BE SEPARATELY BILLED TO WISCONSIN MEDICAID ONLY IF "Y" IS INDICATED IN THE NH FIELD.

PROV TYPES

THE VALID OR INVALID PROVIDER TYPES
FOR A PROCEDURE CODE.
24 - FQHC
26 - PHARMACY
30 - CHIROPRACTIC
34 - PHYSICAL THERAPISTS
35 - OCCUPATIONAL THERAPISTS
36 - SPEECH AND HEARING CLINICS
37 - AUDIOLOGIST
38 - THERAPY GROUP
44 - HOME HEALTH AGENCY
45 - NURSE PRACTITIONER
48 - HOME HEALTH/PERSONAL CARE DUALY
CERTIFIED
54 - DURABLE MEDICAL EQUIPMENT VENDOR
58 - OTHER MEDICAL SUPPLIER
65 - REHABILITATION AGENCY
78 - SPEECH THERAPY
79 - ICF/MR FACILITY
80 - NURSING FACILITY
95 - HOSPICE

BI

BILATERAL INDICATOR. A "Y" INDICATES
THAT THE ITEM MAY BE BILLED SINGLY OR
AS A PAIR. AN "N" INDICATES THAT THE
ITEM MAY NOT BE BILLED AS BILATERAL.

IF BILATERAL ITEMS ARE BILLED FOR THE
SAME DATE OF SERVICE, A QUANTITY OF
"2" OR MORE MUST BE USED.

IF BILATERAL ITEMS ARE PROVIDED ON
DIFFERENT DATES OF SERVICE, THE "50"
MODIFIER MUST BE INDICATED WITH THE
PROCEDURE CODE OF THE ADDITIONAL
ITEM BILLED.

PA REQ

PRIOR AUTHORIZATION REQUIREMENT
INDICATORS.
Y INITIAL PURCHASE OR INITIAL RENTAL
OF THE DME ITEM REQUIRES PRIOR
AUTHORIZATION
30 RENTAL OF THE DME ITEM BEYOND 30
DAYS REQUIRES PRIOR AUTHORIZATION.
60 RENTAL OF THE DME ITEM BEYOND 60
DAYS REQUIRES PRIOR AUTHORIZATION.
90 RENTAL OF THE DME ITEM BEYOND 90
DAYS REQUIRES PRIOR AUTHORIZATION.
180 RENTAL OF THE DME ITEM BEYOND 180
DAYS REQUIRES PRIOR AUTHORIZATION.
\$ CHARGES EXCEEDING THE SPECIFIED
DOLLAR AMOUNT FOR A COMPLETE
SERVICE/ITEM REQUIRES PRIOR
AUTHORIZATION.
N INITIAL PURCHASE OR INITIAL RENTAL
OF A DME ITEM DOES NOT REQUIRE
PRIOR AUTHORIZATION.

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LIFE EXP

INDICATES THE EXPECTED LIFE OF THE ITEM. PRIOR AUTHORIZATION IS REQUIRED IF THE DME ITEM NEEDS TO BE REPLACED BEFORE THE END OF ITS EXPECTED LIFE.

NH

A "Y" INDICATES THE DME ITEM MAY BE SEPARATELY BILLED TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS. AN "N" INDICATES THE DME ITEM MAY NOT BE BILLED SEPARATELY TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS.

NOTE: MANUAL WHEELCHAIR RENTALS (MODIFIER RR) ARE NOT SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS.

MANUAL/POWER/MOTORIZED WHEELCHAIR AND ACCESSORY PURCHASES ARE SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS ONLY UNDER LIMITED CONDITIONS. SEE YOUR WISCONSIN MEDICAID PROVIDER HANDBOOK, PART N, AND WISCONSIN MEDICAID UPDATES FOR FOR THESE SPECIAL CIRCUMSTANCES.

COPAY

INDICATES THE COPAYMENT ON DME PURCHASES. IF SEVERAL SERVICES ARE PERFORMED DURING ONE VISIT, MORE THAN ONE COPAY MAY APPLY.

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DME INDEX/MAFS CATEGORIES

HOME HEALTH EQUIPMENT

- AMBULATION EQUIPMENT-CANES
- CRUTCHES
- WALKERS
- ATTACHMENTS: CANES, CRUTCHES, WALKERS
- BATH AND TOILET AIDS
- COMMODES
- DECUBITUS CARE EQUIPMENT
- HEAT AND COLD APPLICATION
- HOSPITAL BEDS
- MATTRESSES
- BED ACCESSORIES
- BED PANS/URINALS
- MONITORING EQUIPMENT
- COMMUNICATION DEVICES
- PATIENT LIFTS
- PNEUMATIC EQUIPMENT
- ELECTROTHERAPY MODALITIES
- PUMPS
- TRACTION AND RELATED EQUIPMENT-CERVICAL
- TRACTION EQUIPMENT-OVERDOOR
- TRACTION EQUIPMENT-EXTREMITY
- TRACTION EQUIPMENT-PELVIC
- TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES
- ADAPTIVE EQUIPMENT
- POSITIONING EQUIPMENT
- MISCELLANEOUS DME AND REPAIR

RESPIRATORY EQUIPMENT

- OXYGEN CONTENTS
- OXYGEN AND RELATED RESPIRATORY SYSTEMS
- ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT
- CONCENTRATORS
- OXYGEN ENRICHER SYSTEMS
- IPPB
- HUMIDIFIERS
- COMPRESSORS
- NEBULIZERS
- SUCTION PUMP/ROOM VAPORIZERS AND RELATED EQUIPMENT
- SUPPLIES-OXYGEN/RELATED RESPIRATORY EQUIPMENT-VENTILATORS/RESPIRATORS
- MISCELLANEOUS-OXYGEN/RELATED RESPIRATORY EQUIPMENT
- OXYGEN TENTS
- MONITORS-CARDIOPULMONARY
- REPAIRS-OXYGEN THERAPY EQUIPMENT

WHEELCHAIRS AND WHEELCHAIR ACCESSORIES

- WHEELCHAIR ACCESSORIES
- WHEELCHAIR-STANDARD
- WHEELCHAIR-LIGHTWEIGHT
- WHEELCHAIR-HEAVY DUTY
- WHEELCHAIR-WIDE HEAVY DUTY
- WHEELCHAIR-HEMI
- WHEELCHAIR-HIGH STRENGTH
- WHEELCHAIR-SEMI RECLINING
- WHEELCHAIR-FULLY RECLINING
- WHEELCHAIR-AMPUTEE

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WHEELCHAIR-ONE ARM DRIVE
WHEELCHAIR-MISCELLANEOUS
MOTORIZED WHEELCHAIR
BATTERIES-WHEELCHAIRS

ORTHOTIC DEVICES

SPINAL-CERVICAL
SPINAL-THORACIC
SPINAL-THORACIC-LUMBAR-SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR CONTROL
ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL
SPINAL-LUMBAR SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR-LATERAL CONTROL
ANTERIOR-POSTERIOR CONTROL
LUMBAR FLEXION
ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)
SPINAL-SACRILIAC-FLEXIBLE
SEMI-RIGID
SPINAL-CERVICAL-THORACIC-LUMBAR-SACRAL-HALO-ANTERIOR-POSTERIOR-LATERAL
HALO PROCEDURE
SPINAL-TORSO SUPPORTS-PTOSIS SUPPORTS
PENDULOUS ABDOMEN SUPPORT
POST SURGICAL SUPPORT
ADDITIONS TO SPINAL ORTHOSES
SCOLIOSIS PROCEDURES-SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL
CORRECTION PADS
SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)
OTHER SCOLIOSIS PROCEDURES
THORACIC-HIP-KNEE-ANKLE
LOWER LIMB-HIP-FLEXIBLE
LEGG PERTHES
KNEE
ANKLE-FOOT
HIP-KNEE-ANKLE-FOOT
TORSION CONTROL
FRACTURE ORTHOSES
ADDITIONS TO FRACTURE ORTHOSIS
ADDITIONS TO LOWER EXTREMITY ORTHOSIS-ADDITIONS-SHOE-ANKLE-SHIN-KNEE
ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS
ADDITIONS-THIGH/WEIGHT BEARING-GLUTEAL/ISCHIAL WEIGHT
ADDITIONS-PELVIC AND THORACIC CONTROL
ADDITIONS-GENERAL-LOWER EXTREMITY

ORTHOPEDIC SHOES, MODIFICATIONS, TRANSFERS

INSERT, REMOVABLE, MOLDED TO PATIENT MODEL
ARCH SUPPORT, REMOVABLE PREMOLDED
ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE
ABDUCTION AND ROTATION BARS
ORTHOPEDIC FOOTWEAR
SHOE MODIFICATION-LIFTS
SHOE MODIFICATION-WEDGES
SHOE MODIFICATION-HEELS
MISCELLANEOUS SHOE ADDITIONS
TRANSFER OR REPLACEMENT
DIABETIC SHOE SUPPLIES

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ORTHOTIC DEVICES

UPPER LIMB-SHOULDER
ELBOW
WRIST-HAND-FINGER
ADDITIONS-UPPER LIMB
DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICES
EXTERNAL POWER
OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED
UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND-ABDUCTION POSITIONING-CUSTOM FIT
ADDITIONS TO MOBILE ARM SUPPORT
FRACTURE ORTHOSES
SPECIFIC REPAIR-ORTHOSES
REPAIRS-ORTHOTIC
ANCILLARY ORTHOTIC SERVICES

PROSTHETIC PROCEDURES

LOWER LIMB-PARTIAL FOOT
ANKLE
BELOW KNEE
KNEE DISARTICULATION
ABOVE KNEE
HIP DISARTICULATION
HEMIPELVECTOMY
ENDOSKELETAL-BELOW KNEE
ENDOSKELETAL-KNEE DISARTICULATION
ENDOSKELETAL-ABOVE KNEE
ENDOSKELETAL-HIP DISARTICULATION
ENDOSKELETAL-HEMIPELVECTOMY
IMMEDIATE-EARLY-INITIAL-PREPARATORY/POST SURGICAL/FITTING PROCEDURES
INITIAL PROSTHESIS
PREPARATORY PROSTHESIS
ADDITIONS TO LOWER EXTREMITY
TEST SOCKETS
SOCKET VARIATIONS
SOCKET INSERT AND SUSPENSION
ADDITIONS-KNEE-SHIN-SYSTEM-EXOSKELETAL
ADDITIONS-KNEE-SHIN SYSTEM-ENDOSKELETAL
UPPER LIMB-PARTIAL HAND
WRIST DISARTICULATION
BELOW ELBOW
ELBOW DISARTICULATION
ABOVE ELBOW
SHOULDER DISARTICULATION
INTERSCAPULAR THORACIC
IMMEDIATE AND EARLY POST SURGICAL
ENDOSKELETAL-BELOW ELBOW
ENDOSKELETAL-ELBOW DISARTICULATION
ENDOSKELETAL-ABOVE ELBOW
ENDOSKELETAL-SHOULDER DISARTICULATION
ENDOSKELETAL-INTERSCAPULAR THORACIC
ADDITIONS TO UPPER EXTREMITY
TERMINAL DEVICES-HOOKS
TERMINAL DEVICES-HANDS
GLOVES FOR ABOVE HANDS
HAND RESTORATION
EXTERNAL POWER-BASE DEVICES
EXTERNAL POWER-TERMINAL DEVICES
EXTERNAL POWER-ELBOW
EXTERNAL POWER-CONTROL MODULES
EXTERNAL POWER-BATTERY COMPONENTS

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REPAIRS-PROSTHETIC
GENERAL-PROSTHESES
ELASTIC-SUPPORTS
TRUSSES
PROSTHETIC SOCKS

IMPLANTS

PROSTHETIC IMPLANTS
INTEGUMENTARY SYSTEM
HEAD-SKULL-FACIAL BONES-TEMPOROMANDIBULAR JOINT
UPPER EXTREMITY
LOWER EXTREMITY
MISCELLANEOUS MUSCULAR
CARDIOVASCULAR SYSTEM
OTHER IMPLANTS

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DME INDEX MODIFIERS

LT- EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 01/01/07. MODIFIER USED TO INDICATE LEFT SIDE OF BODY.

RP- EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/01/03, PROVIDERS MAY USE THE RP MODIFIER (REPAIR AND MODIFICATION) WHEN SUBMITTING CLAIMS FOR MISCELLANEOUS REPAIR PARTS FOR THE FOLLOWING PROCEDURE CODE RANGES FOR PURCHASE ONLY:

WHEELCHAIRS: E1230
 E1230 - 59
 K0001 - K0012
 K0014

HOSPITAL BEDS: E0250 - E0251
 E0255 - E0256
 E0260 - E0261
 E0265 - E0266
 E0290 - E0297
 E0301 - E0304

LIFTS: E0630
 E0635

COMMODE CHAIRS: E0163 - E0164
 E0168
 E0240
 E0247

RR- USED TO INDICATE RENTAL.

RT- EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 01/01/07. MODIFIER USED TO INDICATE RIGHT SIDE OF BODY.

TW- USED TO INDICATE BACKUP/SECONDARY EQUIPMENT. PAYS 50% OF CURRENT MAXIMUM ALLOWABLE FEE AND IS AVAILABLE ON CERTAIN CODES. PLEASE SEE PROVIDER UPDATE 2004-36 FOR MORE INFORMATION.

QE- INDICATES OXYGEN FLOW LESS THAN ONE LITER PER MINUTE.

QG- INDICATES OXYGEN FLOW MORE THAN FOUR LITERS PER MINUTE.

59- INDICATES DISTINCT PROCEDURAL SERVICE.

52- INDICATES REDUCED SERVICES.

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VALID DME PROCEDURE CODES WITH MODIFIERS

A6530-LT PAC: 170 MAX FEE: \$ 8.64 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$0.50

A6530-RT PAC: 170 MAX FEE: \$ 8.64 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$0.50

A6531-LT PAC: 170 MAX FEE: \$ 24.09 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$1.00

A6531-RT PAC: 170 MAX FEE: \$ 24.09 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$1.00

A6532-LT PAC: 170 MAX FEE: \$ 42.18 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

A6532-RT PAC: 170 MAX FEE: \$ 42.18 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

A6533-LT PAC: 170 MAX FEE: \$ 46.40 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

A6533-RT PAC: 170 MAX FEE: \$ 46.40 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

A6534-LT PAC: 170 MAX FEE: \$ 47.46 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

A6534-RT PAC: 170 MAX FEE: \$ 47.46 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$2.00

A6535-LT PAC: 170 MAX FEE: \$ 65.38 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6535-RT PAC: 170 MAX FEE: \$ 65.38 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

A6536-LT PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6536-RT PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6537-LT PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6537-RT PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6538-LT PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

A6538-RT PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08
FULL DESC: GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,
40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

A9900-UA PAC: 170 MAX FEE: \$ 4.55 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$0.50

A9900-UB PAC: 170 MAX FEE: \$ 4.55 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$0.50

A9900-UC PAC: 170 MAX FEE: \$ 30.91 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 8 YEARS NH: Y COPAY: \$0.50

A9900-UD PAC: 170 MAX FEE: \$ 5.56 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1-3 YEARS NH: Y COPAY: \$0.50

A9900-U1 PAC: 170 MAX FEE: \$ 7.32 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER 2 YRS NH: Y COPAY: \$0.50

A9900-U2 PAC: 170 MAX FEE: \$ 6.31 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER 2 YRS NH: Y COPAY: \$0.50

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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VALID DME PROCEDURE CODES WITH MODIFIERS

A9900-U3 PAC: 170 MAX FEE: \$ 12.36 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$0.50

A9900-U4 PAC: 170 MAX FEE: \$ 7.58 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$0.50

A9900-U5 PAC: 170 MAX FEE: \$ 15.15 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$0.50

A9900-U6 PAC: 170 MAX FEE: \$ 6.57 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$0.50

A9900-U7 PAC: 170 MAX FEE: \$ 8.84 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$0.50

A9900-U9 PAC: 170 MAX FEE: \$ 8.59 EFF DATE: 07/01/08
FULL DESC: MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE
COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$0.50

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VALID DME PROCEDURE CODES WITH MODIFIERS

E0424-QE RR PAC: 170 MAX FEE: \$ 3.43 EFF DATE: 07/01/08
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL,
INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA
OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER
PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0424-QG RR PAC: 170 MAX FEE: \$ 10.30 EFF DATE: 07/01/08
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL,
INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA
OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR
LITERS PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0439-QE RR PAC: 170 MAX FEE: \$ 3.43 EFF DATE: 07/01/08
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER
CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS,
AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E0439-QG RR PAC: 170 MAX FEE: \$ 10.30 EFF DATE: 07/01/08
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER
CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS
AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

REPORT JOB: SWIJMPQD
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VALID DME PROCEDURE CODES WITH MODIFIERS

E0450-52 RR PAC: 170 MAX FEE: \$ 7.83 EFF DATE: 07/01/08
FULL DESC: VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE,
MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G.,
TRACHEOSTOMY TUBE), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$0.00

E0463-52 RR PAC: 170 MAX FEE: \$ 9.14 EFF DATE: 07/01/08
FULL DESC: PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY
INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G.
TRACHEOSTOMY TUBE), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$0.00

E0464-52 RR PAC: 170 MAX FEE: \$ 9.14 EFF DATE: 07/01/08
FULL DESC: PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY
INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G.
MASK), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$0.00

E0472-52 RR PAC: 170 MAX FEE: \$ 6.79 EFF DATE: 07/01/08
FULL DESC: 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), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$0.00

E0604-KH RR PAC: 170 MAX FEE: \$ 3.09 EFF DATE: 07/01/08
FULL DESC: BREAST PUMP, HOSPITAL GRADE, ELECTIRC (AC AND/OR DC), ANY
TYPE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$0.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

E0621-59 PAC: 170 MAX FEE: \$ 86.75 EFF DATE: 07/01/08
FULL DESC: SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON, WITH COMMODE
OPENING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$2.00

E1390-QE RR PAC: 170 MAX FEE: \$ 3.43 EFF DATE: 07/01/08
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE
PRESCRIBED FLOW RATE (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE
LITER PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

E1390-QG RR PAC: 170 MAX FEE: \$ 10.30 EFF DATE: 07/01/08
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED
FLOW RATE (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$0.00

S8421-LT PAC: 170 MAX FEE: \$ 73.68 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY
MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8421-RT PAC: 170 MAX FEE: \$ 73.68 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY
MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8424-LT PAC: 170 MAX FEE: \$ 58.95 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (SLEEVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

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VALID DME PROCEDURE CODES WITH MODIFIERS

S8424-RT PAC: 170 MAX FEE: \$ 58.95 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (SLEEVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8427-LT PAC: 170 MAX FEE: \$ 181.75 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (GLOVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8427-RT PAC: 170 MAX FEE: \$ 181.75 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (GLOVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8428-LT PAC: 170 MAX FEE: \$ 37.30 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (GAUNTLET), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

S8428-RT PAC: 170 MAX FEE: \$ 37.30 EFF DATE: 07/01/08
FULL DESC: GRADIENT PRESSURE AID (GAUNTLET), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$3.00

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HOME HEALTH EQUIPMENT

+ AMBULATION EQUIPMENT - CANES

E0100 PAC: 170 MAX FEE: \$ 18.98 EFF DATE: 07/01/08

FULL DESC: CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED,
WITH TIP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: N COPAY: \$ 1.00

E0105 PAC: 170 MAX FEE: \$ 37.33 EFF DATE: 07/01/08

FULL DESC: CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS,
ADJUSTABLE OR FIXED, WITH TIPS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

+ CRUTCHES

E0110 PAC: 170 MAX FEE: \$ 71.71 EFF DATE: 07/01/08

FULL DESC: CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS,
ADJUSTABLE OR FIXED; PAIR COMPLETE WITH TIPS AND HANDGRIP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0111 PAC: 170 MAX FEE: \$ 19.31 EFF DATE: 07/01/08

FULL DESC: CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS,
ADJUSTABLE OR FIXED; EACH WITH TIP AND HANDGRIP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: N COPAY: \$ 1.00

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E0112 PAC: 170 MAX FEE: \$ 30.72 EFF DATE: 07/01/08

FULL DESC:CRUTCHES, UNDERARM, WOOD, ADJUSTABLE OR FIXED; PAIR WITH PADS, TIPS AND HANDGRIP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

E0113 PAC: 170 MAX FEE: \$ 17.54 EFF DATE: 07/01/08

FULL DESC:CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED; EACH WITH PAD, TIP AND HANDGRIP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

E0114 PAC: 170 MAX FEE: \$ 41.00 EFF DATE: 07/01/08

FULL DESC:CRUTCHES, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

E0116 PAC: 170 MAX FEE: \$ 23.04 EFF DATE: 07/01/08

FULL DESC:CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

+ WALKERS

E0130 PAC: 170 MAX FEE: \$ 58.32 EFF DATE: 07/01/08

FULL DESC:WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0130 RR PAC: 170 MAX FEE: \$ 0.27 EFF DATE: 07/01/01

FULL DESC:WALKER, RIGID (PICKUP), ADJUSTABLE OF FIXED HEIGHT

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0135 PAC: 170 MAX FEE: \$ 73.70 EFF DATE: 07/01/08

FULL DESC:WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0135 RR PAC: 170 MAX FEE: \$ 0.32 EFF DATE: 07/01/01

FULL DESC:WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0140 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 12/01/04

FULL DESC:WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE

POS: 12

PROV TYPES: VALID 24 34 38 44 48 54 65

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0140 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 12/01/04

FULL DESC:WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE

POS: 12

PROV TYPES: VALID 24 34 38 44 48 54 65

BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

E0141 PAC: 170 MAX FEE: \$ 101.36 EFF DATE: 07/01/08

FULL DESC:WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0141 RR PAC: 170 MAX FEE: \$ 0.45 EFF DATE: 07/01/01

FULL DESC:WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0143 PAC: 170 MAX FEE: \$ 117.44 EFF DATE: 07/01/08

FULL DESC:WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0143 RR PAC: 170 MAX FEE: \$ 0.45 EFF DATE: 10/01/03

FULL DESC:WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0147 PAC: 170 MAX FEE: \$ 361.18 EFF DATE: 07/01/08

FULL DESC:WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0147 RR PAC: 170 MAX FEE: \$ 1.20 EFF DATE: 07/01/08

FULL DESC:WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0148 PAC: 170 MAX FEE: \$ 122.52 EFF DATE: 07/01/08

FULL DESC:WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0148 RR PAC: 170 MAX FEE: \$ 0.40 EFF DATE: 09/01/01

FULL DESC:WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0149 PAC: 170 MAX FEE: \$ 217.37 EFF DATE: 07/01/08

FULL DESC:WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0149 RR PAC: 170 MAX FEE: \$ 0.73 EFF DATE: 07/01/08

FULL DESC:WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ ATTACHMENTS: CANES, CRUTCHES, WALKERS

A4635 PAC: 170 MAX FEE: \$ 4.55 EFF DATE: 07/01/08

FULL DESC:UNDERARM PAD, CRUTCH, REPLACEMENT, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: N COPAY: \$ 0.50

A4636 PAC: 170 MAX FEE: \$ 3.74 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT, HANDGRIP, CANE, CRUTCH, WALKER, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: N COPAY: \$ 0.50

A4637 PAC: 170 MAX FEE: \$ 1.88 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT, TIP, CANE, CRUTCH, OR WALKER, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 PER YEAR NH: N COPAY: \$ 0.50

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0153 PAC: 170 MAX FEE: \$ 58.96 EFF DATE: 07/01/08

FULL DESC: PLATFORM ATTACHMENT; FOREARM CRUTCH, EACH

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: Y PA REQ: N

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 3.00

E0154 PAC: 170 MAX FEE: \$ 59.78 EFF DATE: 07/01/08

FULL DESC: PLATFORM ATTACHMENT; WALKER, EACH

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: Y PA REQ: N

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 3.00

E0155 PAC: 170 MAX FEE: \$ 27.75 EFF DATE: 07/01/08

FULL DESC: WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: Y PA REQ: N

LIFE EXP: 4 YEARS

NH: N COPAY: \$ 2.00

E0156 PAC: 170 MAX FEE: \$ 22.12 EFF DATE: 07/01/08

FULL DESC: SEAT ATTACHMENT, WALKER

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 1.00

E0157 PAC: 170 MAX FEE: \$ 59.78 EFF DATE: 07/01/08

FULL DESC: CRUTCH ATTACHMENT, WALKER, EACH

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: Y PA REQ: N

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 3.00

E0158 PAC: 170 MAX FEE: \$ 26.74 EFF DATE: 07/01/08

FULL DESC: LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: Y PA REQ: N

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 2.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0159 PAC: 170 MAX FEE: \$ 18.07 EFF DATE: 07/01/08

FULL DESC: BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

+ BATH AND TOILET AIDS

E0240 PAC: 170 MAX FEE: \$ 833.81 EFF DATE: 07/01/08

FULL DESC: BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0241 PAC: 170 MAX FEE: \$ 26.91 EFF DATE: 07/01/08

FULL DESC: BATH TUB WALL RAIL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: \$ 2.00

E0242 PAC: 170 MAX FEE: \$ 26.91 EFF DATE: 07/01/08

FULL DESC: BATH TUB RAIL, FLOOR BASE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: \$ 2.00

E0243 PAC: 170 MAX FEE: \$ 17.72 EFF DATE: 07/01/08

FULL DESC: TOILET RAIL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: \$ 1.00

E0244 PAC: 170 MAX FEE: \$ 38.39 EFF DATE: 07/01/08

FULL DESC: RAISED TOILET SEAT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0245 PAC: 170 MAX FEE: \$ 56.84 EFF DATE: 07/01/08

FULL DESC:TUB STOOL OR BENCH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0245 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC:TUB STOOL OR BENCH

POS: 11 12 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0246 PAC: 170 MAX FEE: \$ 141.50 EFF DATE: 07/01/08

FULL DESC:TRANSFER TUB RAIL ATTACHMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0247 PAC: 170 MAX FEE: \$ 154.79 EFF DATE: 07/01/08

FULL DESC:TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING

POS: 11 12
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0247 RR PAC: 170 MAX FEE: \$ 0.87 EFF DATE: 07/01/08

FULL DESC:TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING

POS: 11 12
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0248 PAC: 170 MAX FEE: \$ 230.28 EFF DATE: 07/01/08

FULL DESC:TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT
COMMODE OPENING

POS: 11 12
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0248 RR PAC: 170 MAX FEE: \$ 0.87 EFF DATE: 07/01/08

FULL DESC:TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT
COMMODE OPENING

POS: 11 12
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ COMMODES

E0160 PAC: 170 MAX FEE: \$ 32.28 EFF DATE: 07/01/08

FULL DESC:SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 2.00

E0161 PAC: 170 MAX FEE: \$ 32.28 EFF DATE: 07/01/08

FULL DESC:SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT
COMMODE, WITH FAUCET ATTACHMENTS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 2.00

E0162 PAC: 170 MAX FEE: \$ 12.10 EFF DATE: 07/01/08

FULL DESC:SITZ BATH CHAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: N COPAY: \$ 1.00

E0163 PAC: 170 MAX FEE: \$ 77.70 EFF DATE: 07/01/08

FULL DESC:COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0163 RR PAC: 170 MAX FEE: \$ 0.67 EFF DATE: 07/01/08

FULL DESC:COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0167 PAC: 170 MAX FEE: \$ 14.96 EFF DATE: 07/01/08

FULL DESC:PAIL OR PAN FOR USE WITH COMMODE CHAIR, REPLACEMENT ONLY

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 1.00

E0168 PAC: 170 MAX FEE: \$ 147.42 EFF DATE: 07/01/08

FULL DESC:COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE,
WITH OR WITHOUT ARMS, ANY TYPE, EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0175 PAC: 170 MAX FEE: \$ 82.25 EFF DATE: 07/01/08

FULL DESC:FOOT REST, FOR USE WITH COMMODE CHAIR, EACH

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

+ DECUBITUS CARE EQUIPMENT

A4640 PAC: 170 MAX FEE: \$ 39.86 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY
ALTERNATING PRESSURE PAD OWNED BY THE PATIENT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 2.00

REPORT JOB: SWIJMPQD
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E0181 PAC: 170 MAX FEE: \$ 244.10 EFF DATE: 07/01/08

FULL DESC:POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 3.00

E0181 RR PAC: 170 MAX FEE: \$ 1.41 EFF DATE: 07/01/08

FULL DESC:POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0182 PAC: 170 MAX FEE: \$ 199.30 EFF DATE: 07/01/08

FULL DESC:PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 3.00

E0182 RR PAC: 170 MAX FEE: \$ 1.06 EFF DATE: 07/01/08

FULL DESC:PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0184 PAC: 170 MAX FEE: \$ 184.56 EFF DATE: 07/01/08

FULL DESC:DRY PRESSURE MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0185 PAC: 170 MAX FEE: \$ 242.05 EFF DATE: 07/01/08

FULL DESC:GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0185 RR PAC: 170 MAX FEE: \$ 1.29 EFF DATE: 07/01/08

FULL DESC:GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH
AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

E0186 PAC: 170 MAX FEE: \$ 403.42 EFF DATE: 07/01/08

FULL DESC:AIR PRESSURE MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0186 RR PAC: 170 MAX FEE: \$ 2.54 EFF DATE: 07/01/08

FULL DESC:AIR PRESSURE MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0187 PAC: 170 MAX FEE: \$ 382.24 EFF DATE: 07/01/08

FULL DESC:WATER PRESSURE MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0187 RR PAC: 170 MAX FEE: \$ 2.54 EFF DATE: 07/01/08

FULL DESC:WATER PRESSURE MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0188 PAC: 170 MAX FEE: \$ 26.21 EFF DATE: 07/01/08

FULL DESC:SYNTHETIC SHEEPSKIN PAD

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0189 PAC: 170 MAX FEE: \$ 50.43 EFF DATE: 07/01/08

FULL DESC:LAMBSWOOL SHEEPSKIN PAD, ANY SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0193 RR PAC: 170 MAX FEE: \$ 19.81 EFF DATE: 07/01/08

FULL DESC:POWERED AIR FLOATATION BED (LOW AIR LOSS THERAPY)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E0194 RR PAC: 170 MAX FEE: \$ 31.43 EFF DATE: 07/01/08

FULL DESC:AIR FLUIDIZED BED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E0196 PAC: 170 MAX FEE: \$ 252.14 EFF DATE: 07/01/08

FULL DESC:GEL PRESSURE MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0196 RR PAC: 170 MAX FEE: \$ 1.77 EFF DATE: 07/01/08

FULL DESC:GEL PRESSURE MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0197 PAC: 170 MAX FEE: \$ 180.54 EFF DATE: 07/01/08

FULL DESC:AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0197 RR PAC: 170 MAX FEE: \$ 1.24 EFF DATE: 07/01/08

FULL DESC: AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0198 PAC: 170 MAX FEE: \$ 191.64 EFF DATE: 07/01/08

FULL DESC: WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0199 PAC: 170 MAX FEE: \$ 44.46 EFF DATE: 07/01/08

FULL DESC: DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

E0277 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/92

FULL DESC: POWERED PRESSURE-REDUCING AIR MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

E0277 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/92

FULL DESC: POWERED PRESSURE-REDUCING AIR MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

E0372 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/99

FULL DESC: POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E0372 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/99

FULL DESC:POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y

LIFE EXP:

NH: N COPAY: \$ 0.00

+ HEAT AND COLD APPLICATION

E0200 PAC: 170 MAX FEE: \$ 67.81 EFF DATE: 07/01/08

FULL DESC:HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N

LIFE EXP: 8 YEARS

NH: N COPAY: \$ 3.00

E0202 RR PAC: 170 MAX FEE: \$ 11.40 EFF DATE: 07/01/08

FULL DESC:PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 30

LIFE EXP:

NH: N COPAY: \$ 0.00

E0203 PAC: 170 MAX FEE: \$ 404.00 EFF DATE: 07/01/08

FULL DESC:THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y

LIFE EXP: 5 YEARS

NH: Y COPAY: \$ 3.00

E0205 PAC: 170 MAX FEE: \$ 66.48 EFF DATE: 07/01/08

FULL DESC:HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N

LIFE EXP: 8 YEARS

NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E0215 PAC: 170 MAX FEE: \$ 25.21 EFF DATE: 07/01/08

FULL DESC:ELECTRIC HEAT PAD; MOIST

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS

NH: N COPAY: \$ 2.00

+ HOSPITAL BEDS

E0250 PAC: 170 MAX FEE: \$ 640.68 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, FIXED-HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 10 YEARS

NH: N COPAY: \$ 3.00

E0250 RR PAC: 170 MAX FEE: \$ 2.04 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, FIXED-HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP:

NH: N COPAY: \$ 0.00

E0251 PAC: 170 MAX FEE: \$ 541.03 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, FIXED-HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 10 YEARS

NH: N COPAY: \$ 3.00

E0251 RR PAC: 170 MAX FEE: \$ 2.04 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, FIXED-HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP:

NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0255 PAC: 170 MAX FEE: \$ 946.68 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE
SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0255 RR PAC: 170 MAX FEE: \$ 3.11 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE
RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0256 PAC: 170 MAX FEE: \$ 811.50 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE
SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0256 RR PAC: 170 MAX FEE: \$ 3.11 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE
SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0260 PAC: 170 MAX FEE: \$ 1272.52 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITH ANY TYPE SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0260 RR PAC: 170 MAX FEE: \$ 3.96 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITH ANY TYPE SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0261 PAC: 170 MAX FEE: \$ 1137.97 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0261 RR PAC: 170 MAX FEE: \$ 3.96 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0265 PAC: 170 MAX FEE: \$ 1847.41 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITH ANY TYPE SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0265 RR PAC: 170 MAX FEE: \$ 4.22 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITH ANY TYPE SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0266 PAC: 170 MAX FEE: \$ 1747.76 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT
ADJUSTMENTS), WITH ANY TYPE SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0266 RR PAC: 170 MAX FEE: \$ 4.22 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT
ADJUSTMENTS), WITH ANY TYPE SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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E0270 PAC: 170 MAX FEE: \$ 1210.27 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; INSTITUTIONAL TYPE INCLUDES: OSCILLATING,
CIRCULATING AND STRYKER FRAME, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0270 RR PAC: 170 MAX FEE: \$ 4.16 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; INSTITUTIONAL TYPE INCLUDES: OSCILLATING,
CIRCULATING AND STRYKER FRAME, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0290 PAC: 170 MAX FEE: \$ 421.45 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; FIXED-HEIGHT, WITHOUT SIDE RAILS, WITH
MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0290 RR PAC: 170 MAX FEE: \$ 2.04 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; FIXED-HEIGHT, WITHOUT SIDE RAILS, WITH
MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0291 PAC: 170 MAX FEE: \$ 286.91 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; FIXED-HEIGHT, WITHOUT SIDE RAILS,
WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0291 RR PAC: 170 MAX FEE: \$ 2.04 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; FIXED-HEIGHT, WITHOUT SIDE RAILS,
WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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E0292 PAC: 170 MAX FEE: \$ 827.13 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,
WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0292 RR PAC: 170 MAX FEE: \$ 3.11 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,
WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0293 PAC: 170 MAX FEE: \$ 692.57 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,
WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0293 RR PAC: 170 MAX FEE: \$ 3.11 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS,
WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0294 PAC: 170 MAX FEE: \$ 1137.97 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITHOUT SIDE RAILS, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0294 RR PAC: 170 MAX FEE: \$ 3.96 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITHOUT SIDE RAILS, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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E0295 PAC: 170 MAX FEE: \$ 1003.45 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITHOUT SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0295 RR PAC: 170 MAX FEE: \$ 3.96 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT),
WITHOUT SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0296 PAC: 170 MAX FEE: \$ 1747.76 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITHOUT SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0296 RR PAC: 170 MAX FEE: \$ 4.22 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITHOUT SIDE RAILS; WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0297 PAC: 170 MAX FEE: \$ 1613.21 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITHOUT SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0297 RR PAC: 170 MAX FEE: \$ 4.22 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED; TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT
ADJUSTMENTS), WITHOUT SIDE RAILS; WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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E0301 PAC: 170 MAX FEE: \$ 3263.22 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0301 RR PAC: 170 MAX FEE: \$ 7.70 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0302 PAC: 170 MAX FEE: \$ 5311.72 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0302 RR PAC: 170 MAX FEE: \$ 12.25 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0303 PAC: 170 MAX FEE: \$ 3465.22 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

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E0303 RR PAC: 170 MAX FEE: \$ 7.70 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0304 PAC: 170 MAX FEE: \$ 5513.72 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

E0304 RR PAC: 170 MAX FEE: \$ 12.25 EFF DATE: 07/01/08

FULL DESC:HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ MATTRESSES

E0271 PAC: 170 MAX FEE: \$ 134.54 EFF DATE: 07/01/08

FULL DESC:MATTRESS; INNERSPRING

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

E0272 PAC: 170 MAX FEE: \$ 11.91 EFF DATE: 07/01/08

FULL DESC:MATTRESS; FOAM RUBBER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 1.00

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+ BED ACCESSORIES

E0305 PAC: 170 MAX FEE: \$ 110.62 EFF DATE: 07/01/08

FULL DESC:BED SIDE RAILS; HALF LENGTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0305 RR PAC: 170 MAX FEE: \$ 0.89 EFF DATE: 07/01/08

FULL DESC:BED SIDE RAILS; HALF LENGTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0310 PAC: 170 MAX FEE: \$ 119.57 EFF DATE: 07/01/08

FULL DESC:BED SIDE RAILS; FULL LENGTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0310 RR PAC: 170 MAX FEE: \$ 0.89 EFF DATE: 07/01/08

FULL DESC:BED SIDE RAILS; FULL LENGTH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

S8270 PAC: 170 MAX FEE: \$ 60.76 EFF DATE: 07/01/08

FULL DESC:ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

+ BED PANS/URINALS

E0275 PAC: 170 MAX FEE: \$ 8.28 EFF DATE: 07/01/08

FULL DESC:BED PAN; STANDARD, METAL OR PLASTIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 0.50

E0276 PAC: 170 MAX FEE: \$ 8.28 EFF DATE: 07/01/08

FULL DESC:BED PAN; FRACTURE, METAL OR PLASTIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 0.50

E0325 PAC: 170 MAX FEE: \$ 9.32 EFF DATE: 07/01/08

FULL DESC:URINAL; MALE, JUG/TYPE, ANY MATERIAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: N COPAY: \$ 0.50

E0326 PAC: 170 MAX FEE: \$ 6.96 EFF DATE: 07/01/08

FULL DESC:URINAL; FEMALE, JUG/TYPE, ANY MATERIAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 0.50

+ MONITORING EQUIPMENT

E0607 PAC: 170 MAX FEE: \$ 60.52 EFF DATE: 07/01/08

FULL DESC:HOME BLOOD GLUCOSE MONITOR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0619 PAC: 170 MAX FEE: \$ 1909.60 EFF DATE: 07/01/08

FULL DESC:APNEA MONITOR, WITH RECORDING FEATURE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0619 RR PAC: 170 MAX FEE: \$ 5.11 EFF DATE: 07/01/08

FULL DESC:APNEA MONITOR, WITH RECORDING FEATURE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 90 LIFE EXP: NH: N COPAY: \$ 0.00

E2100 PAC: 170 MAX FEE: \$ 499.45 EFF DATE: 07/01/08

FULL DESC:BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER

POS: 11 12
PROV TYPES: VALID 24 26 44 45 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2101 PAC: 170 MAX FEE: \$ 143.93 EFF DATE: 07/01/08

FULL DESC:BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE

POS: 11 12
PROV TYPES: VALID 24 26 44 45 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

+ COMMUNICATION DEVICES

E2500 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

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E2500 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2502 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2502 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2504 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2504 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES
RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

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E2506 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2506 RR PAC: 170 MAX FEE: \$ 7.88 EFF DATE: 07/01/08

FULL DESC:SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED
MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E2508 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE
FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2508 RR PAC: 170 MAX FEE: \$ 9.09 EFF DATE: 07/01/08

FULL DESC:SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE
FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E2510 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE
METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2510 RR PAC: 170 MAX FEE: \$ 18.18 EFF DATE: 07/01/08

FULL DESC:SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE
METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

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E2511 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR
PERSONAL DIGITAL ASSISTANT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2511 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR
PERSONAL DIGITAL ASSISTANT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2512 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2512 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E2599 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

E2599 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

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L8500 PAC: 170 MAX FEE: \$ 536.12 EFF DATE: 07/01/08

FULL DESC:ARTIFICIAL LARYNX, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 3.00

L8501 PAC: 170 MAX FEE: \$ 84.84 EFF DATE: 07/01/08

FULL DESC:TRACHEOSTOMY SPEAKING VALVE (EACH)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 3.00

V5336 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/23/98

FULL DESC:REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE
(EXCLUDES ADAPTIVE HEARING AID)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78
BI: N PA REQ: \$ 300.00 LIFE EXP: NH: Y COPAY: \$ 0.00

+ PATIENT LIFTS

E0621 PAC: 170 MAX FEE: \$ 45.00 EFF DATE: 07/01/08

FULL DESC:SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E0630 PAC: 170 MAX FEE: \$ 899.93 EFF DATE: 07/01/08

FULL DESC:PATIENT LIFT; HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING,
STRAP(S) OR PAD(S)

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

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E0630 RR PAC: 170 MAX FEE: \$ 2.10 EFF DATE: 07/01/08

FULL DESC: PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING,
STRAP(S) OR PAD(S)

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0635 PAC: 170 MAX FEE: \$ 1887.00 EFF DATE: 07/01/08

FULL DESC: PATIENT LIFT; ELECTRIC WITH SEAT OR SLING

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0635 RR PAC: 170 MAX FEE: \$ 4.13 EFF DATE: 07/01/08

FULL DESC: PATIENT LIFT; ELECTRIC WITH SEAT OR SLING

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0638 PAC: 170 MAX FEE: \$ 1313.76 EFF DATE: 07/01/08

FULL DESC: STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE
STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS

POS: 12
PROV TYPES: VALID 24 44 48 54
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0638 RR PAC: 170 MAX FEE: \$ 2.92 EFF DATE: 07/01/08

FULL DESC: STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE
STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS

POS: 12
PROV TYPES: VALID 24 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

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+ PNEUMATIC EQUIPMENT

E0650 PAC: 170 MAX FEE: \$ 678.77 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; NON-SEGMENTAL HOME MODEL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0650 RR PAC: 170 MAX FEE: \$ 1.80 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; NON-SEGMENTAL HOME MODEL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0651 PAC: 170 MAX FEE: \$ 903.99 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; SEGMENTAL HOME MODEL WITHOUT CALIBRATED
GRADIENT PRESSURE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0651 RR PAC: 170 MAX FEE: \$ 3.07 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; SEGMENTAL HOME MODEL WITHOUT CALIBRATED
GRADIENT PRESSURE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0652 PAC: 170 MAX FEE: \$ 958.15 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; SEGMENTAL HOME MODEL WITH CALIBRATED
GRADIENT PRESSURE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0652 RR PAC: 170 MAX FEE: \$ 5.03 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC COMPRESSOR; SEGMENTAL HOME MODEL WITH CALIBRATED
GRADIENT PRESSURE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0655 PAC: 170 MAX FEE: \$ 122.09 EFF DATE: 07/01/08

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLICANCE FOR USE WITH PNEUMATIC
COMPRESSOR; HALF ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0655 RR PAC: 170 MAX FEE: \$ 0.42 EFF DATE: 07/01/01

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; HALF ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0660 PAC: 170 MAX FEE: \$ 122.09 EFF DATE: 07/01/08

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0660 RR PAC: 170 MAX FEE: \$ 0.42 EFF DATE: 07/01/01

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0665 PAC: 170 MAX FEE: \$ 122.09 EFF DATE: 07/01/08

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E0665 RR PAC: 170 MAX FEE: \$ 0.42 EFF DATE: 07/01/01

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0666 PAC: 170 MAX FEE: \$ 122.09 EFF DATE: 07/01/08

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; HALF LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0666 RR PAC: 170 MAX FEE: \$ 0.42 EFF DATE: 07/01/01

FULL DESC:NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; HALF LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0667 PAC: 170 MAX FEE: \$ 379.21 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0667 RR PAC: 170 MAX FEE: \$ 1.91 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0668 PAC: 170 MAX FEE: \$ 367.12 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E0668 RR PAC: 170 MAX FEE: \$ 1.81 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC
COMPRESSOR; FULL ARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0669 PAC: 170 MAX FEE: \$ 353.01 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC
COMPRESSOR, HALF LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0669 RR PAC: 170 MAX FEE: \$ 3.55 EFF DATE: 07/01/08

FULL DESC:SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC
COMPRESSOR, HALF LEG

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ ELECTROTHERAPY MODALITIES

A4630 PAC: 170 MAX FEE: \$ 50.43 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRIC
AL STIMULATOR, OWNED BY PATIENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER 3 MONTHS NH: N COPAY: \$ 3.00

E0720 PAC: 170 MAX FEE: \$ 361.80 EFF DATE: 07/01/08

FULL DESC:TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO
LEAD, LOCALIZED STIMULATION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

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E0720 RR PAC: 170 MAX FEE: \$ 1.20 EFF DATE: 07/01/08

FULL DESC:TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0730 PAC: 170 MAX FEE: \$ 364.73 EFF DATE: 07/01/08

FULL DESC:TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0730 RR PAC: 170 MAX FEE: \$ 1.21 EFF DATE: 07/01/08

FULL DESC:TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0731 PAC: 170 MAX FEE: \$ 75.65 EFF DATE: 07/01/08

FULL DESC:FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (W/CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

E0744 PAC: 170 MAX FEE: \$ 574.48 EFF DATE: 07/01/08

FULL DESC:NEUROMUSCULAR STIMULATOR; FOR SCOLIOSIS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: Y COPAY: \$ 3.00

E0744 RR PAC: 170 MAX FEE: \$ 2.02 EFF DATE: 07/01/08

FULL DESC:NEUROMUSCULAR STIMULATOR; FOR SCOLIOSIS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

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E0745 PAC: 170 MAX FEE: \$ 586.16 EFF DATE: 07/01/08

FULL DESC:NEUROMUSCULAR STIMULATOR; ELECTRONICS SHOCK UNIT

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0745 RR PAC: 170 MAX FEE: \$ 3.10 EFF DATE: 07/01/08

FULL DESC:NEUROMUSCULAR STIMULATOR; ELECTRONICS SHOCK UNIT

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0746 PAC: 170 MAX FEE: \$ 705.99 EFF DATE: 07/01/08

FULL DESC:ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE

POS: 11 12 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0746 RR PAC: 170 MAX FEE: \$ 15.13 EFF DATE: 07/01/08

FULL DESC:ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE

POS: 11 12 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0747 PAC: 170 MAX FEE: \$ 2408.48 EFF DATE: 07/01/08

FULL DESC:OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASISVE, OTHER THAN SPINAL APPLICATIONS

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

E0748 PAC: 170 MAX FEE: \$ 3025.70 EFF DATE: 07/01/08

FULL DESC:OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATION

POS: 11 12

PROV TYPES: VALID 24 54

BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 3.00

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E0760 PAC: 170 MAX FEE: \$ 2552.49 EFF DATE: 07/01/08

FULL DESC:OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE

POS: 11 12 31 32
PROV TYPES: VALID 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

L8621 PAC: 170 MAX FEE: \$ 1.02 EFF DATE: 10/01/07

FULL DESC:ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE,
REPLACEMENT, EACH

POS: 11 12 22 24 31 32 99
PROV TYPES: VALID 19 20 21 22 36 37 54
BI: N PA REQ: N LIFE EXP: 33 PER MONTH NH: Y COPAY: \$ 0.50

L8622 PAC: 170 MAX FEE: \$ 1.02 EFF DATE: 10/01/07

FULL DESC:ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE,
REPLACEMENT, EACH

POS: 11 12 22 24 31 32 99
PROV TYPES: VALID 19 20 21 22 36 37 54
BI: N PA REQ: N LIFE EXP: 33 PER MONTH NH: Y COPAY: \$ 0.50

L8623 PAC: 170 MAX FEE: \$ 53.00 EFF DATE: 02/01/08

FULL DESC:LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH
PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH

POS: 11 12 22 24 31 32 99
PROV TYPES: VALID 24 26 36 37 44 48 54
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: N COPAY: \$ 2.00

L8624 PAC: 170 MAX FEE: \$ 122.00 EFF DATE: 02/01/08

FULL DESC:LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH
PROCESSOR, EAR LEVEL, REPLACEMENT, EACH

POS: 11 12 22 24 31 32 99
PROV TYPES: VALID 24 26 36 37 44 48 54
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: N COPAY: \$ 3.00

L8680 PAC: 170 MAX FEE: \$ 3948.00 EFF DATE: 01/01/06

FULL DESC:IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH

POS: 22 24
PROV TYPES: VALID 54
BI: N PA REQ: N LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

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L8685 PAC: 170 MAX FEE: \$11999.00 EFF DATE: 01/01/06

FULL DESC:IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY,
RECHARGEABLE, INCLUDES EXTENSION

POS: 22 24
PROV TYPES: VALID 54
BI: N PA REQ: N LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

L8686 PAC: 170 MAX FEE: \$11999.00 EFF DATE: 01/01/06

FULL DESC:IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-
RECHARGEABLE, INCLUDES EXTENSION

POS: 22 24
PROV TYPES: VALID 54
BI: N PA REQ: N LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

L8687 PAC: 170 MAX FEE: \$11999.00 EFF DATE: 01/01/06

FULL DESC:IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY,
RECHARGEABLE, INCLUDES EXTENSION

POS: 22 24
PROV TYPES: VALID 54
BI: N PA REQ: N LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

L8688 PAC: 170 MAX FEE: \$11999.00 EFF DATE: 01/01/06

FULL DESC:IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-
RECHARGEABLE, INCLUDES EXTENSION

POS: 22 24
PROV TYPES: VALID 54
BI: N PA REQ: N LIFE EXP: 10 YEARS NH: N COPAY: \$ 3.00

+ PUMPS

A4210 PAC: 170 MAX FEE: \$ 492.57 EFF DATE: 07/01/08

FULL DESC:NEEDLE-FREE INJECTION DEVICE, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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B9002 PAC: 170 MAX FEE: \$ 1133.19 EFF DATE: 07/01/08

FULL DESC:ENTERAL NUTRITION INFUSION PUMP; WITH ALARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

B9002 RR PAC: 170 MAX FEE: \$ 2.51 EFF DATE: 07/01/08

FULL DESC:ENTERAL NUTRITION INFUSION PUMP WITH ALARM

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 180 LIFE EXP: NH: N COPAY: \$ 0.00

B9004 PAC: 170 MAX FEE: \$ 2283.96 EFF DATE: 07/01/08

FULL DESC:PARENTERAL NUTRITION INFUSION PUMP, PORTABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

B9004 RR PAC: 170 MAX FEE: \$ 5.02 EFF DATE: 07/01/08

FULL DESC:PARENTERAL NUTRITION INFUSION PUMP; PORTABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 180 LIFE EXP: NH: Y COPAY: \$ 0.00

B9006 PAC: 170 MAX FEE: \$ 2283.96 EFF DATE: 07/01/08

FULL DESC:PARENTERAL NUTRITION INFUSION PUMP, STATIONARY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

B9006 RR PAC: 170 MAX FEE: \$ 5.02 EFF DATE: 07/01/08

FULL DESC:PARENTERAL NUTRITION INFUSION PUMP, STATIONARY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 180 LIFE EXP: NH: Y COPAY: \$ 0.00

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E0602 PAC: 170 MAX FEE: \$ 55.55 EFF DATE: 07/01/08

FULL DESC: BREAST PUMP, MANUAL, ANY TYPE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0603 PAC: 170 MAX FEE: \$ 156.55 EFF DATE: 07/01/08

FULL DESC: BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0604 RR PAC: 170 MAX FEE: \$ 2.08 EFF DATE: 07/01/08

FULL DESC: BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND/OR DC), ANY TYPE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0776 PAC: 170 MAX FEE: \$ 140.91 EFF DATE: 07/01/08

FULL DESC: I.V. POLE (NOT FOR USE WITH PORTABLE PUMPS)

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 8 YEARS NH: N COPAY: \$ 3.00

E0776 RR PAC: 170 MAX FEE: \$ 0.62 EFF DATE: 07/01/08

FULL DESC: I.V. POLE (NOT FOR USE WITH PORTABLE PUMPS)

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0781 PAC: 170 MAX FEE: \$ 3460.41 EFF DATE: 07/01/08

FULL DESC: AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E0781 RR PAC: 170 MAX FEE: \$ 7.61 EFF DATE: 07/01/08

FULL DESC:AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 180 LIFE EXP: NH: Y COPAY: \$ 0.00

E0784 PAC: 170 MAX FEE: \$ 5105.49 EFF DATE: 07/01/08

FULL DESC:EXTERNAL, AMBULATORY INFUSION PUMP, INSULIN

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0784 RR PAC: 170 MAX FEE: \$ 8.49 EFF DATE: 07/01/08

FULL DESC:EXTERNAL AMBULATORY INFUSION PUMP, INSULIN

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0791 PAC: 170 MAX FEE: \$ 3630.45 EFF DATE: 07/01/08

FULL DESC:PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0791 RR PAC: 170 MAX FEE: \$ 7.98 EFF DATE: 07/01/08

FULL DESC:PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTICHANNEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 180 LIFE EXP: NH: Y COPAY: \$ 0.00

E1520 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 08/01/93

FULL DESC:HEPARIN INFUSION PUMP FOR DIALYSIS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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E1520 RR PAC: 170 MAX FEE: \$ 4.57 EFF DATE: 07/01/08

FULL DESC:HEPARIN INFUSION PUMP FOR DIALYSIS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E2000 PAC: 170 MAX FEE: \$ 965.33 EFF DATE: 07/01/08

FULL DESC:GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2000 RR PAC: 170 MAX FEE: \$ 1.75 EFF DATE: 07/01/08

FULL DESC:GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E2402 RR PAC: 170 MAX FEE: \$ 59.90 EFF DATE: 07/01/08

FULL DESC:NEGATIVE PRESSURE WOUND THERAPY ELECTRICALPUMP, STATIONARY OR PORTABLE

POS: 11 12
PROV TYPES: VALID 24 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

+ TRACTION AND RELATED EQUIPMENT - CERVICAL

E0840 PAC: 170 MAX FEE: \$ 29.94 EFF DATE: 07/01/08

FULL DESC:TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 2.00

E0840 RR PAC: 170 MAX FEE: \$ 0.23 EFF DATE: 07/01/01

FULL DESC:TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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REPORT NAME: HMPRDM54

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E0850 PAC: 170 MAX FEE: \$ 89.74 EFF DATE: 07/01/08

FULL DESC:TRACTION STAND, FREE STANDING, CERVICAL TRACTION

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0850 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC:TRACTION STAND, FREE STANDING, CERVICAL TRACTION

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ TRACTION EQUIPMENT - OVERDOOR

E0860 PAC: 170 MAX FEE: \$ 27.96 EFF DATE: 07/01/08

FULL DESC:TRACTION EQUIPMENT, OVERDOOR, CERVICAL

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 2.00

E0860 RR PAC: 170 MAX FEE: \$ 0.23 EFF DATE: 07/01/01

FULL DESC:TRACTION EQUIPMENT, OVERDOOR, CERVICAL

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ TRACTION EQUIPMENT - EXTREMITY

E0870 PAC: 170 MAX FEE: \$ 56.84 EFF DATE: 07/01/08

FULL DESC:TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G., BUCK'S)

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

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E0870 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC: TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G., BUCK'S)

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0880 PAC: 170 MAX FEE: \$ 64.33 EFF DATE: 07/01/08

FULL DESC: TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0880 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC: TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ TRACTION EQUIPMENT - PELVIC

E0890 PAC: 170 MAX FEE: \$ 72.76 EFF DATE: 07/01/08

FULL DESC: TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0890 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC: TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0900 PAC: 170 MAX FEE: \$ 56.84 EFF DATE: 07/01/08

FULL DESC: TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., BUCK'S)

POS: 11 12 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

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E0900 RR PAC: 170 MAX FEE: \$ 1.06 EFF DATE: 07/01/08

FULL DESC:TRACTION STAND, FREE STANDING, PELVIC TRACTION (E.G., BUCK'S)

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES

E0910 PAC: 170 MAX FEE: \$ 114.61 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0910 RR PAC: 170 MAX FEE: \$ 1.01 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0911 PAC: 170 MAX FEE: \$ 114.61 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0911 RR PAC: 170 MAX FEE: \$ 1.01 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNGS, ATTACHED TO BED, WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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E0912 PAC: 170 MAX FEE: \$ 903.95 EFF DATE: 07/01/08

FULL DESC: TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0912 RR PAC: 170 MAX FEE: \$ 3.37 EFF DATE: 07/01/08

FULL DESC: TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0920 PAC: 170 MAX FEE: \$ 372.65 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; ATTACHED TO BED, INCLUDES WEIGHTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0920 RR PAC: 170 MAX FEE: \$ 1.06 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; ATTACHED TO BED, INCLUDES WEIGHTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0930 PAC: 170 MAX FEE: \$ 1008.57 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; FREE STANDING, INCLUDES WEIGHTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0930 RR PAC: 170 MAX FEE: \$ 5.03 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; FREE STANDING, INCLUDES WEIGHTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0935 RR PAC: 170 MAX FEE: \$ 15.13 EFF DATE: 07/01/08

FULL DESC:CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

E0940 PAC: 170 MAX FEE: \$ 293.07 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0940 RR PAC: 170 MAX FEE: \$ 0.52 EFF DATE: 07/01/08

FULL DESC:TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0941 PAC: 170 MAX FEE: \$ 597.88 EFF DATE: 07/01/08

FULL DESC:GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0941 RR PAC: 170 MAX FEE: \$ 2.10 EFF DATE: 07/01/08

FULL DESC:GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0942 PAC: 170 MAX FEE: \$ 16.61 EFF DATE: 07/01/08

FULL DESC:CERVICAL HEAD HARNESS/HALTER

POS: 11 12 99

PROV TYPES: VALID 24 26 34 38 44 48 54 58 65

BI: N PA REQ: N LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 1.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0944 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC: PELVIC BELT/HARNESS/BOOT

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 2.00

E0945 PAC: 170 MAX FEE: \$ 14.13 EFF DATE: 07/01/08

FULL DESC: EXTREMITY BELT/HARNESS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 1.00

E0946 PAC: 170 MAX FEE: \$ 403.42 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G.,
BALKEN, 4 POSTER)

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0946 RR PAC: 170 MAX FEE: \$ 2.02 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G.,
BALKEN, 4 POSTER)

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0947 PAC: 170 MAX FEE: \$ 448.47 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; ATTACHMENTS FOR COMPLEX PELVIC TRACTION

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0947 RR PAC: 170 MAX FEE: \$ 1.11 EFF DATE: 07/01/08

FULL DESC: FRACTURE FRAME; ATTACHMENTS FOR COMPLEX PELVIC TRACTION

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0948 PAC: 170 MAX FEE: \$ 448.47 EFF DATE: 07/01/08

FULL DESC:FRACTURE FRAME; ATTACHMENTS FOR COMPLEX CERVICAL TRACTION

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0948 RR PAC: 170 MAX FEE: \$ 1.11 EFF DATE: 07/01/08

FULL DESC:FRACTURE FRAME; ATTACHMENTS FOR COMPLEX CERVICAL TRACTION

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ ADAPTIVE EQUIPMENT

A9281 PAC: 170 MAX FEE: \$ 18.69 EFF DATE: 07/01/08

FULL DESC:REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH

POS: 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 1.00

A9900 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 09/01/05

FULL DESC:MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE

POS: 12
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 0.50

+ POSITIONING EQUIPMENT

T5001 PAC: 170 MAX FEE: \$ 655.57 EFF DATE: 07/01/08

FULL DESC:POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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T5001 RR PAC: 170 MAX FEE: \$ 1.49 EFF DATE: 07/01/08

FULL DESC: POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR
USE IN VEHICLES

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60

LIFE EXP:

NH: N COPAY: \$ 0.00

+ MISCELLANEOUS DME AND REPAIR

E1340 PAC: 170 MAX FEE: \$ 10.95 EFF DATE: 07/01/08

FULL DESC: REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT
REQUIRING THE SKILL OF A TECHNICIAN; LABOR COMPONENT, PER 15 MINUTES

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 36 38 44 48 54 58 65 78

BI: N PA REQ: \$ 84.01 LIFE EXP:

NH: Y COPAY: \$ 0.00

E1399 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78 79 80

BI: N PA REQ: Y

LIFE EXP:

NH: Y COPAY: \$ 1.00

E1399 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78 79 80

BI: N PA REQ: Y

LIFE EXP:

NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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RESPIRATORY EQUIPMENT

+ OXYGEN CONTENTS

E0441 PAC: 170 MAX FEE: \$ 104.84 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 3.00

E0442 PAC: 170 MAX FEE: \$ 104.84 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: N LIFE EXP: NH: Y COPAY: \$ 3.00

E0443 PAC: 170 MAX FEE: \$ 104.84 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: N LIFE EXP: NH: N COPAY: \$ 3.00

E0444 PAC: 170 MAX FEE: \$ 104.84 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: N LIFE EXP: NH: N COPAY: \$ 3.00

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+ OXYGEN AND RELATED RESPIRATORY SYSTEMS

E0424 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

E0425 PAC: 170 MAX FEE: \$ 133.96 EFF DATE: 07/01/08

FULL DESC: STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0430 PAC: 170 MAX FEE: \$ 290.02 EFF DATE: 07/01/08

FULL DESC: PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0431 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

E0434 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0435 PAC: 170 MAX FEE: \$ 1174.54 EFF DATE: 07/01/08

FULL DESC:PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASKS, TUBING AND REFILL ADAPTOR

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0439 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC:STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

E0440 PAC: 170 MAX FEE: \$ 451.73 EFF DATE: 07/01/08

FULL DESC:STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58 65 95
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

E0481 PAC: 170 MAX FEE: \$ 4077.88 EFF DATE: 07/01/08

FULL DESC:INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0481 RR PAC: 170 MAX FEE: \$ 7.43 EFF DATE: 07/01/08

FULL DESC:INTRAPULMONARY PERCEUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0482 PAC: 170 MAX FEE: \$ 4139.74 EFF DATE: 07/01/08

FULL DESC: COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0482 RR PAC: 170 MAX FEE: \$ 7.54 EFF DATE: 07/01/08

FULL DESC: COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0561 PAC: 170 MAX FEE: \$ 86.11 EFF DATE: 07/01/08

FULL DESC: HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0561 RR PAC: 170 MAX FEE: \$ 0.65 EFF DATE: 07/01/08

FULL DESC: HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0562 PAC: 170 MAX FEE: \$ 265.77 EFF DATE: 07/01/08

FULL DESC: HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0562 RR PAC: 170 MAX FEE: \$ 1.62 EFF DATE: 07/01/08

FULL DESC: HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E1392 RR PAC: 170 MAX FEE: \$ 1.08 EFF DATE: 07/01/08

FULL DESC:PORTABLE OXYGEN CONCENTRATOR, RENTAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

+ ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT

E1353 PAC: 170 MAX FEE: \$ 106.27 EFF DATE: 07/01/08

FULL DESC:REGULATOR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1353 RR PAC: 170 MAX FEE: \$ 1.25 EFF DATE: 07/01/08

FULL DESC:REGULATOR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

E1355 PAC: 170 MAX FEE: \$ 67.76 EFF DATE: 07/01/08

FULL DESC:STAND/RACK

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

+ CONCENTRATORS

E1390 PAC: 170 MAX FEE: \$ 1456.42 EFF DATE: 07/01/08

FULL DESC:OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING
85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E1390 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING
85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

+ OXYGEN ENRICHER SYSTEMS

E1405 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITH HEATED DELIVERY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

E1406 RR PAC: 170 MAX FEE: \$ 6.87 EFF DATE: 07/01/08

FULL DESC: OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITHOUT HEATED DELIVERY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

+ IPPB

E0500 PAC: 170 MAX FEE: \$ 903.49 EFF DATE: 07/01/08

FULL DESC: IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR
AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0500 RR PAC: 170 MAX FEE: \$ 3.35 EFF DATE: 07/01/08

FULL DESC: IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR
AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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+ HUMIDIFIERS

E0550 PAC: 170 MAX FEE: \$ 790.63 EFF DATE: 07/01/08

FULL DESC:HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION
DURING IPPB TREATMENTS OR OXYGEN DELIVERY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0550 RR PAC: 170 MAX FEE: \$ 2.74 EFF DATE: 07/01/08

FULL DESC:HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION
DURING IPPB TREATMENTS OR OXYGEN DELIVERY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0555 PAC: 170 MAX FEE: \$ 27.11 EFF DATE: 07/01/08

FULL DESC:HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE,
FOR USE WITH REGULATOR OR FLOWMETER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 6 MONTHS NH: N COPAY: \$ 2.00

E0560 PAC: 170 MAX FEE: \$ 114.81 EFF DATE: 07/01/08

FULL DESC:HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB
TREATMENT OR OXYGEN DELIVERY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0560 RR PAC: 170 MAX FEE: \$ 0.68 EFF DATE: 07/01/08

FULL DESC:HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB
TREATMENT OR OXYGEN DELIVERY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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+ COMPRESSORS

E0565 PAC: 170 MAX FEE: \$ 378.50 EFF DATE: 07/01/08

FULL DESC:COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT
SELF-CONTAINED OR CYLINDER DRIVEN

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0565 RR PAC: 170 MAX FEE: \$ 2.20 EFF DATE: 07/01/08

FULL DESC:COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT
SELF-CONTAINED OR CYLINDER DRIVEN

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ NEBULIZERS

E0570 PAC: 170 MAX FEE: \$ 103.29 EFF DATE: 07/01/08

FULL DESC:NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0570 RR PAC: 170 MAX FEE: \$ 0.51 EFF DATE: 07/01/08

FULL DESC:NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0571 PAC: 170 MAX FEE: \$ 332.22 EFF DATE: 07/01/08

FULL DESC:AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME
NEBULIZER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E0571 RR PAC: 170 MAX FEE: \$ 1.68 EFF DATE: 07/01/08

FULL DESC:AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME
NEBULIZER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0575 PAC: 170 MAX FEE: \$ 508.10 EFF DATE: 07/01/08

FULL DESC:NEBULIZER, ULTRASONIC, LARGE VOLUME

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0575 RR PAC: 170 MAX FEE: \$ 2.62 EFF DATE: 07/01/08

FULL DESC:NEBULIZER, ULTRASONIC, LARGE VOLUME

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0580 PAC: 170 MAX FEE: \$ 91.17 EFF DATE: 07/01/08

FULL DESC:NEBULIZER, WITH COMPRESSOR, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC,
BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0585 PAC: 170 MAX FEE: \$ 813.14 EFF DATE: 07/01/08

FULL DESC:NEBULIZER; WITH COMPRESSOR AND HEATER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0585 RR PAC: 170 MAX FEE: \$ 3.84 EFF DATE: 07/01/08

FULL DESC:NEBULIZER; WITH COMPRESSOR AND HEATER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E1372 PAC: 170 MAX FEE: \$ 78.58 EFF DATE: 07/01/08

FULL DESC:IMMERSION EXTERNAL HEATER FOR NEBULIZER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1372 RR PAC: 170 MAX FEE: \$ 1.10 EFF DATE: 07/01/08

FULL DESC:IMMERSION EXTERNAL HEATER FOR NEBULIZER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ SUCTION PUMP/ROOM VAPORIZERS AND RELATED EQUIPMENT

E0480 PAC: 170 MAX FEE: \$ 428.52 EFF DATE: 07/01/08

FULL DESC:PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0480 RR PAC: 170 MAX FEE: \$ 2.13 EFF DATE: 07/01/08

FULL DESC:PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0483 PAC: 170 MAX FEE: \$12000.00 EFF DATE: 10/01/06

FULL DESC:HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM,
(INCLUDES HOSES AND VEST), EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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E0483 RR PAC: 170 MAX FEE: \$ 21.50 EFF DATE: 10/01/06

FULL DESC:HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM,
(INCLUDES HOSES AND VEST), EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

E0600 PAC: 170 MAX FEE: \$ 403.04 EFF DATE: 07/01/08

FULL DESC:RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,
ELECTRIC

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0600 RR PAC: 170 MAX FEE: \$ 1.09 EFF DATE: 07/01/08

FULL DESC:RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,
ELECTRIC

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0605 PAC: 170 MAX FEE: \$ 15.21 EFF DATE: 07/01/08

FULL DESC:VAPORIZER, ROOM TYPE (NOTE: FOR USE WITH OXYGEN SYSTEM ONLY)

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

+ SUPPLIES-OXYGEN/RELATED RESPIRATORY EQUIPMENT - VENTILATORS/RESPIRATORS

A4611 PAC: 170 MAX FEE: \$ 148.01 EFF DATE: 07/01/08

FULL DESC:BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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A4612 PAC: 170 MAX FEE: \$ 62.54 EFF DATE: 07/01/08

FULL DESC: BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

A4613 PAC: 170 MAX FEE: \$ 127.82 EFF DATE: 07/01/08

FULL DESC: BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0450 PAC: 170 MAX FEE: \$ 7123.03 EFF DATE: 07/01/08

FULL DESC: VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0450 RR PAC: 170 MAX FEE: \$ 15.66 EFF DATE: 07/01/08

FULL DESC: VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0457 PAC: 170 MAX FEE: \$ 451.73 EFF DATE: 07/01/08

FULL DESC: CHEST SHELL (CUIRASS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0457 RR PAC: 170 MAX FEE: \$ 2.24 EFF DATE: 07/01/08

FULL DESC: CHEST SHELL (CUIRASS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

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E0460 PAC: 170 MAX FEE: \$ 903.49 EFF DATE: 07/01/08

FULL DESC:NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY (E.G.,
PORTA-LUNG)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0460 RR PAC: 170 MAX FEE: \$ 4.90 EFF DATE: 07/01/08

FULL DESC:NEGATIVE PRESSURE VENTILATOR, PORTABLE OR STATIONARY (E.G.,
PORTA-LUNG)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0462 PAC: 170 MAX FEE: \$ 6454.80 EFF DATE: 07/01/08

FULL DESC:ROCKING BED WITH OR WITHOUT SIDE RAILS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0462 RR PAC: 170 MAX FEE: \$ 8.07 EFF DATE: 07/01/08

FULL DESC:ROCKING BED WITH OR WITHOUT SIDE RAILS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0463 PAC: 170 MAX FEE: \$ 8226.45 EFF DATE: 07/01/08

FULL DESC:PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE
PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0463 RR PAC: 170 MAX FEE: \$ 18.28 EFF DATE: 07/01/08

FULL DESC:PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE
PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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E0464 PAC: 170 MAX FEE: \$ 8226.45 EFF DATE: 07/01/08

FULL DESC:PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE
PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0464 RR PAC: 170 MAX FEE: \$ 18.28 EFF DATE: 07/01/08

FULL DESC:PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE
PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

+ MISCELLANEOUS - OXYGEN/RELATED RESPIRATORY EQUIPMENT

E0459 PAC: 170 MAX FEE: \$ 316.21 EFF DATE: 07/01/08

FULL DESC:CHEST WRAP

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0459 RR PAC: 170 MAX FEE: \$ 1.60 EFF DATE: 07/01/08

FULL DESC:CHEST WRAP

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0471 PAC: 170 MAX FEE: \$ 2922.74 EFF DATE: 07/01/08

FULL DESC: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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E0471 RR PAC: 170 MAX FEE: \$ 6.42 EFF DATE: 07/01/08

FULL DESC: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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0472 PAC: 170 MAX FEE: \$ 5155.39 EFF DATE: 07/01/08

FULL DESC: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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0472 RR PAC: 170 MAX FEE: \$ 13.56 EFF DATE: 07/01/08

FULL DESC: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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E0601 PAC: 170 MAX FEE: \$ 1174.54 EFF DATE: 07/01/08

FULL DESC:CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE (E.G., ROUTINE CPAP)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E0601 RR PAC: 170 MAX FEE: \$ 3.91 EFF DATE: 07/01/08

FULL DESC:CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE (E.G., ROUTINE CPAP)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

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E0606 PAC: 170 MAX FEE: \$ 271.05 EFF DATE: 07/01/08

FULL DESC:POSTURAL DRAINAGE BOARD

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E0606 RR PAC: 170 MAX FEE: \$ 1.35 EFF DATE: 07/01/08

FULL DESC:POSTURAL DRAINAGE BOARD

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ OXYGEN TENTS

E0455 PAC: 170 MAX FEE: \$ 1024.80 EFF DATE: 07/01/08

FULL DESC:OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 3.00

E0455 RR PAC: 170 MAX FEE: \$ 1.12 EFF DATE: 07/01/08

FULL DESC:OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ MONITORS - CARDIOPULMONARY

E0445 PAC: 170 MAX FEE: \$ 951.27 EFF DATE: 07/01/08

FULL DESC:OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0445 RR PAC: 170 MAX FEE: \$ 2.09 EFF DATE: 07/01/08

FULL DESC:OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

93268 PAC: 170 MAX FEE: \$ 196.77 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 4 PER YEAR NH: N COPAY: \$ 3.00

94760 PAC: 170 MAX FEE: \$ 6.98 EFF DATE: 07/01/08

FULL DESC:NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE
DETERMINATION

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 6 PER YEAR NH: N COPAY: \$ 0.50

94762 PAC: 170 MAX FEE: \$ 41.75 EFF DATE: 07/01/08

FULL DESC:NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY
CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: N COPAY: \$ 2.00

94772 PAC: 170 MAX FEE: \$ 126.57 EFF DATE: 07/01/08

FULL DESC:CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM),12
TO 24 HOURS CONTINUOUS RECORDING, INFANT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: N COPAY: \$ 3.00

WHEELCHAIRS AND WHEELCHAIR ACCESSORIES

+ WHEELCHAIR ACCESSORIES

E0705 PAC: 170 MAX FEE: \$ 47.32 EFF DATE: 07/01/08

FULL DESC:TRANSFER DEVICE, ANY TYPE, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 YEARS NH: N COPAY: \$ 2.00

E0950 PAC: 170 MAX FEE: \$ 104.99 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, TRAY, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0951 PAC: 170 MAX FEE: \$ 18.15 EFF DATE: 07/01/08

FULL DESC:HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 1.00

E0952 PAC: 170 MAX FEE: \$ 13.82 EFF DATE: 07/01/08

FULL DESC:TOE LOOP/HOLDER, ANY TYPE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 1.00

E0955 PAC: 170 MAX FEE: \$ 173.57 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING
FIXED MOUNTING HARDWARE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

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E0958 PAC: 170 MAX FEE: \$ 394.68 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E0959 PAC: 170 MAX FEE: \$ 37.96 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

E0960 PAC: 170 MAX FEE: \$ 75.05 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP,
INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E0961 PAC: 170 MAX FEE: \$ 25.53 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE),
EACH

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

E0966 PAC: 170 MAX FEE: \$ 61.27 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E0967 PAC: 170 MAX FEE: \$ 54.15 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE,
EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

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E0969 PAC: 170 MAX FEE: \$ 120.52 EFF DATE: 07/01/08

FULL DESC:NARROWING DEVICE, FOR WHEELCHAIR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

E0971 PAC: 170 MAX FEE: \$ 42.17 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

E0973 PAC: 170 MAX FEE: \$ 98.90 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST,
COMPLETE ASSEMBLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E0974 PAC: 170 MAX FEE: \$ 67.32 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0978 PAC: 170 MAX FEE: \$ 36.66 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP,
EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

E0981 PAC: 170 MAX FEE: \$ 32.63 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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E0982 PAC: 170 MAX FEE: \$ 34.42 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E0983 PAC: 170 MAX FEE: \$ 1815.41 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL
WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

E0983 RR PAC: 170 MAX FEE: \$ 3.03 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL
WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0984 PAC: 170 MAX FEE: \$ 1815.41 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL
WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

E0984 RR PAC: 170 MAX FEE: \$ 3.03 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL
WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E0986 PAC: 170 MAX FEE: \$ 4363.20 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E0990 PAC: 170 MAX FEE: \$ 98.24 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E0992 PAC: 170 MAX FEE: \$ 81.69 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E0995 PAC: 170 MAX FEE: \$ 26.10 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E1002 PAC: 170 MAX FEE: \$ 4476.17 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1003 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1004 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E1005 PAC: 170 MAX FEE: \$ 4847.73 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH
POWER SHEAR REDUCTION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1009 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM,
MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E1010 PAC: 170 MAX FEE: \$ 727.20 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG
ELEVATION SYSTEM, INCLUDING LEG REST, PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E1020 PAC: 170 MAX FEE: \$ 208.97 EFF DATE: 07/01/08

FULL DESC:RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 88
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: \$ 3.00

E1028 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE
MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING
ACCESSORY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E1029 PAC: 170 MAX FEE: \$ 120.90 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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E1030 PAC: 170 MAX FEE: \$ 1000.38 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1226 PAC: 170 MAX FEE: \$ 468.44 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE
GREATER THAN 80 DEGREES), EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1226 RR PAC: 170 MAX FEE: \$ 1.62 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE
GREATER THAN 80 DEGREES), EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E2202 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27
INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2203 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO
LESS THAN 22 INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2204 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25
INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E2205 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

E2206 PAC: 170 MAX FEE: \$ 27.04 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

E2207 PAC: 170 MAX FEE: \$ 28.83 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

E2208 PAC: 170 MAX FEE: \$ 73.92 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, CLINDER TANK CARRIER, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2209 PAC: 170 MAX FEE: \$ 94.99 EFF DATE: 07/01/08

FULL DESC:ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

E2210 PAC: 170 MAX FEE: \$ 4.55 EFF DATE: 07/01/08

FULL DESC:WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: N COPAY: \$ 0.50

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E2211 PAC: 170 MAX FEE: \$ 22.73 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2212 PAC: 170 MAX FEE: \$ 5.42 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 0.50

E2213 PAC: 170 MAX FEE: \$ 20.20 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: N COPAY: \$ 1.00

E2214 PAC: 170 MAX FEE: \$ 23.94 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2215 PAC: 170 MAX FEE: \$ 6.37 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 0.50

E2216 PAC: 170 MAX FEE: \$ 25.86 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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E2217 PAC: 170 MAX FEE: \$ 30.91 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2218 PAC: 170 MAX FEE: \$ 25.86 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2219 PAC: 170 MAX FEE: \$ 30.91 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2220 PAC: 170 MAX FEE: \$ 19.33 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2221 PAC: 170 MAX FEE: \$ 16.99 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2222 PAC: 170 MAX FEE: \$ 39.12 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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E2223 PAC: 170 MAX FEE: \$ 5.56 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY,
EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 PER YEAR NH: N COPAY: \$ 0.50

E2224 PAC: 170 MAX FEE: \$ 17.78 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY
SIZE, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2225 PAC: 170 MAX FEE: \$ 14.54 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2226 PAC: 170 MAX FEE: \$ 16.15 EFF DATE: 07/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT
ONLY, EACH

POS: 11 12 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

E2227 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 0.50

E2228 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/08

FULL DESC:MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK,
COMPLETE, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 0.50

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E2312 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-
PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.50

E2313 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE
CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.50

E2321 PAC: 170 MAX FEE: \$ 1316.00 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE
JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL
STOP SWITCH, AND FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2322 PAC: 170 MAX FEE: \$ 1210.80 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE
MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,
MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2323 PAC: 170 MAX FEE: \$ 55.49 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND
CONTROL INTERFACE, PREFABRICATED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E2324 PAC: 170 MAX FEE: \$ 38.20 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 2.00

E2325 PAC: 170 MAX FEE: \$ 1156.26 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE,
NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,
AND MANUAL SWINGAWAY MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2326 PAC: 170 MAX FEE: \$ 274.38 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF
INTERFACE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2327 PAC: 170 MAX FEE: \$ 1979.82 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL,
PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE
SWITCH, AND FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2328 PAC: 170 MAX FEE: \$ 3328.68 EFF DATE: 07/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL
INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND
FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E2329 PAC: 170 MAX FEE: \$ 1485.47 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2330 PAC: 170 MAX FEE: \$ 2861.61 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2340 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2341 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2342 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E2343 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC: POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH, 22-25 INCHES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2368 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC: POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2369 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC: POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2370 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC: POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E2371 PAC: 170 MAX FEE: \$ 166.65 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 18 MONTHS NH: Y COPAY: \$ 3.00

E2372 PAC: 170 MAX FEE: \$ 160.59 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 9 MONTHS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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E2373 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE,
COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2374 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2375 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING
ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2376 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL
RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

E2377 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL
RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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E2381 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2382 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE,
ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2383 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, INSERT OF PNEUMATIC DRIVE WHEEL TIRE
(REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2384 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2385 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY
SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2386 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY
SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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E2387 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2388 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2389 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE,
REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2390 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL
TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2391 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE
(REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2392 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE
WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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E2393 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2394 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2395 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2396 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

E2397 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/08

FULL DESC:POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

E2399 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/04

FULL DESC:POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 1.00

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E2601 PAC: 170 MAX FEE: \$ 74.57 EFF DATE: 07/01/08

FULL DESC:GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2602 PAC: 170 MAX FEE: \$ 192.81 EFF DATE: 07/01/08

FULL DESC:GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2603 PAC: 170 MAX FEE: \$ 180.21 EFF DATE: 07/01/08

FULL DESC:SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2604 PAC: 170 MAX FEE: \$ 255.14 EFF DATE: 07/01/08

FULL DESC:SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2605 PAC: 170 MAX FEE: \$ 259.92 EFF DATE: 07/01/08

FULL DESC:POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2606 PAC: 170 MAX FEE: \$ 352.34 EFF DATE: 07/01/08

FULL DESC:POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

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E2607 PAC: 170 MAX FEE: \$ 244.27 EFF DATE: 07/01/08

FULL DESC:SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2608 PAC: 170 MAX FEE: \$ 295.17 EFF DATE: 07/01/08

FULL DESC:SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2609 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 03/01/05

FULL DESC:CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

E2610 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC:WHEELCHAIR SEAT CUSHION, POWERED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2611 PAC: 170 MAX FEE: \$ 252.38 EFF DATE: 07/01/08

FULL DESC:GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2612 PAC: 170 MAX FEE: \$ 341.41 EFF DATE: 07/01/08

FULL DESC:GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

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E2613 PAC: 170 MAX FEE: \$ 317.57 EFF DATE: 07/01/08

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2614 PAC: 170 MAX FEE: \$ 439.49 EFF DATE: 07/01/08

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2615 PAC: 170 MAX FEE: \$ 365.47 EFF DATE: 07/01/08

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2616 PAC: 170 MAX FEE: \$ 491.73 EFF DATE: 07/01/08

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2617 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 03/01/05

FULL DESC: CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

E2619 PAC: 170 MAX FEE: \$ 51.43 EFF DATE: 07/01/08

FULL DESC: REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

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E2620 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

E2621 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/05

FULL DESC: POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0015 PAC: 170 MAX FEE: \$ 120.81 EFF DATE: 07/01/08

FULL DESC: DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0017 PAC: 170 MAX FEE: \$ 33.98 EFF DATE: 07/01/08

FULL DESC: DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

K0018 PAC: 170 MAX FEE: \$ 18.99 EFF DATE: 07/01/08

FULL DESC: DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

K0019 PAC: 170 MAX FEE: \$ 11.43 EFF DATE: 07/01/08

FULL DESC: ARM PAD, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

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K0020 PAC: 170 MAX FEE: \$ 30.88 EFF DATE: 07/01/08

FULL DESC:FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

K0037 PAC: 170 MAX FEE: \$ 32.02 EFF DATE: 07/01/08

FULL DESC:HIGH MOUNT FLIP-UP FOOTREST, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 YEARS NH: N COPAY: \$ 2.00

K0038 PAC: 170 MAX FEE: \$ 16.13 EFF DATE: 07/01/08

FULL DESC:LEG STRAP, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 1.00

K0039 PAC: 170 MAX FEE: \$ 35.80 EFF DATE: 07/01/08

FULL DESC:LEG STRAP, H STYLE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: \$ 2.00

K0040 PAC: 170 MAX FEE: \$ 62.47 EFF DATE: 07/01/08

FULL DESC:ADJUSTABLE ANGLE FOOTPLATE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0041 PAC: 170 MAX FEE: \$ 35.19 EFF DATE: 07/01/08

FULL DESC:LARGE SIZE FOOTPLATE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

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K0042 PAC: 170 MAX FEE: \$ 24.22 EFF DATE: 07/01/08

FULL DESC:STANDARD SIZE FOOTPLATE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 1.00

K0043 PAC: 170 MAX FEE: \$ 16.35 EFF DATE: 07/01/08

FULL DESC:FOOTREST, LOWER EXTENSION TUBE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0044 PAC: 170 MAX FEE: \$ 13.92 EFF DATE: 07/01/08

FULL DESC:FOOTREST, UPPER HANGER BRACKET, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0045 PAC: 170 MAX FEE: \$ 47.37 EFF DATE: 07/01/08

FULL DESC:FOOTREST, COMPLETE ASSEMBLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

K0046 PAC: 170 MAX FEE: \$ 16.35 EFF DATE: 07/01/08

FULL DESC:ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0047 PAC: 170 MAX FEE: \$ 63.99 EFF DATE: 07/01/08

FULL DESC:ELEVATING LEGREST, UPPER HANGER BRACKET, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

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K0050 PAC: 170 MAX FEE: \$ 21.61 EFF DATE: 07/01/08

FULL DESC:RATCHET ASSEMBLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0051 PAC: 170 MAX FEE: \$ 34.96 EFF DATE: 07/01/08

FULL DESC:CAM RELEASE ASSEMBLY, FOOTREST OR LEG REST, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

K0052 PAC: 170 MAX FEE: \$ 61.45 EFF DATE: 07/01/08

FULL DESC:SWINGAWAY, DETACHABLE FOOTRESTS, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0053 PAC: 170 MAX FEE: \$ 85.36 EFF DATE: 07/01/08

FULL DESC:ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

K0056 PAC: 170 MAX FEE: \$ 63.24 EFF DATE: 07/01/08

FULL DESC:SEAT HEIGHT LESS THAN 17"OR EQUAL TO OR GREATER THAN 21"FOR A HIGH STRENGTH,LIGHTWEIGHT,OR ULTRALIGHTWEIGHT WHEELCHAIR

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0065 PAC: 170 MAX FEE: \$ 37.20 EFF DATE: 07/01/08

FULL DESC:SPOKE PROTECTORS, EACH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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K0069 PAC: 170 MAX FEE: \$ 66.43 EFF DATE: 07/01/08

FULL DESC: REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED,
EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0070 PAC: 170 MAX FEE: \$ 121.78 EFF DATE: 07/01/08

FULL DESC: REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR
MOLDED, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0071 PAC: 170 MAX FEE: \$ 72.63 EFF DATE: 07/01/08

FULL DESC: FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0072 PAC: 170 MAX FEE: \$ 43.72 EFF DATE: 07/01/08

FULL DESC: FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 2.00

K0073 PAC: 170 MAX FEE: \$ 23.15 EFF DATE: 07/01/08

FULL DESC: CASTER PIN LOCK, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0077 PAC: 170 MAX FEE: \$ 39.12 EFF DATE: 07/01/08

FULL DESC: FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 2.00

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K0105 PAC: 170 MAX FEE: \$ 88.15 EFF DATE: 07/01/08

FULL DESC:IV HANGER, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 3.00

K0108 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC:WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: N COPAY: \$ 1.00

K0733 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 18 MONTHS NH: Y COPAY: \$ 3.00

K0734 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 07/01/06

FULL DESC:SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0735 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 07/01/06

FULL DESC:SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

K0736 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 07/01/06

FULL DESC:SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

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K0737 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 07/01/06

FULL DESC:SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION,
ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 3 YEARS NH: N COPAY: \$ 3.00

+ WHEELCHAIRS - STANDARD

K0001 PAC: 170 MAX FEE: \$ 556.02 EFF DATE: 07/01/08

FULL DESC:STANDARD WHEELCHAIR: WEIGHT->36 LBS; SEAT WIDTH-16" (NARROW) 18"
(ADULT); SEAT DEPTH-16"; SEAT HEIGHT->19" AND <21"; BACK HEIGHT-NON-ADJUSTABLE
16"-17"; ARM STYLE-FIXED OR DETACHABLE; FOOTPLATE EXTENSION-16"-21"; FOOTRESTS
FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0001 RR PAC: 170 MAX FEE: \$ 1.79 EFF DATE: 07/01/08

FULL DESC:STANDARD WHEELCHAIR: WEIGHT->36 LBS; SEAT WIDTH-16" (NARROW) 18"
(ADULT); SEAT DEPTH-16"; SEAT HEIGHT->19" AND <21"; BACK HEIGHT-NON-ADJUSTABLE
16"-17"; ARM STYLE-FIXED OR DETACHABLE; FOOTPLATE EXTENSION-16"-21"; FOOTRESTS
FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ WHEELCHAIRS - LIGHTWEIGHT

K0003 PAC: 170 MAX FEE: \$ 830.85 EFF DATE: 07/01/08

FULL DESC:LIGHTWEIGHT WHEELCHAIR: WEIGHT-<36 LBS; SEAT WIDTH-16"-18"; SEAT
DEPTH-16"; SEAT HEIGHT >17" AND <21"; BACK HEIGHT-NON-ADJUSTABLE 16"-17"; ARM
STYLE-FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION-16"-21"; FOOTRESTS-FIXED
OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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K0003 RR PAC: 170 MAX FEE: \$ 2.64 EFF DATE: 07/01/08

FULL DESC:LIGHTWEIGHT WHEELCHAIR: WEIGHT-<36 LBS; SEAT WIDTH-16" OR 18"; SEAT DEPTH-16"; SEAT HEIGHT >17" AND <21"; BACK HEIGHT-NON-ADJUSTABLE 16"-17"; ARM STYLE-FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION-16"-21"; FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0005 PAC: 170 MAX FEE: \$ 1638.68 EFF DATE: 07/01/08

FULL DESC:ULTRALIGHTWEIGHT WHEELCHAIR: LIFETIME WARRANTY - ON SIDES FRAMES AND CROSSBRACES; WEIGHT - <30 LBS; WIDTH - 14", 16" OR 18"; SEAT DEPTH - 14" (CHILD), 16" ADULT; SEAT HEIGHT - >17" AND <21"; ARM STYLE - FIXED OR DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0005 RR PAC: 170 MAX FEE: \$ 6.04 EFF DATE: 07/01/08

FULL DESC:ULTRALIGHTWEIGHT WHEELCHAIR: LIFETIME WARRANTY - ON SIDES FRAMES AND CROSSBRACES; WEIGHT - <30 LBS; ADJUSTABLE REAR AXLE POSITION; SEAT WIDTH - 14", 16" OR 18"; SEAT DEPTH - 14" (CHILD), 16" ADULT; SEAT HEIGHT - >17" AND <21"; ARM STYLE - FIXED OR DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ WHEELCHAIRS - HEAVY DUTY

K0006 PAC: 170 MAX FEE: \$ 1228.80 EFF DATE: 07/01/08

FULL DESC:HEAVY DUTY WHEELCHAIR: SEAT WIDTH - 18"; SEAT DEPTH - 16" OR 17"; SEAT HEIGHT - >19" AND <21"; BACK HEIGHT - NON-ADJUSTABLE 16" - 17"; ARM STYLE FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE; REINFORCED BACK AND SEAT UPHOLSTERY; CAN SUPPORT PATIENT WEIGHING > 250 POUNDS

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

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K0006 RR PAC: 170 MAX FEE: \$ 4.10 EFF DATE: 07/01/08

FULL DESC:HEAVY DUTY WHEELCHAIR: SEAT WIDTH - 18"; SEAT DEPTH - 16" OR 17";
SEAT HEIGHT - >19" AND <21"; BACK HEIGHT - NON-ADJUSTABLE 16" - 17"; ARM
STYLE - FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS -
FIXED OR SWINGAWAY DETACHABLE; REINFORCED BACK AND SEAT UPHOLSTERY; CAN
SUPPORT PATIENT WEIGHING > 250 POUNDS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60

LIFE EXP:

NH: N COPAY: \$ 0.00

+ WHEELCHAIRS - WIDE HEAVY DUTY

K0007 PAC: 170 MAX FEE: \$ 1890.69 EFF DATE: 07/01/08

FULL DESC:EXTRA HEAVY DUTY WHEELCHAIR: SEAT WIDTH - 18"; SEAT DEPTH - 16" OR
17"; SEAT HEIGHT - >19" AND <21"; BACK HEIGHTS - NON-ADJUSTABLE 16" - 17";
ARM STYLE - FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION - 16" - 21";
FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE; REINFORCED BACK AND SEAT UPHOLSTERY
CAN SUPPORT PATIENT WEIGHING > 300 POUNDS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: Y

LIFE EXP: 5 YEARS

NH: N COPAY: \$ 3.00

K0007 RR PAC: 170 MAX FEE: \$ 6.31 EFF DATE: 07/01/08

FULL DESC:EXTRA HEAVY DUTY WHEELCHAIR: SEAT WIDTH - 18"; SEAT DEPTH - 16"
OR 17", SEAT HEIGHT - >19" AND <21"; BACK HEIGHTS - NON-ADJUSTABLE 16" - 17";
ARM STYLE - FIXED HEIGHT, DETACHABLE, FOOTPLATE EXTENSION - 16" - 21",
FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE. REINFORCED BACK AND SEAT UPHOLSTERY
CAN SUPPORT PATIENT WEIGHING > 300 POUNDS

POS: 11 12

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60

LIFE EXP:

NH: N COPAY: \$ 0.00

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+ WHEELCHAIRS - HEMI

K0002 PAC: 170 MAX FEE: \$ 710.19 EFF DATE: 07/01/08

FULL DESC:STANDARD HEMI (LOW SEAT) WHEELCHAIR: WEIGHT->36 LBS; SEAT WIDTH-16"
(NARROW), 18" (ADULT); SEAT DEPTH-16"; SEAT HEIGHT-17"-18"; BACK HEIGHT-NON-
ADJUSTABLE 16"-17"; ARM STYLE-FIXED OR DETACHABLE; FOOTPLATE EXTENSION-14"-
17 1/2"; FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0002 RR PAC: 170 MAX FEE: \$ 2.84 EFF DATE: 07/01/08

FULL DESC:STANDARD HEMI (LOW SEAT) WHEELCHAIR: WEIGHT->36 LBS; SEAT WIDTH-16"
(NARROW), 18" (ADULT); SEAT DEPTH-16"; SEAT HEIGHT-17"-18"; BACK HEIGHT-NON-
ADJUSTABLE 16"-17"; ARM STYLE-FIXED OR DETACHABLE; FOOTPLATE EXTENSION-14"-
17 1/2"; FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

+ WHEELCHAIRS - HIGH STRENGTH

K0004 PAC: 170 MAX FEE: \$ 1083.53 EFF DATE: 07/01/08

FULL DESC:HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR: LIFETIME WARRANTY - ON SIDE
FRAMES AND CROSSBRACES; WEIGHT - <3, 4 LBS; SEAT WIDTH - 14", 16" OR 18"; SEAT
DEPTH - 14" (CHILD), 16" (ADULT); SEAT HEIGHT - <17" AND <21"; BACK HEIGHT -
SESECTIONAL OR ADJUSTABLE 15" - 19"; ARM STYLE - FIXED OR DETACHABLE;
FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0004 RR PAC: 170 MAX FEE: \$ 3.62 EFF DATE: 07/01/08

FULL DESC:HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR: LIFETIME WARRANTY - ON SIDE
FRAMES AND CROSSBRACES; WEIGHT - <3, 4 LBS; SEAT WIDTH - 14", 16" OR 18"; SEAT
DEPTH - 14" (CHILD), 16" (ADULT); SEAT HEIGHT - >17" AND <21"; BACK HEIGHT -
SECTIONAL OR ADJUSTABLE 15" - 19"; ARM STYLE - FIXED OR DETACHABLE; FOOTPLATE
EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

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+ WHEELCHAIRS - MISCELLANEOUS

E1031 PAC: 170 MAX FEE: \$ 453.85 EFF DATE: 07/01/08

FULL DESC:ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5 INCHES OR GREATER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

E1031 RR PAC: 170 MAX FEE: \$ 1.53 EFF DATE: 07/01/08

FULL DESC:ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5 INCHES OR GREATER

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0009 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/94

FULL DESC:OTHER MANUAL WHEELCHAIR/BASE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: N COPAY: \$ 3.00

K0009 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/94

FULL DESC:OTHER MANUAL WHEELCHAIR/BASE

POS: 11 12
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: NH: N COPAY: \$ 0.00

+ MOTORIZED WHEELCHAIRS

K0010 PAC: 170 MAX FEE: \$ 4292.02 EFF DATE: 07/01/08

FULL DESC:STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR;SEAT WIDTH-14"-18";SEAT DEPTH-16", SEAT HEIGHT->19" AND < 21";BACK HEIGHT-SECTIONAL 16" OR 18";ARM STYLE-FIXED HEIGHT, DETACHABLE;FOOTPLATE EXTENSION-16"-21";FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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K0010 RR PAC: 170 MAX FEE: \$ 12.86 EFF DATE: 07/01/08

FULL DESC:STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR;SEAT WIDTH-14"-18";SEAT DEPTH-16", SEAT HEIGHT->19" AND < 21";BACK HEIGHT-SECTIONAL 16" OR 18";ARM STYLE-FIXED HEIGHT, DETACHABLE;FOOTPLATE EXTENSION-16"-21";FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0011 PAC: 170 MAX FEE: \$ 6185.96 EFF DATE: 07/01/08

FULL DESC:STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING; SEAT WIDTH-14"-18"; SEAT DEPTH- 16"; SEAT HEIGHT- >19 AND < 21"; BACK HEIGHT-SECTIONAL 16" OR 18"; ARM STYLE-FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION- 16"-21"; FOOTRESTS- FIXED OR SWINGAWAY DETACHABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0011 RR PAC: 170 MAX FEE: \$ 14.63 EFF DATE: 07/01/08

FULL DESC:STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING; SEAT WIDTH- 14"-18"; SEAT DEPTH- 16"; SEAT HEIGHT- >19 AND <21"; BACK HEIGHT-SECTIONAL 16" OR 18"; ARM STYLE-FIXED HEIGHT,DETACHABLE; FOOTPLATE EXTENSION- 16"-21"; FOOTRESTS-FIXED OR SWINGAWAY DETACHABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0012 PAC: 170 MAX FEE: \$ 2967.72 EFF DATE: 07/01/08

FULL DESC:LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR; SEAT WIDTH - 14" - 18"; SEAT DEPTH -16"; SEAT HEIGHT - >19 AND <21"; BACK HEIGHT - SECTIONAL 16" OR 18"; ARM STYLE - FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE; WEIGHT - <80 LBS. WITHOUT BATTERY; FOLDING BACK OR COLLAPSIBLE FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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K0012 RR PAC: 170 MAX FEE: \$ 9.89 EFF DATE: 07/01/08

FULL DESC:LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR; SEAT WIDTH - 14" - 18"; SEAT DEPTH - 16"; SEAT HEIGHT - >19 AND <21"; BACK HEIGHT - SECTIONAL 16" OR 18"; ARM STYLE - FIXED HEIGHT, DETACHABLE; FOOTPLATE EXTENSION - 16" - 21"; FOOTRESTS - FIXED OR SWINGAWAY DETACHABLE; WEIGHT - <80 LBS. WITHOUT BATTERY; FOLDING BACK OR COLLAPSIBLE FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0014 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/94

FULL DESC:OTHER MOTORIZED/POWER WHEELCHAIR BASE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0014 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/94

FULL DESC:OTHER MOTORIZED/POWER WHEELCHAIR BASE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

K0800 PAC: 170 MAX FEE: \$ 1043.33 EFF DATE: 07/01/08

FULL DESC:POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0800 RR PAC: 170 MAX FEE: \$ 2.31 EFF DATE: 07/01/08

FULL DESC:POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0801 PAC: 170 MAX FEE: \$ 1683.67 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT
CAPACITY, 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0801 RR PAC: 170 MAX FEE: \$ 3.74 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT
CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0802 PAC: 170 MAX FEE: \$ 1904.86 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT
CAPACITY, 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0802 RR PAC: 170 MAX FEE: \$ 4.23 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT
CAPACITY 451 TO 600 LBS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0806 PAC: 170 MAX FEE: \$ 1262.50 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY
UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0806 RR PAC: 170 MAX FEE: \$ 2.80 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY
UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0807 PAC: 170 MAX FEE: \$ 1916.98 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT
CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0807 RR PAC: 170 MAX FEE: \$ 4.25 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT
CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0808 PAC: 170 MAX FEE: \$ 2965.36 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT
CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0808 RR PAC: 170 MAX FEE: \$ 6.69 EFF DATE: 07/01/08

FULL DESC: POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT
CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0812 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0813 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND
BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0813 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0814 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0814 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0815 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0815 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0816 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0816 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0820 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0820 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0821 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0821 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0822 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0822 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0823 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0823 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0824 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0824 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0825 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0825 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0826 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0826 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0827 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0827 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0828 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0828 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0829 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR,
PATIENT WEIGHT 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0829 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY,CAPTAINS CHAIR,
PATIENT WEIGHT 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0830 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID
SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0830 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID
SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0831 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR,
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0831 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR,CAPTAINS CHAIR,
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0835 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0835 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0836 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0836 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0837 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0837 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0838 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0838 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0839 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0839 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0840 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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K0840 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0841 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0841 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0842 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0842 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0843 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0843 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0848 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0848 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0849 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT
CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0849 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT
CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0850 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0850 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0851 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0851 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0852 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0852 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0853 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT
WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0853 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0854 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0854 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0855 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0855 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0856 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0856 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0857 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0857 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0858 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0858 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0859 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0859 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION,
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0860 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0860 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0861 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0861 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0862 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0862 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0863 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0863 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0864 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0864 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0868 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0868 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0869 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0869 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0870 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0870 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0871 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0871 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0877 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0877 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0878 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0878 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0879 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0879 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0880 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENCE WEIGHT 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0880 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0884 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENCE WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0884 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0885 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION,
CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0885 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION,
CAPATINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0886 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0886 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0890 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0890 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0891 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

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K0891 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/
SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0898 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0898 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

K0899 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET
CRITERIA

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: 6 YEARS NH: Y COPAY: \$ 3.00

K0899 RR PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET
CRITERIA

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 0.00

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+ BATTERIES - WHEELCHAIRS

E2360 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 9 MONTHS NH: Y COPAY: \$ 3.00

E2361 PAC: 170 MAX FEE: \$ 137.15 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, (E.G., GEL CELL, ABSORBED GLASSMAT)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 18 MONTHS NH: Y COPAY: \$ 3.00

E2362 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 9 MONTHS NH: Y COPAY: \$ 3.00

E2363 PAC: 170 MAX FEE: \$ 183.91 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 18 MONTHS NH: Y COPAY: \$ 3.00

E2364 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 9 MONTHS NH: Y COPAY: \$ 3.00

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E2365 PAC: 170 MAX FEE: \$ 103.92 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GELL CELL, ABSORBED GLASSMAT)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 18 MONTHS NH: Y COPAY: \$ 3.00

E2366 PAC: 170 MAX FEE: \$ 175.26 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: Y COPAY: \$ 3.00

E2367 PAC: 170 MAX FEE: \$ 175.26 EFF DATE: 07/01/08

FULL DESC: POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 10 YEARS NH: Y COPAY: \$ 3.00

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ORTHOTIC DEVICES

+ SPINAL-CERVICAL

A8000 PAC: 170 MAX FEE: \$ 85.85 EFF DATE: 07/01/08

FULL DESC:HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

A8001 PAC: 170 MAX FEE: \$ 131.30 EFF DATE: 07/01/08

FULL DESC:HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

A8002 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

A8003 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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A8004 PAC: 170 MAX FEE: \$ 75.75 EFF DATE: 07/01/08

FULL DESC:SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0112 PAC: 170 MAX FEE: \$ 2062.42 EFF DATE: 07/01/08

FULL DESC:CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED

POS: 11 12 99
PROV TYPES: VALID 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: Y COPAY: \$ 3.00

L0120 PAC: 170 MAX FEE: \$ 15.92 EFF DATE: 07/01/08

FULL DESC:CERVICAL, FLEXIBLE; NON-ADJUSTABLE (FOAM COLLAR)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L0130 PAC: 170 MAX FEE: \$ 297.34 EFF DATE: 07/01/08

FULL DESC:CERVICAL, FLEXIBLE; THERMOPLASTIC COLLAR, MOLDED TO PATIENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0140 PAC: 170 MAX FEE: \$ 33.73 EFF DATE: 07/01/08

FULL DESC:CERVICAL, SEMI-RIGID; ADJUSTABLE (PLASTIC COLLAR)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

L0150 PAC: 170 MAX FEE: \$ 62.54 EFF DATE: 07/01/08

FULL DESC:CERVICAL, SEMI-RIGID; ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0160 PAC: 170 MAX FEE: \$ 114.93 EFF DATE: 07/01/08

FULL DESC: CERVICAL, SEMI-RIGID; WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0170 PAC: 170 MAX FEE: \$ 553.58 EFF DATE: 07/01/08

FULL DESC: CERVICAL COLLAR; MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0172 PAC: 170 MAX FEE: \$ 76.65 EFF DATE: 07/01/08

FULL DESC: CERVICAL COLLAR; SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0174 PAC: 170 MAX FEE: \$ 453.85 EFF DATE: 07/01/08

FULL DESC: CERVICAL COLLAR; SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, MULTIPLE POST COLLAR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0180 PAC: 170 MAX FEE: \$ 382.31 EFF DATE: 07/01/08

FULL DESC: CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0190 PAC: 170 MAX FEE: \$ 252.14 EFF DATE: 07/01/08

FULL DESC: CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0200 PAC: 170 MAX FEE: \$ 236.20 EFF DATE: 07/01/08

FULL DESC:CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS;
ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

S1040 PAC: 170 MAX FEE: \$ 2331.08 EFF DATE: 07/01/08

FULL DESC:CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE
MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)

POS: 11 99
PROV TYPES: VALID 58
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

+ SPINAL-THORACIC

L0210 PAC: 170 MAX FEE: \$ 10.81 EFF DATE: 07/01/08

FULL DESC:THORACIC, RIB BELT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L0220 PAC: 170 MAX FEE: \$ 110.72 EFF DATE: 07/01/08

FULL DESC:THORACIC, RIB BELT; CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL

L0450 PAC: 170 MAX FEE: \$ 132.14 EFF DATE: 07/01/08

FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION,
PRODUCE INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH
RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0452 PAC: 170 MAX FEE: \$ 257.17 EFF DATE: 07/01/08

FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0454 PAC: 170 MAX FEE: \$ 347.99 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0456 PAC: 170 MAX FEE: \$ 347.99 EFF DATE: 07/01/08

FULL DESC: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,

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0458 PAC: 170 MAX FEE: \$ 596.41 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0460 PAC: 170 MAX FEE: \$ 596.41 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0462 PAC: 170 MAX FEE: \$ 596.41 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0464 PAC: 170 MAX FEE: \$ 596.41 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0466 PAC: 170 MAX FEE: \$ 308.49 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0468 PAC: 170 MAX FEE: \$ 386.62 EFF DATE: 07/01/08

FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES & PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, & LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, & CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0470 PAC: 170 MAX FEE: \$ 534.98 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0472 PAC: 170 MAX FEE: \$ 329.19 EFF DATE: 07/01/08

FULL DESC: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, INCL. FITTING & SHAPING THE FRAME, PREFAB

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0474 PAC: 170 MAX FEE: \$ 543.57 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME W/ FLEXIBLE SOFT APRON ANTERIOR W/ MULTIPLE STRAPS, CLOSURES & PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, & LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL,

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0480 PAC: 170 MAX FEE: \$ 1228.15 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/OUT 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0482 PAC: 170 MAX FEE: \$ 1371.85 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/ 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0484 PAC: 170 MAX FEE: \$ 1481.57 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/OUT 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, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0486 PAC: 170 MAX FEE: \$ 1663.83 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/ 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0488 PAC: 170 MAX FEE: \$ 1239.64 EFF DATE: 07/01/08

FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/ 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0490 PAC: 170 MAX FEE: \$ 1049.59 EFF DATE: 07/01/08

FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, W/ OVERLAPPING REINFORCED ANTERIOR, W/ 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,

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0491 PAC: 170 MAX FEE: \$ 472.20 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0492 PAC: 170 MAX FEE: \$ 472.20 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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L0626 PAC: 170 MAX FEE: \$ 63.38 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0627 PAC: 170 MAX FEE: \$ 113.88 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ SPINAL-LUMBAR SACRAL - FLEXIBLE

L0628 PAC: 170 MAX FEE: \$ 68.21 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0629 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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L0630 PAC: 170 MAX FEE: \$ 131.70 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0631 PAC: 170 MAX FEE: \$ 834.70 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0632 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0633 PAC: 170 MAX FEE: \$ 233.17 EFF DATE: 07/01/08

FULL DESC: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 LOAN ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, PREFABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
REPORT NAME: HMPRDM54

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L0634 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0635 PAC: 170 MAX FEE: \$ 812.49 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0636 PAC: 170 MAX FEE: \$ 1102.38 EFF DATE: 07/01/08

FULL DESC:LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FEXION, 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0637 PAC: 170 MAX FEE: \$ 848.84 EFF DATE: 07/01/08

FULL DESC: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, PREFABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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L0638 PAC: 170 MAX FEE: \$ 1072.43 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0639 PAC: 170 MAX FEE: \$ 280.68 EFF DATE: 07/01/08

FULL DESC: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 XPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, PREFABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0640 PAC: 170 MAX FEE: \$ 850.83 EFF DATE: 07/01/08

FULL DESC: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 XPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ LUMBAR FLEXION

L0625 PAC: 170 MAX FEE: \$ 44.78 EFF DATE: 07/01/08

FULL DESC:LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 2.00

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+ SPINAL-SACROILIAC - FLEXIBLE

L0621 PAC: 170 MAX FEE: \$ 65.58 EFF DATE: 07/01/08

FULL DESC:SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT,
REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY
INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0622 PAC: 170 MAX FEE: \$ 173.99 EFF DATE: 07/01/08

FULL DESC:SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT,
REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES MAY
INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0623 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L0624 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ SPINAL-CERVICAL-THORACIC-LUMBAR-SACRAL-HALO - ANTERIOR-POSTERIOR-LATERAL

L0700 PAC: 170 MAX FEE: \$ 1449.87 EFF DATE: 07/01/08

FULL DESC:CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSSO), ANTERIOR-
POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L0710 PAC: 170 MAX FEE: \$ 1634.41 EFF DATE: 07/01/08

FULL DESC:CTLSSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT
MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L1001 PAC: 170 MAX FEE: \$ 808.00 EFF DATE: 07/01/08

FULL DESC:CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT
SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

+ HALO PROCEDURE

L0810 PAC: 170 MAX FEE: \$ 1997.14 EFF DATE: 07/01/08

FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L0820 PAC: 170 MAX FEE: \$ 970.09 EFF DATE: 07/01/08

FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

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L0830 PAC: 170 MAX FEE: \$ 1091.35 EFF DATE: 07/01/08

FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS TO SPINAL ORTHOSES

L0970 PAC: 170 MAX FEE: \$ 55.89 EFF DATE: 07/01/08

FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), CORSET FRONT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0972 PAC: 170 MAX FEE: \$ 54.84 EFF DATE: 07/01/08

FULL DESC:LUMBAR-SACRAL-ORTHOSIS (LSO), CORSET FRONT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0974 PAC: 170 MAX FEE: \$ 91.22 EFF DATE: 07/01/08

FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FULL CORSET

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0976 PAC: 170 MAX FEE: \$ 91.22 EFF DATE: 07/01/08

FULL DESC:LUMBAR-SACRAL-ORTHOSIS (LSO), FULL CORSET

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L0978 PAC: 170 MAX FEE: \$ 210.89 EFF DATE: 07/01/08

FULL DESC:AXILLARY CRUTCH EXTENSION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L0980 PAC: 170 MAX FEE: \$ 7.29 EFF DATE: 07/01/08

FULL DESC:PERITONEAL STRAPS, PAIR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.50

L0982 PAC: 170 MAX FEE: \$ 7.29 EFF DATE: 07/01/08

FULL DESC:STOCKING SUPPORTER GRIPS, SET OF FOUR (4)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.50

L0984 PAC: 170 MAX FEE: \$ 47.59 EFF DATE: 07/01/08

FULL DESC:PROTECTIVE BODY SOCK, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

L0999 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/99

FULL DESC:ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ SCOLIOSIS PROCEDURES - SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL

L1000 PAC: 170 MAX FEE: \$ 1215.78 EFF DATE: 07/01/08

FULL DESC:CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSSO) (MILWAUKEE),
INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

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L1005 PAC: 170 MAX FEE: \$ 2602.47 EFF DATE: 07/01/08

FULL DESC:TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES
FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ CORRECTION PADS

L1010 PAC: 170 MAX FEE: \$ 48.61 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; AXILLA SLING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1020 PAC: 170 MAX FEE: \$ 48.61 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1025 PAC: 170 MAX FEE: \$ 123.04 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1030 PAC: 170 MAX FEE: \$ 54.84 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR BOLSTER PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1040 PAC: 170 MAX FEE: \$ 53.51 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR OR LUMBAR RIB PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L1050 PAC: 170 MAX FEE: \$ 60.78 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; STERNAL PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1060 PAC: 170 MAX FEE: \$ 54.84 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; THORACIC PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1070 PAC: 170 MAX FEE: \$ 50.60 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; TRAPEZE SLING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1080 PAC: 170 MAX FEE: \$ 22.15 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1085 PAC: 170 MAX FEE: \$ 99.85 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1090 PAC: 170 MAX FEE: \$ 64.62 EFF DATE: 07/01/08

FULL DESC: ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR SLING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L1100 PAC: 170 MAX FEE: \$ 105.43 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1110 PAC: 170 MAX FEE: \$ 160.29 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1120 PAC: 170 MAX FEE: \$ 24.26 EFF DATE: 07/01/08

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; COVER FOR UPRIGHT, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)

L1200 PAC: 170 MAX FEE: \$ 1054.46 EFF DATE: 07/01/08

FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1210 PAC: 170 MAX FEE: \$ 312.66 EFF DATE: 07/01/08

FULL DESC:ADDITION TO TLSO, (LOW PROFILE); LATERAL THORACIC EXTENSION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L1220 PAC: 170 MAX FEE: \$ 143.42 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC EXTENSION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1230 PAC: 170 MAX FEE: \$ 364.73 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); MILWAUKEE TYPE SUPERSTRUCTURE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1240 PAC: 170 MAX FEE: \$ 78.16 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); LUMBAR DEROTATION PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1250 PAC: 170 MAX FEE: \$ 47.39 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); ANTERIOR ASIS PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1260 PAC: 170 MAX FEE: \$ 74.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC DEROTATION PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1270 PAC: 170 MAX FEE: \$ 74.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); ABDOMINAL PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L1280 PAC: 170 MAX FEE: \$ 75.65 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); RIB GUSSET (ELASTIC), EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L1290 PAC: 170 MAX FEE: \$ 66.57 EFF DATE: 07/01/08

FULL DESC: ADDITION TO TLSO, (LOW PROFILE); LATERAL TROCHANTERIC PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ OTHER SCOLIOSIS PROCEDURES

L1300 PAC: 170 MAX FEE: \$ 1038.65 EFF DATE: 07/01/08

FULL DESC: OTHER SCOLIOSIS PROCEDURE; BODY JACKET MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1310 PAC: 170 MAX FEE: \$ 1006.99 EFF DATE: 07/01/08

FULL DESC: OTHER SCOLIOSIS PROCEDURE; POST-OPERATIVE BODY JACKET

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 3.00

L1499 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/88

FULL DESC: SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

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+ THORACIC-HIP-KNEE-ANKLE

L1500 PAC: 170 MAX FEE: \$ 960.51 EFF DATE: 07/01/08

FULL DESC:THORACIC-HIP-KNEE-ANKLE-ORTHOSIS (THKAO); MOBILITY FRAME
(NEWINGTON, PARAPODIUM TYPES)

POS: 11 12 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

L1510 PAC: 170 MAX FEE: \$ 685.40 EFF DATE: 07/01/08

FULL DESC:THORACIC HIP KNEE ANKLE ORTHOSIS; STANDING FRAME, WITH OR WITHOUT
TRAY AND ACCESSORIES

POS: 11 12 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: N COPAY: \$ 3.00

L1520 PAC: 170 MAX FEE: \$ 1528.96 EFF DATE: 07/01/08

FULL DESC:THKAO, SWIVEL WALKER

POS: 11 12 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 1 YEAR NH: N COPAY: \$ 3.00

+ LOWER LIMB - HIP-FLEXIBLE

L1600 PAC: 170 MAX FEE: \$ 64.33 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA
TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1610 PAC: 170 MAX FEE: \$ 30.58 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA
COVER ONLY),PERFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

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L1620 PAC: 170 MAX FEE: \$ 77.50 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1630 PAC: 170 MAX FEE: \$ 137.09 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1640 PAC: 170 MAX FEE: \$ 303.96 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1650 PAC: 170 MAX FEE: \$ 182.42 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1652 PAC: 170 MAX FEE: \$ 289.84 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L1660 PAC: 170 MAX FEE: \$ 79.09 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1680 PAC: 170 MAX FEE: \$ 437.59 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC
CONTROL, ADJUSTABLE HIP MOTION CONTROL, HIGH CUFFS (RANCHO HIP ACTION TYPE),
CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1685 PAC: 170 MAX FEE: \$ 695.91 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP
ABDUCTION TYPE, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1686 PAC: 170 MAX FEE: \$ 769.53 EFF DATE: 07/01/08

FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP
ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ LEGG PERTHES

L1690 PAC: 170 MAX FEE: \$ 1517.14 EFF DATE: 07/01/08

FULL DESC:COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING
ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L1700 PAC: 170 MAX FEE: \$ 907.90 EFF DATE: 07/01/08

FULL DESC:LEGG PERTHES ORTHOSIS,(TORONTO TYPE), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1710 PAC: 170 MAX FEE: \$ 1001.74 EFF DATE: 07/01/08

FULL DESC:LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1720 PAC: 170 MAX FEE: \$ 757.09 EFF DATE: 07/01/08

FULL DESC:LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1730 PAC: 170 MAX FEE: \$ 680.79 EFF DATE: 07/01/08

FULL DESC:LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1755 PAC: 170 MAX FEE: \$ 1311.13 EFF DATE: 07/01/08

FULL DESC:LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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+ KNEE

L1800 PAC: 170 MAX FEE: \$ 48.50 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

L1810 PAC: 170 MAX FEE: \$ 63.59 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1815 PAC: 170 MAX FEE: \$ 75.65 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1820 PAC: 170 MAX FEE: \$ 74.11 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1825 PAC: 170 MAX FEE: \$ 29.51 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

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L1830 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1831 PAC: 170 MAX FEE: \$ 106.05 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS,
PREFABRICATED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L1832 PAC: 170 MAX FEE: \$ 477.05 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC),
POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1834 PAC: 170 MAX FEE: \$ 449.81 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1836 PAC: 170 MAX FEE: \$ 108.47 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE
MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1840 PAC: 170 MAX FEE: \$ 358.62 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE
LIGAMENT, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L1843 PAC: 170 MAX FEE: \$ 419.46 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1844 PAC: 170 MAX FEE: \$ 605.14 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1845 PAC: 170 MAX FEE: \$ 621.27 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1846 PAC: 170 MAX FEE: \$ 874.43 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1847 PAC: 170 MAX FEE: \$ 451.26 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L1850 PAC: 170 MAX FEE: \$ 218.82 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1860 PAC: 170 MAX FEE: \$ 705.43 EFF DATE: 07/01/08

FULL DESC:KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2005 PAC: 170 MAX FEE: \$ 1727.10 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ANKLE-FOOT

L1900 PAC: 170 MAX FEE: \$ 182.42 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1901 PAC: 170 MAX FEE: \$ 14.38 EFF DATE: 07/01/08

FULL DESC:ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 1.00

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L1902 PAC: 170 MAX FEE: \$ 77.66 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1904 PAC: 170 MAX FEE: \$ 453.85 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1906 PAC: 170 MAX FEE: \$ 110.94 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1907 PAC: 170 MAX FEE: \$ 316.33 EFF DATE: 07/01/08

FULL DESC:AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1910 PAC: 170 MAX FEE: \$ 168.71 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1920 PAC: 170 MAX FEE: \$ 212.74 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L1930 PAC: 170 MAX FEE: \$ 169.57 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1932 PAC: 170 MAX FEE: \$ 404.00 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON
FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1940 PAC: 170 MAX FEE: \$ 285.76 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1945 PAC: 170 MAX FEE: \$ 778.58 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR
REACTION), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1950 PAC: 170 MAX FEE: \$ 516.69 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE
TYPE), PLASTIC, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1951 PAC: 170 MAX FEE: \$ 369.06 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE
TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L1960 PAC: 170 MAX FEE: \$ 285.76 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1970 PAC: 170 MAX FEE: \$ 369.06 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1971 PAC: 170 MAX FEE: \$ 369.06 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1980 PAC: 170 MAX FEE: \$ 230.93 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORTHOSIS), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L1990 PAC: 170 MAX FEE: \$ 261.50 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR BK ORTHOSIS), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ HIP-KNEE-ANKLE-FOOT

L2000 PAC: 170 MAX FEE: \$ 548.32 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2010 PAC: 170 MAX FEE: \$ 669.57 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2020 PAC: 170 MAX FEE: \$ 852.24 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR AK ORTHOSIS), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2030 PAC: 170 MAX FEE: \$ 777.12 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR AK ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2034 PAC: 170 MAX FEE: \$ 1727.54 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L2035 PAC: 170 MAX FEE: \$ 134.56 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE),
WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: \$ 0.00

L2036 PAC: 170 MAX FEE: \$ 1017.63 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR
WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ TORSION CONTROL

L2040 PAC: 170 MAX FEE: \$ 159.36 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION
STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2050 PAC: 170 MAX FEE: \$ 273.64 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION
CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2060 PAC: 170 MAX FEE: \$ 369.06 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION
CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L2070 PAC: 170 MAX FEE: \$ 89.64 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2080 PAC: 170 MAX FEE: \$ 249.37 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2090 PAC: 170 MAX FEE: \$ 289.97 EFF DATE: 07/01/08

FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ FRACTURE ORTHOSES

L2106 PAC: 170 MAX FEE: \$ 321.73 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2108 PAC: 170 MAX FEE: \$ 806.85 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L2112 PAC: 170 MAX FEE: \$ 507.31 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,
SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2114 PAC: 170 MAX FEE: \$ 529.49 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,
SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2116 PAC: 170 MAX FEE: \$ 605.14 EFF DATE: 07/01/08

FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,
RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2126 PAC: 170 MAX FEE: \$ 922.83 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST
ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2128 PAC: 170 MAX FEE: \$ 1008.57 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST
ORTHOSIS, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2132 PAC: 170 MAX FEE: \$ 704.98 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE
CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L2134 PAC: 170 MAX FEE: \$ 738.12 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2136 PAC: 170 MAX FEE: \$ 1008.57 EFF DATE: 07/01/08

FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS TO FRACTURE ORTHOSIS

L2180 PAC: 170 MAX FEE: \$ 96.83 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; PLASTIC SHOE INSERT, WITH ANKLE JOINTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2182 PAC: 170 MAX FEE: \$ 70.61 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; DROP LOCK KNEE JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2184 PAC: 170 MAX FEE: \$ 74.87 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; LIMITED MOTION KNEE JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

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L2186 PAC: 170 MAX FEE: \$ 100.86 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; ADJUSTABLE
MOTION KNEE JOINT, LERMAN TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2188 PAC: 170 MAX FEE: \$ 189.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; QUADRILATERAL
BRIM

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2190 PAC: 170 MAX FEE: \$ 59.51 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; WAIST BELT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2192 PAC: 170 MAX FEE: \$ 307.61 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; HIP JOINT,
PELVIC BAND, THIGH FLANGE, AND PELVIC BELT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ ADDITIONS TO LOWER EXTREMITY ORTHOSIS - ADDITIONS-SHOE-ANKLE-SHIN-KNEE

L2200 PAC: 170 MAX FEE: \$ 44.69 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; LIMITED ANKLE MOTION, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

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L2210 PAC: 170 MAX FEE: \$ 34.89 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2220 PAC: 170 MAX FEE: \$ 44.69 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2230 PAC: 170 MAX FEE: \$ 66.86 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2232 PAC: 170 MAX FEE: \$ 60.60 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L2240 PAC: 170 MAX FEE: \$ 66.54 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; ROUND CALIPER AND PLATE ATTACHMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2250 PAC: 170 MAX FEE: \$ 200.35 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2260 PAC: 170 MAX FEE: \$ 91.58 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; REINFORCED SOLID STIRRUP
(SCOTT-CRAIG TYPE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2270 PAC: 170 MAX FEE: \$ 48.61 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; VARUS/VALGUS CORRECTION
("T") STRAP, PADDED/LINED OR MALLEOLUS PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2275 PAC: 170 MAX FEE: \$ 91.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC
MODIFICATION, PADDED/LINED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2280 PAC: 170 MAX FEE: \$ 316.33 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; MOLDED INNER BOOT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2300 PAC: 170 MAX FEE: \$ 152.90 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; ABDUCTION BAR (BILATERAL
HIP INVOLVEMENT), JOINTED, ADJUSTABLE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2310 PAC: 170 MAX FEE: \$ 79.09 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; ABDUCTION BAR-STRAIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2320 PAC: 170 MAX FEE: \$ 316.33 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2330 PAC: 170 MAX FEE: \$ 474.51 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2335 PAC: 170 MAX FEE: \$ 186.59 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; ANTERIOR SWING BAND

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2340 PAC: 170 MAX FEE: \$ 321.61 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2350 PAC: 170 MAX FEE: \$ 485.05 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR "PTB" "AFO" ORTHOSSES)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2360 PAC: 170 MAX FEE: \$ 32.67 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; EXTENDED STEEL SHANK

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2370 PAC: 170 MAX FEE: \$ 325.77 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; PATTEN BOTTOM

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2375 PAC: 170 MAX FEE: \$ 70.61 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; TORSION CONTROL, ANKLE JOINT
AND HALF SOLID STIRRUP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2380 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; TORSION CONTROL, STRAIGHT KNEE JOINT,
EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2385 PAC: 170 MAX FEE: \$ 102.57 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; STRAIGHT KNEE JOINT, HEAVY DUTY,
EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2387 PAC: 170 MAX FEE: \$ 121.03 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FAB
RICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 3.00

L2390 PAC: 170 MAX FEE: \$ 105.90 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

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L2395 PAC: 170 MAX FEE: \$ 121.03 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, HEAVY DUTY,
EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2397 PAC: 170 MAX FEE: \$ 85.80 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5685 PAC: 170 MAX FEE: \$ 85.85 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/
SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS

L2405 PAC: 170 MAX FEE: \$ 61.57 EFF DATE: 07/01/08

FULL DESC: ADDITION TO KNEE JOINT, DROP LOCK, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2415 PAC: 170 MAX FEE: \$ 81.03 EFF DATE: 07/01/08

FULL DESC: ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL,
CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

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L2425 PAC: 170 MAX FEE: \$ 95.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO KNEE JOINT; DISC OR DIAL LOCK FOR ADJUSTABLE
KNEE FLEXION, EACH JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2430 PAC: 170 MAX FEE: \$ 95.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE
KNEE EXTENSION, EACH JOINT.

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2492 PAC: 170 MAX FEE: \$ 105.90 EFF DATE: 07/01/08

FULL DESC: ADDITION TO KNEE JOINT; LIFT LOOP FOR DROP LOCK RING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

+ ADDITIONS-THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT

L2500 PAC: 170 MAX FEE: \$ 276.27 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; GLUTEAL/ISCHIAL
WEIGHT BEARING, RING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2510 PAC: 170 MAX FEE: \$ 395.42 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING;
QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2520 PAC: 170 MAX FEE: \$ 474.51 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING;
QUADRILATERAL BRIM, CUSTOM FITTING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2525 PAC: 170 MAX FEE: \$ 1008.57 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL
CONTAINMENT/NARROW M-I BRIM MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2526 PAC: 170 MAX FEE: \$ 796.76 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL
CONTAINMENT/NARROW M-I BRIM, CUSTOM FITTED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2530 PAC: 170 MAX FEE: \$ 158.19 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER,
NON-MOLDED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2540 PAC: 170 MAX FEE: \$ 215.11 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER,
MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2550 PAC: 170 MAX FEE: \$ 302.56 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; HIGH ROLL CUFF

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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+ ADDITIONS-PELVIC AND THORACIC CONTROL

L2570 PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,
CLEVIS TYPE TWO POSITION JOINT; EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2580 PAC: 170 MAX FEE: \$ 66.45 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PELVIC SLING

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2600 PAC: 170 MAX FEE: \$ 255.18 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS
TYPE, OR THRUST BEARING; FREE, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2610 PAC: 170 MAX FEE: \$ 133.92 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS
TYPE OR TRUST BEARING; LOCK, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2620 PAC: 170 MAX FEE: \$ 257.19 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
HEAVY DUTY, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2622 PAC: 170 MAX FEE: \$ 400.05 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
ADJUSTABLE FLEXION, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2624 PAC: 170 MAX FEE: \$ 473.01 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2627 PAC: 170 MAX FEE: \$ 1175.98 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PLASTIC, MOLDED
TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2628 PAC: 170 MAX FEE: \$ 1270.80 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; METAL FRAME,
RECIPROCATING HIP JOINT AND CABLES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2630 PAC: 170 MAX FEE: \$ 126.53 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND
BELT, UNILATERAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2640 PAC: 170 MAX FEE: \$ 179.26 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT,
BILATERAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2650 PAC: 170 MAX FEE: \$ 66.96 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL; GLUTEAL PAD, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2660 PAC: 170 MAX FEE: \$ 79.09 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, THORACIC BAND

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2670 PAC: 170 MAX FEE: \$ 73.81 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, PARASPINAL UPRIGHTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2680 PAC: 170 MAX FEE: \$ 68.55 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ ADDITIONS-GENERAL - LOWER EXTREMITY

L2750 PAC: 170 MAX FEE: \$ 24.26 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; PLATING CHROME OR NICKEL, PER BAR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L2755 PAC: 170 MAX FEE: \$ 102.52 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2760 PAC: 170 MAX FEE: \$ 34.01 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; EXTENSION, PER EXTENSION PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2768 PAC: 170 MAX FEE: \$ 105.93 EFF DATE: 07/01/08

FULL DESC: ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L2770 PAC: 170 MAX FEE: \$ 31.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; ANY MATERIAL, PER BAR OR JOINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2780 PAC: 170 MAX FEE: \$ 10.54 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; NON-CORROSIVE FINISH, PER BAR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2785 PAC: 170 MAX FEE: \$ 51.30 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; DROP LOCK RETAINER, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

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L2795 PAC: 170 MAX FEE: \$ 56.31 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL,
FULL KNEECAP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2800 PAC: 170 MAX FEE: \$ 73.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP,
MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2810 PAC: 170 MAX FEE: \$ 63.03 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL,
CONDYLAR PAD

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: \$ 0.00

L2820 PAC: 170 MAX FEE: \$ 106.91 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR
MOLDED PLASTIC, BELOW KNEE SECTION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2830 PAC: 170 MAX FEE: \$ 82.71 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR
MOLDED PLASTIC, ABOVE KNEE SECTION

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2840 PAC: 170 MAX FEE: \$ 28.23 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; TIBIAL LENGTH SOCK,
FRACTURE OR EQUAL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

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L2850 PAC: 170 MAX FEE: \$ 40.34 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY ORTHOSIS; FEMORAL LENGTH SOCK,
FRACTURE OR EQUAL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L2860 PAC: 170 MAX FEE: \$ 300.04 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY JOINT, KNEE, OR ANKLE, CONCENTRIC
ADJUSTABLE TORSION STYLE MECHANISM, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L2999 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/88

FULL DESC: LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 1.00

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ORTHOPEDIC SHOES, MODIFICATIONS, TRANSFERS

+ INSERT, REMOVABLE, MOLDED TO PATIENT MODEL

L3000 PAC: 170 MAX FEE: \$ 124.42 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL;
"UCB" TYPE, BERKELEY SHELL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3001 PAC: 170 MAX FEE: \$ 5.31 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SPENCO,
EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.50

L3002 PAC: 170 MAX FEE: \$ 57.99 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; PLASTAZOTE
OR EQUAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3003 PAC: 170 MAX FEE: \$ 189.81 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SILICONE
GEL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L3010 PAC: 170 MAX FEE: \$ 103.34 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL ARCH SUPPORT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3020 PAC: 170 MAX FEE: \$ 91.74 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL/METATARSAL SUPPORT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3030 PAC: 170 MAX FEE: \$ 92.36 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3031 PAC: 170 MAX FEE: \$ 102.52 EFF DATE: 07/01/08

FULL DESC: FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ARCH SUPPORT, REMOVABLE, PREMOLDED

L3040 PAC: 170 MAX FEE: \$ 12.76 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED; LONGITUDINAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

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L3050 PAC: 170 MAX FEE: \$ 15.94 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED; METATARSAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L3060 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED; LONGITUDINAL/
METATARSAL, EACH ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE,
EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE

L3070 PAC: 170 MAX FEE: \$ 13.71 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE; LONGITUDINAL,
EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L3080 PAC: 170 MAX FEE: \$ 18.98 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE;
METATARSAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L3090 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC: FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE;
LONGITUDINAL/METATARSAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L3100 PAC: 170 MAX FEE: \$ 38.33 EFF DATE: 07/01/08

FULL DESC:HALLUS-VALGUS NIGHT DYNAMIC SPLINT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

+ ABDUCTION AND ROTATION BARS

L3140 PAC: 170 MAX FEE: \$ 57.99 EFF DATE: 07/01/08

FULL DESC:FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3150 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

L3170 PAC: 170 MAX FEE: \$ 45.36 EFF DATE: 07/01/08

FULL DESC:FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

+ ORTHOPEDIC FOOTWEAR

L3201 PAC: 170 MAX FEE: \$ 89.77 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

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L3202 PAC: 170 MAX FEE: \$ 96.83 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3203 PAC: 170 MAX FEE: \$ 102.88 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: Y LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

L3204 PAC: 170 MAX FEE: \$ 76.65 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3206 PAC: 170 MAX FEE: \$ 70.61 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3207 PAC: 170 MAX FEE: \$ 76.65 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: Y LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

L3208 PAC: 170 MAX FEE: \$ 34.78 EFF DATE: 07/01/08

FULL DESC:SURGICAL BOOT, EACH; INFANT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

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L3209 PAC: 170 MAX FEE: \$ 34.78 EFF DATE: 07/01/08

FULL DESC: SURGICAL BOOT, EACH; CHILD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3211 PAC: 170 MAX FEE: \$ 34.78 EFF DATE: 07/01/08

FULL DESC: SURGICAL BOOT, EACH; JUNIOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

L3212 PAC: 170 MAX FEE: \$ 96.83 EFF DATE: 07/01/08

FULL DESC: BENESCH BOOT, PAIR; INFANT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 PAIRS PER YEAR NH: Y COPAY: \$ 0.00

L3213 PAC: 170 MAX FEE: \$ 96.83 EFF DATE: 07/01/08

FULL DESC: BENESCH BOOT, PAIR; CHILD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 PAIRS PER YEAR NH: Y COPAY: \$ 0.00

L3214 PAC: 170 MAX FEE: \$ 89.77 EFF DATE: 07/01/08

FULL DESC: BENESCH BOOT, PAIR; JUNIOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 3 PAIRS PER YEAR NH: Y COPAY: \$ 3.00

L3215 PAC: 170 MAX FEE: \$ 53.96 EFF DATE: 07/01/08

FULL DESC: ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

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L3216 PAC: 170 MAX FEE: \$ 70.60 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3217 PAC: 170 MAX FEE: \$ 75.65 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3219 PAC: 170 MAX FEE: \$ 59.00 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3221 PAC: 170 MAX FEE: \$ 75.64 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3222 PAC: 170 MAX FEE: \$ 80.70 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3224 PAC: 170 MAX FEE: \$ 53.97 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

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L3225 PAC: 170 MAX FEE: \$ 59.00 EFF DATE: 07/01/08

FULL DESC: ORTHOPEDIC FOOTWEAR, MANS SHOE, OXFORD USED AS AN INTEGRAL PART OF BRACE.

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

L3230 PAC: 170 MAX FEE: \$ 201.72 EFF DATE: 07/01/08

FULL DESC: ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 SHOES PER YEAR NH: Y COPAY: \$ 3.00

L3250 PAC: 170 MAX FEE: \$ 301.55 EFF DATE: 07/01/08

FULL DESC: ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

L3251 PAC: 170 MAX FEE: \$ 263.62 EFF DATE: 07/01/08

FULL DESC: FOOT, SHOE MOLDED TO PATIENT MODEL; SILICONE SHOE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

L3252 PAC: 170 MAX FEE: \$ 316.33 EFF DATE: 07/01/08

FULL DESC: FOOT, SHOE MOLDED TO PATIENT MODEL; PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

L3253 PAC: 170 MAX FEE: \$ 65.56 EFF DATE: 07/01/08

FULL DESC: FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

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L3254 PAC: 170 MAX FEE: \$ 42.18 EFF DATE: 07/01/08

FULL DESC:NON-STANDARD SIZE OR WIDTH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

L3255 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:NON-STANDARD SIZE OR LENGTH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

L3257 PAC: 170 MAX FEE: \$ 45.39 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 0.00

L3260 PAC: 170 MAX FEE: \$ 100.16 EFF DATE: 07/01/08

FULL DESC:SURGICAL BOOT/SHOE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

+ SHOE MODIFICATION - LIFTS

L3300 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; HEEL, TAPERED TO METATARSAL, PER INCH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3310 PAC: 170 MAX FEE: \$ 50.43 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; HEEL AND SOLE, NEOPRENE, PER INCH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L3320 PAC: 170 MAX FEE: \$ 34.26 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3330 PAC: 170 MAX FEE: \$ 45.39 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; METAL EXTENSION (SKATE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3332 PAC: 170 MAX FEE: \$ 30.25 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3334 PAC: 170 MAX FEE: \$ 47.39 EFF DATE: 07/01/08

FULL DESC:LIFT, ELEVATION; HEEL, PER INCH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ SHOE MODIFICATION - WEDGES

L3340 PAC: 170 MAX FEE: \$ 35.59 EFF DATE: 07/01/08

FULL DESC:HEEL WEDGE, SACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3350 PAC: 170 MAX FEE: \$ 15.13 EFF DATE: 07/01/08

FULL DESC:HEEL WEDGE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

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L3360 PAC: 170 MAX FEE: \$ 25.21 EFF DATE: 07/01/08

FULL DESC:SOLE WEDGE; OUTSIDE SOLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3370 PAC: 170 MAX FEE: \$ 40.34 EFF DATE: 07/01/08

FULL DESC:SOLE WEDGE; BETWEEN SOLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3380 PAC: 170 MAX FEE: \$ 45.39 EFF DATE: 07/01/08

FULL DESC:CLUBFOOT WEDGE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3390 PAC: 170 MAX FEE: \$ 40.34 EFF DATE: 07/01/08

FULL DESC:OUTFLARE WEDGE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3400 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:METATARSAL BAR WEDGE; ROCKER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3410 PAC: 170 MAX FEE: \$ 35.84 EFF DATE: 07/01/08

FULL DESC:METATARSAL BAR WEDGE; BETWEEN SOLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

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L3420 PAC: 170 MAX FEE: \$ 48.40 EFF DATE: 07/01/08

FULL DESC:FULL SOLE AND HEEL WEDGE; BETWEEN SOLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

+ SHOE MODIFICATION - HEELS

L3430 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC:HEEL; COUNTER, PLASTIC REINFORCED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3440 PAC: 170 MAX FEE: \$ 36.90 EFF DATE: 07/01/08

FULL DESC:HEEL; COUNTER, LEATHER REINFORCED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3450 PAC: 170 MAX FEE: \$ 70.61 EFF DATE: 07/01/08

FULL DESC:HEEL; SACH CUSHION TYPE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3455 PAC: 170 MAX FEE: \$ 10.02 EFF DATE: 07/01/08

FULL DESC:HEEL; NEW LEATHER, STANDARD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3460 PAC: 170 MAX FEE: \$ 17.40 EFF DATE: 07/01/08

FULL DESC:HEEL; NEW RUBBER, STANDARD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L3465 PAC: 170 MAX FEE: \$ 22.19 EFF DATE: 07/01/08

FULL DESC:HEEL; THOMAS WITH WEDGE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3470 PAC: 170 MAX FEE: \$ 18.14 EFF DATE: 07/01/08

FULL DESC:HEEL; THOMAS EXTENDED TO BALL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3480 PAC: 170 MAX FEE: \$ 31.64 EFF DATE: 07/01/08

FULL DESC:HEEL; PAD AND DEPRESSION FOR SPUR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3485 PAC: 170 MAX FEE: \$ 13.19 EFF DATE: 07/01/08

FULL DESC:HEEL; PAD, REMOVABLE FOR SPUR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ MISCELLANEOUS SHOE ADDITIONS

L3500 PAC: 170 MAX FEE: \$ 25.21 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3510 PAC: 170 MAX FEE: \$ 21.18 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

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L3520 PAC: 170 MAX FEE: \$ 25.21 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3530 PAC: 170 MAX FEE: \$ 32.28 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, SOLE, HALF

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3540 PAC: 170 MAX FEE: \$ 25.21 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, SOLE, FULL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 0.00

L3550 PAC: 170 MAX FEE: \$ 24.21 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3560 PAC: 170 MAX FEE: \$ 18.98 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L3570 PAC: 170 MAX FEE: \$ 60.52 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L3580 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3590 PAC: 170 MAX FEE: \$ 24.26 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

L3595 PAC: 170 MAX FEE: \$ 30.58 EFF DATE: 07/01/08

FULL DESC:ORTHOPEDIC SHOE ADDITION, MARCH BAR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ TRANSFER OR REPLACEMENT

L3600 PAC: 170 MAX FEE: \$ 50.43 EFF DATE: 07/01/08

FULL DESC:TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER
PLATE EXISTING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: Y COPAY: \$ 0.00

L3610 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC:TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER PLATE
NEW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: Y COPAY: \$ 0.00

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L3620 PAC: 170 MAX FEE: \$ 50.43 EFF DATE: 07/01/08

FULL DESC:TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP EXISTING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: Y COPAY: \$ 0.00

L3630 PAC: 170 MAX FEE: \$ 80.69 EFF DATE: 07/01/08

FULL DESC:TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP NEW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: Y COPAY: \$ 0.00

L3640 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 6 PER YEAR NH: Y COPAY: \$ 0.00

L3649 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/88

FULL DESC:ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

+ DIABETIC SHOE SUPPLIES

A5500 PAC: 170 MAX FEE: \$ 73.11 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

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A5501 PAC: 170 MAX FEE: \$ 175.55 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 3.00

A5503 PAC: 170 MAX FEE: \$ 29.62 EFF DATE: 07/01/08

FULL DESC:FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

A5504 PAC: 170 MAX FEE: \$ 29.62 EFF DATE: 07/01/08

FULL DESC:FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

A5505 PAC: 170 MAX FEE: \$ 29.62 EFF DATE: 07/01/08

FULL DESC:FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

A5506 PAC: 170 MAX FEE: \$ 29.62 EFF DATE: 07/01/08

FULL DESC:FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

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A5507 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 09/01/95

FULL DESC:FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 PER YEAR NH: Y COPAY: \$ 2.00

A5512 PAC: 170 MAX FEE: \$ 5.31 EFF DATE: 07/01/08

FULL DESC:FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGRES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENTS 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.50

A5513 PAC: 170 MAX FEE: \$ 25.58 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

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ORTHOTIC DEVICES

+ UPPER LIMB - SHOULDER

L3650 PAC: 170 MAX FEE: \$ 30.06 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 2.00

L3660 PAC: 170 MAX FEE: \$ 84.36 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER,
CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L3670 PAC: 170 MAX FEE: \$ 121.03 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE),
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L3675 PAC: 170 MAX FEE: \$ 125.30 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS
WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

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L3677 PAC: 170 MAX FEE: \$ 111.88 EFF DATE: 07/01/08

FULL DESC: SHOULDER, ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ ELBOW

L3700 PAC: 170 MAX FEE: \$ 24.26 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING
AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 1.00

L3710 PAC: 170 MAX FEE: \$ 54.84 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3720 PAC: 170 MAX FEE: \$ 289.97 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION,
CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3730 PAC: 170 MAX FEE: \$ 255.18 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/
FLEXION ASSIST, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3740 PAC: 170 MAX FEE: \$ 371.18 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3760 PAC: 170 MAX FEE: \$ 333.52 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ WRIST-HAND-FINGER

L3806 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3807 PAC: 170 MAX FEE: \$ 142.83 EFF DATE: 07/01/08

FULL DESC: WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 3.00

L3808 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC: WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3915 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S),
ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS - UPPER LIMB

L3890 PAC: 170 MAX FEE: \$ 300.04 EFF DATE: 07/01/08

FULL DESC:ADDITION TO UPPER EXTREMITY JOINT, WRIST, OR ELBOW, CONCENTRIC
ADJUSTABLE TORSION STYLE MECHANISM, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICES

E1800 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 06/01/96

FULL DESC:DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

E1800 RR PAC: 170 MAX FEE: \$ 4.12 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: 4 YEARS NH: N COPAY: \$ 0.00

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E1801 RR PAC: 170 MAX FEE: \$ 4.34 EFF DATE: 07/01/08

FULL DESC:STATIC PROGRESSIVE STRETCH ELBOW DEVICE, EXTENSION AND/OR FLEXION,
WITH OR WITHOUT RANGE OR MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND
ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1802 RR PAC: 170 MAX FEE: \$ 10.10 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES
SOFT INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1805 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 06/01/96

FULL DESC:DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

E1805 RR PAC: 170 MAX FEE: \$ 4.25 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: 4 YEARS NH: N COPAY: \$ 0.00

E1806 RR PAC: 170 MAX FEE: \$ 3.57 EFF DATE: 07/01/08

FULL DESC:STATIC PROGRESSIVE STRETCH WRIST DEVICE, FLEXION AND/OR EXTENSION,
WITH OR WITHOUT RANGE OR MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND
ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

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E1810 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 06/01/96

FULL DESC:DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

E1810 RR PAC: 170 MAX FEE: \$ 4.19 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E1811 RR PAC: 170 MAX FEE: \$ 4.51 EFF DATE: 07/01/08

FULL DESC:STATIC PROGRESSIVE STRETCH KNEE DEVICE, EXTENSION AND/OR FLEXION,
WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INLCUDES ALL COMPONENTS AND
ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1812 RR PAC: 170 MAX FEE: \$ 4.51 EFF DATE: 07/01/08

FULL DESC:DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE
CONTROL

POS: 12 31 32
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1815 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 06/01/96

FULL DESC:DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

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E1815 RR PAC: 170 MAX FEE: \$ 4.25 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: \$ 0.00

E1816 RR PAC: 170 MAX FEE: \$ 4.59 EFF DATE: 07/01/08

FULL DESC:STATIC PROGRESSIVE STRETCH ANKLE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INLCUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1818 RR PAC: 170 MAX FEE: \$ 4.69 EFF DATE: 07/01/08

FULL DESC:STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INLCUDES ALL COMPONENTS AND ACCESSORIES

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1825 RR PAC: 170 MAX FEE: \$ 4.25 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE, INCLUDES SOFT INTERFACE MATERIAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: \$ 0.00

E1840 RR PAC: 170 MAX FEE: \$ 12.87 EFF DATE: 07/01/08

FULL DESC:DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE, INCLUDES SOFT INTERFACE MATERIAL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 30 LIFE EXP: NH: Y COPAY: \$ 0.00

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L3900 PAC: 170 MAX FEE: \$ 1204.17 EFF DATE: 07/01/08

FULL DESC:WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST
EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-
FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3901 PAC: 170 MAX FEE: \$ 1223.17 EFF DATE: 07/01/08

FULL DESC:WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST
EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ EXTERNAL POWER

L3904 PAC: 170 MAX FEE: \$ 1998.17 EFF DATE: 07/01/08

FULL DESC:WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-
FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

+ OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED

L3906 PAC: 170 MAX FEE: \$ 237.26 EFF DATE: 07/01/08

FULL DESC:WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,
STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L3908 PAC: 170 MAX FEE: \$ 46.40 EFF DATE: 07/01/08

FULL DESC:WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

L3909 PAC: 170 MAX FEE: \$ 10.47 EFF DATE: 07/01/08

FULL DESC:WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING ADJUSTMENT
(E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L3911 PAC: 170 MAX FEE: \$ 14.88 EFF DATE: 07/01/08

FULL DESC:WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L3912 PAC: 170 MAX FEE: \$ 100.16 EFF DATE: 07/01/08

FULL DESC:HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3923 PAC: 170 MAX FEE: \$ 27.76 EFF DATE: 07/01/08

FULL DESC:HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,
STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 2.00

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L3925 PAC: 170 MAX FEE: \$ 59.07 EFF DATE: 07/01/08

FULL DESC:FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL(PIP)/DISTAL INTERPHALANGEAL(DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L3927 PAC: 170 MAX FEE: \$ 45.44 EFF DATE: 07/01/08

FULL DESC: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, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 2.00

L3929 PAC: 170 MAX FEE: \$ 80.00 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3931 PAC: 170 MAX FEE: \$ 85.15 EFF DATE: 07/01/08

FULL DESC:WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INLCUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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+ UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND - ABDUCTION POSITIONING-CUSTOM FIT

L3651 PAC: 170 MAX FEE: \$ 48.72 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 2.00

L3652 PAC: 170 MAX FEE: \$ 146.83 EFF DATE: 07/01/08

FULL DESC: SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L3671 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE
SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3672 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),
THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT
INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3673 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),
THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNUCKLE, MAY
INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3701 PAC: 170 MAX FEE: \$ 15.08 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 1.00

L3702 PAC: 170 MAX FEE: \$ 129.56 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3762 PAC: 170 MAX FEE: \$ 79.57 EFF DATE: 07/01/08

FULL DESC: ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L3763 PAC: 170 MAX FEE: \$ 159.86 EFF DATE: 07/01/08

FULL DESC: ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3764 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3765 PAC: 170 MAX FEE: \$ 180.06 EFF DATE: 07/01/08

FULL DESC:ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3766 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3905 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC:WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3913 PAC: 170 MAX FEE: \$ 76.60 EFF DATE: 07/01/08

FULL DESC:HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3919 PAC: 170 MAX FEE: \$ 36.20 EFF DATE: 07/01/08

FULL DESC:HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 2.00

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L3921 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC:HAND FINGER ORTHOSIS,INCLUDES ONE OR MORE NONTORSION JOINTS,
ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM
FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3933 PAC: 170 MAX FEE: \$ 58.52 EFF DATE: 07/01/08

FULL DESC:FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM
FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3935 PAC: 170 MAX FEE: \$ 79.09 EFF DATE: 07/01/08

FULL DESC:FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE,
CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3960 PAC: 170 MAX FEE: \$ 395.42 EFF DATE: 07/01/08

FULL DESC:SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE
DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3961 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC:SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT
JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES
FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3962 PAC: 170 MAX FEE: \$ 532.50 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS
PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3964 PAC: 170 MAX FEE: \$ 181.38 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,
BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3965 PAC: 170 MAX FEE: \$ 221.43 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,
BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3966 PAC: 170 MAX FEE: \$ 247.80 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,
BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3967 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3968 PAC: 170 MAX FEE: \$ 305.80 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3969 PAC: 170 MAX FEE: \$ 207.76 EFF DATE: 07/01/08

FULL DESC: SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3971 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3973 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3975 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L3976 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3977 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3978 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: 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

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS TO MOBILE ARM SUPPORTS

L3970 PAC: 170 MAX FEE: \$ 221.13 EFF DATE: 07/01/08

FULL DESC: SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L3972 PAC: 170 MAX FEE: \$ 121.03 EFF DATE: 07/01/08

FULL DESC: SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L3974 PAC: 170 MAX FEE: \$ 121.03 EFF DATE: 07/01/08

FULL DESC:SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ FRACTURE ORTHOSES

L3980 PAC: 170 MAX FEE: \$ 200.35 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS; HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3982 PAC: 170 MAX FEE: \$ 142.36 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3984 PAC: 170 MAX FEE: \$ 132.85 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ATTACHMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L3995 PAC: 170 MAX FEE: \$ 26.21 EFF DATE: 07/01/08

FULL DESC:ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.00

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L3999 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC:UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 3.00

+ SPECIFIC REPAIR - ORTHOSES

L4000 PAC: 170 MAX FEE: \$ 695.94 EFF DATE: 07/01/08

FULL DESC:REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4010 PAC: 170 MAX FEE: \$ 568.58 EFF DATE: 07/01/08

FULL DESC:REPLACE TRILATERAL SOCKET BRIM

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4020 PAC: 170 MAX FEE: \$ 838.28 EFF DATE: 07/01/08

FULL DESC:REPLACE QUADRILATERAL SOCKET BRIM; MOLDED TO PATIENT MODEL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4030 PAC: 170 MAX FEE: \$ 395.42 EFF DATE: 07/01/08

FULL DESC:REPLACE QUADRILATERAL SOCKET BRIM; CUSTOM FITTED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4040 PAC: 170 MAX FEE: \$ 358.50 EFF DATE: 07/01/08

FULL DESC:REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L4045 PAC: 170 MAX FEE: \$ 214.82 EFF DATE: 07/01/08

FULL DESC:REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4050 PAC: 170 MAX FEE: \$ 219.32 EFF DATE: 07/01/08

FULL DESC:REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4055 PAC: 170 MAX FEE: \$ 201.71 EFF DATE: 07/01/08

FULL DESC:REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4060 PAC: 170 MAX FEE: \$ 237.26 EFF DATE: 07/01/08

FULL DESC:REPLACE HIGH ROLL CUFF

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4070 PAC: 170 MAX FEE: \$ 89.64 EFF DATE: 07/01/08

FULL DESC:REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4080 PAC: 170 MAX FEE: \$ 50.09 EFF DATE: 07/01/08

FULL DESC:REPLACE METAL BANDS KAFO, PROXIMAL THIGH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L4090 PAC: 170 MAX FEE: \$ 47.71 EFF DATE: 07/01/08

FULL DESC:REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4100 PAC: 170 MAX FEE: \$ 66.54 EFF DATE: 07/01/08

FULL DESC:REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4110 PAC: 170 MAX FEE: \$ 47.46 EFF DATE: 07/01/08

FULL DESC:REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

L4130 PAC: 170 MAX FEE: \$ 337.42 EFF DATE: 07/01/08

FULL DESC:REPLACE PRETIBIAL SHELL

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ REPAIRS - ORTHOTIC

L4002 PAC: 170 MAX FEE: \$ 30.30 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 2.00

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L4210 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 04/01/90

FULL DESC:REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
(NOT TO BE USED FOR WHEELCHAIR SEATING SYSTEM)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 0.00

+ ANCILLARY ORTHOTIC SERVICES

L4350 PAC: 170 MAX FEE: \$ 66.57 EFF DATE: 07/01/08

FULL DESC:ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE
INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L4360 PAC: 170 MAX FEE: \$ 204.74 EFF DATE: 07/01/08

FULL DESC:WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT
INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L4370 PAC: 170 MAX FEE: \$ 70.61 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L4380 PAC: 170 MAX FEE: \$ 85.72 EFF DATE: 07/01/08

FULL DESC:PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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L4386 PAC: 170 MAX FEE: \$ 128.93 EFF DATE: 07/01/08

FULL DESC:WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L4392 PAC: 170 MAX FEE: \$ 16.22 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L4394 PAC: 170 MAX FEE: \$ 11.83 EFF DATE: 07/01/08

FULL DESC:REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 1.00

L4396 PAC: 170 MAX FEE: \$ 115.65 EFF DATE: 07/01/08

FULL DESC:STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L4398 PAC: 170 MAX FEE: \$ 53.24 EFF DATE: 07/01/08

FULL DESC:FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

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PROSTHETIC PROCEDURES

+ LOWER LIMB - PARTIAL FOOT

L5000 PAC: 170 MAX FEE: \$ 409.25 EFF DATE: 07/01/08

FULL DESC:PARTIAL FOOT; SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5010 PAC: 170 MAX FEE: \$ 986.11 EFF DATE: 07/01/08

FULL DESC:PARTIAL FOOT; MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5020 PAC: 170 MAX FEE: \$ 1605.19 EFF DATE: 07/01/08

FULL DESC:PARTIAL FOOT; MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

+ ANKLE

L5050 PAC: 170 MAX FEE: \$ 1858.89 EFF DATE: 07/01/08

FULL DESC:ANKLE, SYMES, MOLDED SOCKET, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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L5060 PAC: 170 MAX FEE: \$ 2237.19 EFF DATE: 07/01/08

FULL DESC:ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5703 PAC: 170 MAX FEE: \$ 2014.95 EFF DATE: 07/01/08

FULL DESC:ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ BELOW KNEE

L5100 PAC: 170 MAX FEE: \$ 2017.12 EFF DATE: 07/01/08

FULL DESC:BELOW KNEE; MOLDED SOCKET, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5105 PAC: 170 MAX FEE: \$ 2813.86 EFF DATE: 07/01/08

FULL DESC:BELOW KNEE; PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5971 PAC: 170 MAX FEE: \$ 204.02 EFF DATE: 07/01/08

FULL DESC:ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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+ KNEE DISARTICULATION

L5150 PAC: 170 MAX FEE: \$ 2844.42 EFF DATE: 07/01/08

FULL DESC:KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET;
EXTERNAL KNEE JOINTS, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5160 PAC: 170 MAX FEE: \$ 1755.66 EFF DATE: 07/01/08

FULL DESC:KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET; BENT
KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ABOVE KNEE

L5200 PAC: 170 MAX FEE: \$ 2675.77 EFF DATE: 07/01/08

FULL DESC:ABOVE KNEE; MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION
KNEE, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5210 PAC: 170 MAX FEE: \$ 1613.32 EFF DATE: 07/01/08

FULL DESC:ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"),
WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5220 PAC: 170 MAX FEE: \$ 2234.15 EFF DATE: 07/01/08

FULL DESC:ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"),
WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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L5230 PAC: 170 MAX FEE: \$ 3163.36 EFF DATE: 07/01/08

FULL DESC: ABOVE KNEE; FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, EACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ HIP DISARTICULATION

L5250 PAC: 170 MAX FEE: \$ 4202.66 EFF DATE: 07/01/08

FULL DESC: HIP DISARTICULATION; CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5270 PAC: 170 MAX FEE: \$ 4207.28 EFF DATE: 07/01/08

FULL DESC: HIP DISARTICULATION; TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ HEMIPELVECTOMY

L5280 PAC: 170 MAX FEE: \$ 4124.19 EFF DATE: 07/01/08

FULL DESC: HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

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+ ENDOSKELETAL - BELOW KNEE

L5301 PAC: 170 MAX FEE: \$ 2182.70 EFF DATE: 07/01/08

FULL DESC:BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL - KNEE DISARTICULATION

L5311 PAC: 170 MAX FEE: \$ 3439.00 EFF DATE: 07/01/08

FULL DESC:KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL - ABOVE KNEE

L5321 PAC: 170 MAX FEE: \$ 2910.56 EFF DATE: 07/01/08

FULL DESC:ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL - HIP DISARTICULATION

L5331 PAC: 170 MAX FEE: \$ 4262.92 EFF DATE: 07/01/08

FULL DESC:HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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+ ENDOSKELETAL - HEMIPELVECTOMY

L5341 PAC: 170 MAX FEE: \$ 4531.42 EFF DATE: 07/01/08

FULL DESC:HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM,
HIP JOINT, SINGLE AXIS KNEE, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ IMMEDIATE-EARLY-INITIAL-PREPARATORY/POST SURGICAL/FITTING PROCEDURES

L5400 PAC: 170 MAX FEE: \$ 974.85 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL
RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION AND ONE CAST
CHANGE, BELOW KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L5410 PAC: 170 MAX FEE: \$ 342.71 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF
INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION,
BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L5420 PAC: 170 MAX FEE: \$ 1231.20 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF
INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION
AND ONE CAST CHANGE "AK" OR KNEE DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

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L5430 PAC: 170 MAX FEE: \$ 416.51 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L5450 PAC: 170 MAX FEE: \$ 330.00 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF
NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L5460 PAC: 170 MAX FEE: \$ 441.67 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF
NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

+ INITIAL PROSTHESIS

L5500 PAC: 170 MAX FEE: \$ 1040.29 EFF DATE: 07/01/08

FULL DESC:INITIAL, BELOW KNEE, "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM,
PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5505 PAC: 170 MAX FEE: \$ 1407.82 EFF DATE: 07/01/08

FULL DESC:INITIAL, ABOVE KNEE, KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET,
NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

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+ PREPARATORY PROSTHESIS

L5510 PAC: 170 MAX FEE: \$ 1179.24 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM,
PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5520 PAC: 170 MAX FEE: \$ 1164.80 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM,
PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5530 PAC: 170 MAX FEE: \$ 1399.04 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM,
PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5535 PAC: 170 MAX FEE: \$ 1373.58 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO
COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5540 PAC: 170 MAX FEE: \$ 1466.05 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM,
PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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L5560 PAC: 170 MAX FEE: \$ 1574.28 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5570 PAC: 170 MAX FEE: \$ 1636.69 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5580 PAC: 170 MAX FEE: \$ 1910.72 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5585 PAC: 170 MAX FEE: \$ 2072.41 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5590 PAC: 170 MAX FEE: \$ 1947.16 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT LAMINATED SOCKET MOLDED TO MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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L5595 PAC: 170 MAX FEE: \$ 3261.42 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L5600 PAC: 170 MAX FEE: \$ 3601.58 EFF DATE: 07/01/08

FULL DESC:PREPARATORY, HIP DISARTICULATION - HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

+ ADDITIONS TO LOWER EXTREMITY

L5610 PAC: 170 MAX FEE: \$ 1212.62 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM.

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5611 PAC: 170 MAX FEE: \$ 1305.03 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5613 PAC: 170 MAX FEE: \$ 1985.03 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5614 PAC: 170 MAX FEE: \$ 1374.76 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE
DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5616 PAC: 170 MAX FEE: \$ 1196.93 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE,
UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5617 PAC: 170 MAX FEE: \$ 455.84 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE
KNEE OR BELOW KNEE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ TEST SOCKETS

L5618 PAC: 170 MAX FEE: \$ 227.80 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; SYMES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5620 PAC: 170 MAX FEE: \$ 236.20 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; BELOW KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5622 PAC: 170 MAX FEE: \$ 293.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; KNEE DISARTICUATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5624 PAC: 170 MAX FEE: \$ 294.48 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; ABOVE KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5626 PAC: 170 MAX FEE: \$ 308.95 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; HIP DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5628 PAC: 170 MAX FEE: \$ 391.08 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TEST SOCKET; HEMIPELVECTOMY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5629 PAC: 170 MAX FEE: \$ 254.17 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

+ SOCKET VARIATIONS

L5630 PAC: 170 MAX FEE: \$ 447.26 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SYMES TYPE; EXPANDABLE WALL
SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5631 PAC: 170 MAX FEE: \$ 355.89 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE
DISARTICULATION, ACRYLIC SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5632 PAC: 170 MAX FEE: \$ 179.85 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SYMES TYPE; "PTB" BRIM
DESIGN SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5634 PAC: 170 MAX FEE: \$ 274.33 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SYMES TYPE; POSTERIOR
OPENING (CANADIAN) SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5636 PAC: 170 MAX FEE: \$ 209.67 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SYMES TYPE; MEDIAL OPENING SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5637 PAC: 170 MAX FEE: \$ 267.30 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; TOTAL CONTACT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5638 PAC: 170 MAX FEE: \$ 485.05 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; LEATHER SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5639 PAC: 170 MAX FEE: \$ 908.14 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; WOOD SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5640 PAC: 170 MAX FEE: \$ 596.94 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION,
LEATHER SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5642 PAC: 170 MAX FEE: \$ 553.34 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5643 PAC: 170 MAX FEE: \$ 1527.98 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE
INNER SOCKET, EXTERNAL FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5644 PAC: 170 MAX FEE: \$ 478.42 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5645 PAC: 170 MAX FEE: \$ 646.28 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; FLEXIBLE INNER
SOCKET, EXTERNAL FRAME

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5646 PAC: 170 MAX FEE: \$ 443.80 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL,
CUSHION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5647 PAC: 170 MAX FEE: \$ 593.04 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; SUCTION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5648 PAC: 170 MAX FEE: \$ 594.28 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL,
CUSHION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5649 PAC: 170 MAX FEE: \$ 1597.60 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW
M-L SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5650 PAC: 170 MAX FEE: \$ 395.43 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR
KNEE DISARTICULATION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5651 PAC: 170 MAX FEE: \$ 972.73 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER
SOCKET, EXTERNAL FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5652 PAC: 170 MAX FEE: \$ 302.56 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE
KNEE OR KNEE DISARTICULATION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5653 PAC: 170 MAX FEE: \$ 525.13 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION,
EXPANDABLE WALL SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

+ SOCKET INSERT AND SUSPENSION

L5654 PAC: 170 MAX FEE: \$ 268.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; SYMES, (KEMBLO,
PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5655 PAC: 170 MAX FEE: \$ 230.62 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; BELOW KNEE
(KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5656 PAC: 170 MAX FEE: \$ 311.06 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; KNEE
DISARTICULATION, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5658 PAC: 170 MAX FEE: \$ 311.06 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; ABOVE KNEE,
(KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5661 PAC: 170 MAX FEE: \$ 492.91 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER,
SYMES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5665 PAC: 170 MAX FEE: \$ 414.74 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER,
BELOW KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5666 PAC: 170 MAX FEE: \$ 48.50 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; CUFF SUSPENSION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5668 PAC: 170 MAX FEE: \$ 61.17 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED DISTAL
CUSHION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5670 PAC: 170 MAX FEE: \$ 184.52 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED
SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5671 PAC: 170 MAX FEE: \$ 402.90 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION
LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5672 PAC: 170 MAX FEE: \$ 238.31 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; REMOVABLE MEDIAL
BRIM SUSPENSION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5673 PAC: 170 MAX FEE: \$ 640.31 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM
FABRICATED FROM EQUAL, FOR USE WITH LOCKING MECHANISM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L5676 PAC: 170 MAX FEE: \$ 293.52 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS,
SINGLE AXIS, PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5677 PAC: 170 MAX FEE: \$ 399.37 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS, POLYCENTRIC,
PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5678 PAC: 170 MAX FEE: \$ 13.19 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; JOINT COVERS, PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

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L5679 PAC: 170 MAX FEE: \$ 533.58 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5680 PAC: 170 MAX FEE: \$ 246.54 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER,
NON-MOLDED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5681 PAC: 170 MAX FEE: \$ 957.56 EFF DATE: 07/01/08

FULL DESC: 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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5682 PAC: 170 MAX FEE: \$ 516.69 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER,
GLUTEAL/ISCHIAL, MOLDED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5683 PAC: 170 MAX FEE: \$ 957.56 EFF DATE: 07/01/08

FULL DESC: 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)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L5684 PAC: 170 MAX FEE: \$ 31.64 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; FORK STRAP

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5686 PAC: 170 MAX FEE: \$ 36.90 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; BACK CHECK
(EXTENSION CONTROL)

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5688 PAC: 170 MAX FEE: \$ 43.23 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT, WEBBING

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5690 PAC: 170 MAX FEE: \$ 65.38 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT,
PADDED AND LINED

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5692 PAC: 170 MAX FEE: \$ 107.63 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT,
LIGHT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5694 PAC: 170 MAX FEE: \$ 103.34 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT,
PADDED AND LINED

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L5695 PAC: 170 MAX FEE: \$ 132.10 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL,
SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5696 PAC: 170 MAX FEE: \$ 149.86 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE
DISARTICULATION, PELVIC JOINT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5697 PAC: 170 MAX FEE: \$ 54.84 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE
DISARTICULATION, PELVIC BAND

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5698 PAC: 170 MAX FEE: \$ 79.09 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE
DISARTICULATION, SILESIA BANDAGE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L5699 PAC: 170 MAX FEE: \$ 151.03 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5700 PAC: 170 MAX FEE: \$ 2498.94 EFF DATE: 07/01/08

FULL DESC: REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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L5701 PAC: 170 MAX FEE: \$ 3100.16 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5702 PAC: 170 MAX FEE: \$ 3907.29 EFF DATE: 07/01/08

FULL DESC:REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5704 PAC: 170 MAX FEE: \$ 440.46 EFF DATE: 07/01/08

FULL DESC:CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5705 PAC: 170 MAX FEE: \$ 807.50 EFF DATE: 07/01/08

FULL DESC:CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5706 PAC: 170 MAX FEE: \$ 787.64 EFF DATE: 07/01/08

FULL DESC:CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L5707 PAC: 170 MAX FEE: \$ 1058.18 EFF DATE: 07/01/08

FULL DESC:CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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L6881 PAC: 170 MAX FEE: \$ 2634.89 EFF DATE: 07/01/08

FULL DESC:AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC
PROSTHETIC TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L6882 PAC: 170 MAX FEE: \$ 1998.99 EFF DATE: 07/01/08

FULL DESC:MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC
TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS-KNEE-SHIN SYSTEM - EXOSKELETAL

L5710 PAC: 170 MAX FEE: \$ 291.32 EFF DATE: 07/01/08

FULL DESC:ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
MANUAL LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5711 PAC: 170 MAX FEE: \$ 422.95 EFF DATE: 07/01/08

FULL DESC:ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
MANUAL LOCK, ULTRA-LIGHT MATERIAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5712 PAC: 170 MAX FEE: \$ 349.03 EFF DATE: 07/01/08

FULL DESC:ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5714 PAC: 170 MAX FEE: \$ 338.79 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
VARIABLE FRICTION SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5716 PAC: 170 MAX FEE: \$ 702.23 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC;
MECHANICAL STANCE PHASE LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5718 PAC: 170 MAX FEE: \$ 737.88 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC;
FRICTION SWING AND STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5722 PAC: 170 MAX FEE: \$ 731.32 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5724 PAC: 170 MAX FEE: \$ 1222.61 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
FLUID SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5726 PAC: 170 MAX FEE: \$ 1675.63 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
EXTERNAL JOINTS FLUID SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5728 PAC: 170 MAX FEE: \$ 1927.36 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
FLUID SWING AND STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5780 PAC: 170 MAX FEE: \$ 927.36 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5781 PAC: 170 MAX FEE: \$ 3259.74 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB
VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5782 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB
VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5785 PAC: 170 MAX FEE: \$ 420.83 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT
MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5790 PAC: 170 MAX FEE: \$ 582.40 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT
MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5795 PAC: 170 MAX FEE: \$ 876.46 EFF DATE: 07/01/08

FULL DESC: ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION,
ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5840 PAC: 170 MAX FEE: \$ 1976.79 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR
MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5855 PAC: 170 MAX FEE: \$ 216.24 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP
EXTENSION ASSIST

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5925 PAC: 170 MAX FEE: \$ 235.27 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR
HIP DISARTICULATION, MANUAL LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5962 PAC: 170 MAX FEE: \$ 411.56 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE
OUTER SURFACE COVERING SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5964 PAC: 170 MAX FEE: \$ 789.47 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE
OUTER SURFACE COVERING SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5966 PAC: 170 MAX FEE: \$ 1016.97 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE
PROTECTIVE OUTER SURFACE COVERING SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5979 PAC: 170 MAX FEE: \$ 1755.90 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC
RESPONSE FOOT, ONE PIECE SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5981 PAC: 170 MAX FEE: \$ 2403.05 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

+ ADDITIONS-KNEE-SHIN SYSTEM - ENDOSKELETAL

L5810 PAC: 170 MAX FEE: \$ 394.35 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
MANUAL LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5811 PAC: 170 MAX FEE: \$ 590.74 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS;
MANUAL LOCK, ULTRA-LIGHT MATERIAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5812 PAC: 170 MAX FEE: \$ 457.88 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5814 PAC: 170 MAX FEE: \$ 2919.18 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5816 PAC: 170 MAX FEE: \$ 356.04 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5818 PAC: 170 MAX FEE: \$ 617.23 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING, AND STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5822 PAC: 170 MAX FEE: \$ 1397.87 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5824 PAC: 170 MAX FEE: \$ 1348.89 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5826 PAC: 170 MAX FEE: \$ 2430.59 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5828 PAC: 170 MAX FEE: \$ 2400.67 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5830 PAC: 170 MAX FEE: \$ 1172.96 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING PHASE CONTROL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5845 PAC: 170 MAX FEE: \$ 1460.24 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5848 PAC: 170 MAX FEE: \$ 876.06 EFF DATE: 07/01/08

FULL DESC: ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5850 PAC: 170 MAX FEE: \$ 75.65 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

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L5910 PAC: 170 MAX FEE: \$ 226.93 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5920 PAC: 170 MAX FEE: \$ 407.47 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP
DISARTICULATION, ALIGNABLE SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5930 PAC: 170 MAX FEE: \$ 2625.06 EFF DATE: 07/01/08

FULL DESC: ADDITION ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5940 PAC: 170 MAX FEE: \$ 344.93 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT
MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5950 PAC: 170 MAX FEE: \$ 630.18 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

L5960 PAC: 170 MAX FEE: \$ 942.27 EFF DATE: 07/01/08

FULL DESC: ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION,
ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 0.00

REPORT JOB: SWIJMPQD
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L5968 PAC: 170 MAX FEE: \$ 2856.56 EFF DATE: 07/01/08

FULL DESC: ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING
PHASE ACTIVE DORSIFLEXION FEATURE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5970 PAC: 170 MAX FEE: \$ 176.98 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES; FOOT, EXTERNAL KEEL, SACH FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5972 PAC: 170 MAX FEE: \$ 231.97 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES; FLEXIBLE KEEL FOOT
(SAFE, STEN, BOCK DYNAMIC OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5974 PAC: 170 MAX FEE: \$ 128.08 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES; FOOT, SINGLE AXIS ANKLE/FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5975 PAC: 170 MAX FEE: \$ 364.43 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESIS; COMBINATION SINGLE AXIS ANKLE AND
FLEXIBLE KEEL FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5976 PAC: 170 MAX FEE: \$ 478.77 EFF DATE: 07/01/08

FULL DESC: ALL LOWER EXTREMITY PROSTHESES; ENERGY STORING FOOT
(SEATTLE CARBON COPY II OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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L5978 PAC: 170 MAX FEE: \$ 252.14 EFF DATE: 07/01/08

FULL DESC:ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5980 PAC: 170 MAX FEE: \$ 3094.79 EFF DATE: 07/01/08

FULL DESC:ALL LOWER EXTREMITY PROSTHESES; FLEX FOOT SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5982 PAC: 170 MAX FEE: \$ 558.75 EFF DATE: 07/01/08

FULL DESC:ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES; AXIAL ROTATION UNIT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5984 PAC: 170 MAX FEE: \$ 594.05 EFF DATE: 07/01/08

FULL DESC:ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT,
WITH OR WITHOUT ADJUSTABILITY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5985 PAC: 170 MAX FEE: \$ 220.22 EFF DATE: 07/01/08

FULL DESC:ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC
PYLON

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5986 PAC: 170 MAX FEE: \$ 560.76 EFF DATE: 07/01/08

FULL DESC:ALL LOWER EXTREMITY PROSTHESES; MULTI-AXIAL ROTATION UNIT
("MCP" OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

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L5987 PAC: 170 MAX FEE: \$ 5654.40 EFF DATE: 07/01/08

FULL DESC:ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL
LOADING PYLON

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5988 PAC: 170 MAX FEE: \$ 1570.37 EFF DATE: 07/01/08

FULL DESC:ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON
FEATURE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5995 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC:ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, OTHER
THAN FOOT OR KNEE, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 5 YEARS NH: Y COPAY: \$ 3.00

L5999 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/88

FULL DESC:LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 3.00

+ UPPER LIMB - PARTIAL HAND

L6000 PAC: 170 MAX FEE: \$ 1120.89 EFF DATE: 07/01/08

FULL DESC:PARTIAL HAND, ROBIN-AIDS; THUMB REMAINING (OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6010 PAC: 170 MAX FEE: \$ 1182.05 EFF DATE: 07/01/08

FULL DESC:PARTIAL HAND, ROBIN-AIDS; LITTLE AND/OR RING FINGER
REMAINING, (OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6020 PAC: 170 MAX FEE: \$ 1300.13 EFF DATE: 07/01/08

FULL DESC:PARTIAL HAND, ROBIN-AIDS; NO FINGER REMAINING (OR EQUAL)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6025 PAC: 170 MAX FEE: \$ 6519.48 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ WRIST DISARTICULATION

L6050 PAC: 170 MAX FEE: \$ 1512.84 EFF DATE: 07/01/08

FULL DESC:WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW
HINGES, TRICEPS PAD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6055 PAC: 170 MAX FEE: \$ 1730.70 EFF DATE: 07/01/08

FULL DESC:WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE
INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ BELOW ELBOW

L6100 PAC: 170 MAX FEE: \$ 1057.63 EFF DATE: 07/01/08

FULL DESC:BELOW ELBOW, MOLDED SOCKET; FLEXIBLE ELBOW HINGE,
TRICEPS PAD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6110 PAC: 170 MAX FEE: \$ 1057.63 EFF DATE: 07/01/08

FULL DESC:BELOW ELBOW, MOLDED SOCKET; (MUENSTER OR NORTHWESTERN
SUSPENSION TYPES)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6120 PAC: 170 MAX FEE: \$ 1244.26 EFF DATE: 07/01/08

FULL DESC:BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STEP-UP
HINGES, HALF CUFF

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6130 PAC: 170 MAX FEE: \$ 1228.44 EFF DATE: 07/01/08

FULL DESC:BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STUMP
ACTIVATED LOCKING HINGE, HALF CUFF

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ELBOW DISARTICULATION

L6200 PAC: 170 MAX FEE: \$ 1492.05 EFF DATE: 07/01/08

FULL DESC:ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING
HINGE, FOREARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6205 PAC: 170 MAX FEE: \$ 2970.21 EFF DATE: 07/01/08

FULL DESC: ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE
INTERFACE, OUTSIDE LOCKING HINGES, FOREARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ABOVE ELBOW

L6250 PAC: 170 MAX FEE: \$ 1455.16 EFF DATE: 07/01/08

FULL DESC: ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING
ELBOW, FOREARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ SHOULDER DISARTICULATION

L6300 PAC: 170 MAX FEE: \$ 1697.68 EFF DATE: 07/01/08

FULL DESC: SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD,
HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6310 PAC: 170 MAX FEE: \$ 1977.10 EFF DATE: 07/01/08

FULL DESC: SHOULDER DISARTICULATION, PASSIVE RESTORATION;
(COMPLETE PROSTHESIS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6320 PAC: 170 MAX FEE: \$ 1207.34 EFF DATE: 07/01/08

FULL DESC: SHOULDER DISARTICULATION, PASSIVE RESTORATION;
(SHOULDER CAP ONLY)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ INTERSCAPULAR THORACIC

L6350 PAC: 170 MAX FEE: \$ 1818.94 EFF DATE: 07/01/08

FULL DESC: INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BULKHEAD,
HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

L6360 PAC: 170 MAX FEE: \$ 2615.04 EFF DATE: 07/01/08

FULL DESC: INTERSCAPULAR THORACIC; PASSIVE RESTORATION
(COMPLETE PROSTHESIS)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6370 PAC: 170 MAX FEE: \$ 1096.64 EFF DATE: 07/01/08

FULL DESC: INTERSCAPULAR THORACIC; PASSIVE RESTORATION (SHOULDER CAP ONLY)

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ IMMEDIATE AND EARLY POST SURGICAL

L6380 PAC: 170 MAX FEE: \$ 1153.80 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

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L6382 PAC: 170 MAX FEE: \$ 1238.50 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L6384 PAC: 170 MAX FEE: \$ 1737.62 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L6386 PAC: 170 MAX FEE: \$ 383.26 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; EACH ADDITIONAL CAST CHANGE AND REALIGNMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

L6388 PAC: 170 MAX FEE: \$ 419.46 EFF DATE: 07/01/08

FULL DESC:IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF RIGID DRESSING ONLY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 MONTHS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL-BELOW ELBOW

L6400 PAC: 170 MAX FEE: \$ 1581.68 EFF DATE: 07/01/08

FULL DESC:BELOW ELBOW, MOLDED SOCKET ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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+ ENDOSKELETAL-ELBOW DISARTICULATION

L6450 PAC: 170 MAX FEE: \$ 2267.08 EFF DATE: 07/01/08

FULL DESC:ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM,
INCLUDING SOFT PROSTHETIC TISSUE SHAPING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL-ABOVE ELBOW

L6500 PAC: 170 MAX FEE: \$ 2267.08 EFF DATE: 07/01/08

FULL DESC:ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING
SOFT PROSTETIC TISSUE SHAPING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL-SHOULDER DISARTICULATION

L6550 PAC: 170 MAX FEE: \$ 2646.67 EFF DATE: 07/01/08

FULL DESC:SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL
SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ ENDOSKELETAL-INTERSCAPULAR THORACIC

L6570 PAC: 170 MAX FEE: \$ 2978.83 EFF DATE: 07/01/08

FULL DESC:INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL
SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

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L6580 PAC: 170 MAX FEE: \$ 1644.81 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L6582 PAC: 170 MAX FEE: \$ 1381.43 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L6584 PAC: 170 MAX FEE: \$ 2045.51 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L6588 PAC: 170 MAX FEE: \$ 2854.54 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

L6590 PAC: 170 MAX FEE: \$ 2104.87 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: \$ 3.00

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+ ADDITIONS TO UPPER EXTREMITY

L6600 PAC: 170 MAX FEE: \$ 68.55 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; POLYCENTRIC HINGE, PAIR

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6605 PAC: 170 MAX FEE: \$ 90.69 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SINGLE PIVOT HINGE, PAIR

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6610 PAC: 170 MAX FEE: \$ 126.53 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; FLEXIBLE METAL HINGE, PAIR

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6611 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED,
ADDITIONAL SWITCH, ANY TYPE

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6615 PAC: 170 MAX FEE: \$ 126.53 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; DISCONNECT LOCKING WRIST UNIT

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

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L6616 PAC: 170 MAX FEE: \$ 35.29 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; ADDITIONAL DISCONNECT INSERT
FOR LOCKING WRIST UNIT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6620 PAC: 170 MAX FEE: \$ 169.76 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR
WITHOUT FRICTION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6621 PAC: 170 MAX FEE: \$ 169.76 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH
OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L6623 PAC: 170 MAX FEE: \$ 231.97 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SPRING ASSISTED ROTATIONAL
WRIST UNIT WITH LATCH RELEASE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6624 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6625 PAC: 170 MAX FEE: \$ 68.55 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; ROTATION WRIST UNIT WITH CABLE LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

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L6628 PAC: 170 MAX FEE: \$ 296.53 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; QUICK DISCONNECT HOOK ADAPTER,
OTTO BOCK OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6629 PAC: 170 MAX FEE: \$ 158.00 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; QUICK DISCONNECT LAMINATION
COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6630 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; STAINLESS STEEL, ANY WRIST

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6632 PAC: 170 MAX FEE: \$ 42.36 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; LATEX SUSPENSION SLEEVE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6635 PAC: 170 MAX FEE: \$ 152.90 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; LIFT ASSIST FOR ELBOW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6637 PAC: 170 MAX FEE: \$ 295.52 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; NUDGE CONTROL ELBOW LOCK

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

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L6638 PAC: 170 MAX FEE: \$ 2037.32 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE,
ONLY FOR USE WITH MANUALLY POWERED ELBOW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6639 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6640 PAC: 170 MAX FEE: \$ 137.09 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SHOULDER ABDUCTION JOINT, PAIR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6641 PAC: 170 MAX FEE: \$ 159.73 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; EXCURSION AMPLIFIER, PULLEY TYPE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6642 PAC: 170 MAX FEE: \$ 100.86 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; EXCURSION AMPLIFIER, LEVER TYPE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6645 PAC: 170 MAX FEE: \$ 137.09 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SHOULDER FLEXION-ABUDCTION
JOINT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

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L6646 PAC: 170 MAX FEE: \$ 2569.54 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING,
FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR
EXTERNAL POWERED SYSTEM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6647 PAC: 170 MAX FEE: \$ 423.04 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED
ACTUATOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6648 PAC: 170 MAX FEE: \$ 2650.11 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED
ACTUATOR

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6650 PAC: 170 MAX FEE: \$ 158.19 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SHOULDER UNIVERSAL JOINT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 0.00

L6655 PAC: 170 MAX FEE: \$ 52.73 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; STANDARD CONTROL CABLE, EXTRA

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6660 PAC: 170 MAX FEE: \$ 36.90 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; HEAVY DUTY CONTROL CABLE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L6665 PAC: 170 MAX FEE: \$ 37.31 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; TEFLON, OR EQUAL, CABLE LINING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6670 PAC: 170 MAX FEE: \$ 31.64 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; HOOK TO HAND, CABLE ADAPTER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6672 PAC: 170 MAX FEE: \$ 121.26 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; HARNESS, CHEST OR SHOULDER,
SADDLE TYPE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6675 PAC: 170 MAX FEE: \$ 68.55 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE),
SINGLE CABLE DESIGN

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6676 PAC: 170 MAX FEE: \$ 91.74 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE),
DUAL CABLE DESIGN

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6677 PAC: 170 MAX FEE: \$ 91.74 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMUTANEOUS
OPERATION OF TERMINAL DEVICE AND ELBOW

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6680 PAC: 170 MAX FEE: \$ 142.36 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; TEST SOCKET, WRIST DISARTICULATION
OR BELOW ELBOW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6682 PAC: 170 MAX FEE: \$ 171.87 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; TEST SOCKET, ELBOW DISARTICULATION
OR ABOVE ELBOW

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6684 PAC: 170 MAX FEE: \$ 231.98 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; TEST SOCKET, SHOULDER DISARTICULATION
OR INTERSCAPULAR THORACIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6686 PAC: 170 MAX FEE: \$ 207.76 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SUCTION SOCKET

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6687 PAC: 170 MAX FEE: \$ 249.11 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; FRAME TYPE SOCKET, BELOW ELBOW
OR WRIST DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6688 PAC: 170 MAX FEE: \$ 398.37 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; FRAME TYPE SOCKET, ABOVE
ELBOW OR ELBOW DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L6689 PAC: 170 MAX FEE: \$ 545.62 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; FRAME TYPE SOCKET, SHOULDER
DISARTICULATION

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6690 PAC: 170 MAX FEE: \$ 604.13 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; FRAME TYPE SOCKET,
INTERSCAPULAR THORACIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6691 PAC: 170 MAX FEE: \$ 119.02 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; REMOVABLE INSERT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6692 PAC: 170 MAX FEE: \$ 484.11 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITIONS; SILICONE GEL INSERT OR EQUAL, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L6693 PAC: 170 MAX FEE: \$ 2231.71 EFF DATE: 07/01/08

FULL DESC:UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ TERMINAL DEVICES - HOOKS

L6706 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6707 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6805 PAC: 170 MAX FEE: \$ 312.46 EFF DATE: 07/01/08

FULL DESC:ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6810 PAC: 170 MAX FEE: \$ 148.25 EFF DATE: 07/01/08

FULL DESC:ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7009 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ TERMINAL DEVICES - HANDS

L6703 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6708 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6709 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7007 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7008 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/07

FULL DESC:ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L7611 PAC: 170 MAX FEE: \$ 227.86 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7612 PAC: 170 MAX FEE: \$ 805.58 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7613 PAC: 170 MAX FEE: \$ 532.47 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7614 PAC: 170 MAX FEE: \$ 752.25 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7621 PAC: 170 MAX FEE: \$ 950.21 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

L7622 PAC: 170 MAX FEE: \$ 1948.69 EFF DATE: 07/01/08

FULL DESC:TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: \$ 3.00

REPORT JOB: SWIJMPQD
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+ GLOVES FOR ABOVE HANDS

L6890 PAC: 170 MAX FEE: \$ 151.29 EFF DATE: 07/01/08

FULL DESC: ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL
DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6895 PAC: 170 MAX FEE: \$ 486.13 EFF DATE: 07/01/08

FULL DESC: ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE,
ANY MATERIAL, CUSTOM FABRICATED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ HAND RESTORATION

L6900 PAC: 170 MAX FEE: \$ 847.77 EFF DATE: 07/01/08

FULL DESC: HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED),
PARTIAL HAND; WITH GLOVE, THUMB OR ONE FINGER REMAINING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6905 PAC: 170 MAX FEE: \$ 883.64 EFF DATE: 07/01/08

FULL DESC: HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED),
PARTIAL HAND; WITH GLOVE, MULTIPLE FINGERS REMAINING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6910 PAC: 170 MAX FEE: \$ 801.38 EFF DATE: 07/01/08

FULL DESC: HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED),
PARTIAL HAND; WITH GLOVE, NO FINGERS REMAINING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6915 PAC: 170 MAX FEE: \$ 553.58 EFF DATE: 07/01/08

FULL DESC:HAND RESTORATION, (SHADING AND MEASUREMENTS INCLUDED),
RELACEMENT GLOVE FOR ABOVE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ EXTERNAL POWER - BASE DEVICES

L6920 PAC: 170 MAX FEE: \$ 6824.63 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6925 PAC: 170 MAX FEE: \$ 6792.66 EFF DATE: 07/01/08

FULL DESC:WRIST DISARTICULATION, EXTERNAL POWER, SELF SUSPENDED INNER
SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL; ELECTRODES,
CABLES, TWO BATTERIES AND ONE CHARGER, MYO ELECTRONIC CONTROL OF
TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6930 PAC: 170 MAX FEE: \$ 6573.06 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6935 PAC: 170 MAX FEE: \$ 6951.02 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6940 PAC: 170 MAX FEE: \$ 8488.00 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6945 PAC: 170 MAX FEE: \$ 9469.46 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6950 PAC: 170 MAX FEE: \$ 8472.25 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6955 PAC: 170 MAX FEE: \$ 9825.15 EFF DATE: 07/01/08

FULL DESC: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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L6960 PAC: 170 MAX FEE: \$10335.69 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6965 PAC: 170 MAX FEE: \$12244.20 EFF DATE: 07/01/08

FULL DESC: 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, MYO ELECTRONIC CONTROL OF TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6970 PAC: 170 MAX FEE: \$13106.07 EFF DATE: 07/01/08

FULL DESC: 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

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L6975 PAC: 170 MAX FEE: \$14445.98 EFF DATE: 07/01/08

FULL DESC: 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, MYO ELECTRONIC CONTROL OF TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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+ EXTERNAL POWER - TERMINAL DEVICES

L7040 PAC: 170 MAX FEE: \$ 2478.01 EFF DATE: 07/01/08

FULL DESC:PREHENSILE ACTUATOR, SWITCH CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7045 PAC: 170 MAX FEE: \$ 990.41 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ EXTERNAL POWER - ELBOW

L7170 PAC: 170 MAX FEE: \$ 4193.61 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW; HOSMER OR EQUAL, SWITCH CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7180 PAC: 170 MAX FEE: \$27957.38 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND
TERMINAL DEVICE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7185 PAC: 170 MAX FEE: \$ 4426.58 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH
CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

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L7186 PAC: 170 MAX FEE: \$ 6565.75 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL, SWITCH
CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L7190 PAC: 170 MAX FEE: \$ 4830.02 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL,
MYOELECTRONICALLY CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

L7191 PAC: 170 MAX FEE: \$ 6989.33 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL,
MYOELECTRONICALLY CONTROLLED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 0.00

+ EXTERNAL POWER - CONTROL MODULES

L7260 PAC: 170 MAX FEE: \$ 1522.93 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC WRIST ROTATOR; OTTO BOCK OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7261 PAC: 170 MAX FEE: \$ 2420.55 EFF DATE: 07/01/08

FULL DESC:ELECTRONIC WRIST ROTATOR; FOR UTAH ARM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L7266 PAC: 170 MAX FEE: \$ 819.59 EFF DATE: 07/01/08

FULL DESC:SERVO CONTROL, STEEPER OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7272 PAC: 170 MAX FEE: \$ 1658.07 EFF DATE: 07/01/08

FULL DESC:ANALOGUE CONTROL, UNB OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7274 PAC: 170 MAX FEE: \$ 4941.96 EFF DATE: 07/01/08

FULL DESC:PROPORTIONAL CONTROL, 6-12 VOLT, LIBERTY, UTAH OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

+ EXTERNAL POWER - BATTERY COMPONENTS

L7360 PAC: 170 MAX FEE: \$ 215.52 EFF DATE: 07/01/08

FULL DESC:SIX VOLT BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7362 PAC: 170 MAX FEE: \$ 189.62 EFF DATE: 07/01/08

FULL DESC:BATTERY CHARGER, SIX VOLT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7364 PAC: 170 MAX FEE: \$ 343.92 EFF DATE: 07/01/08

FULL DESC:TWELVE VOLT BATTERY, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

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L7366 PAC: 170 MAX FEE: \$ 428.63 EFF DATE: 07/01/08

FULL DESC: BATTERY CHARGER, TWELVE VOLT, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7367 PAC: 170 MAX FEE: \$ 317.19 EFF DATE: 07/01/08

FULL DESC: LITHIUM ION BATTERY, REPLACEMENT

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: \$ 3.00

L7368 PAC: 170 MAX FEE: \$ 411.18 EFF DATE: 07/01/08

FULL DESC: LITHIUM ION BATTERY CHARGER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 1 PER LIFETIME NH: Y COPAY: \$ 3.00

+ REPAIRS - PROSTHETIC

L7499 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 11/01/83

FULL DESC: UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 3.00

L7510 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 05/01/92

FULL DESC: REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS

POS: 11 12 22 24 31 32
PROV TYPES: VALID 24 26 36 37 54 58
BI: N PA REQ: \$ 150.00 LIFE EXP: NH: Y COPAY: \$ 3.00

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+ GENERAL - PROSTHESES

L7600 PAC: 170 MAX FEE: \$ 62.62 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 3.00

L8000 PAC: 170 MAX FEE: \$ 28.68 EFF DATE: 07/01/08

FULL DESC:BREAST PROSTHESIS; MASTECTOMY BRA

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 4 PER YEAR NH: Y COPAY: \$ 2.00

L8010 PAC: 170 MAX FEE: \$ 42.18 EFF DATE: 07/01/08

FULL DESC:BREAST PROSTHESIS; MASTECTOMY SLEEVE

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 2.00

L8015 PAC: 170 MAX FEE: \$ 44.59 EFF DATE: 07/01/08

FULL DESC:EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST
MASTECTOMY

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 2 PER YEAR NH: Y COPAY: \$ 2.00

L8020 PAC: 170 MAX FEE: \$ 164.13 EFF DATE: 07/01/08

FULL DESC:BREAST PROSTHESIS; MASTECTOMY FORM

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

L8030 PAC: 170 MAX FEE: \$ 215.83 EFF DATE: 07/01/08

FULL DESC:BREAST PROSTHESIS; SILICONE OR EQUAL

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

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L8039 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/99

FULL DESC: BREAST PROTHESIS, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: \$ 150.00 LIFE EXP: 3 YEARS NH: Y COPAY: \$ 3.00

+ ELASTIC SUPPORTS

A6501 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6502 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6503 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6504 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6505 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

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A6506 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6507 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6508 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6509 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6510 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

A6511 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: NH: Y COPAY: \$ 3.00

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A6512 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 10/01/03

FULL DESC: COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 6 PER YEAR NH: Y COPAY: \$ 3.00

A6513 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC: COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FRABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 6 PER YEAR NH: Y COPAY: \$ 3.00

A6530 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 0.50

A6531 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 1.00

A6532 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC: GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

A6533 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC: GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

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A6534 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

A6535 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6536 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT COMPRESSION STOCKING, FULL LENTH/CHAP STYLE, 18-30 MMHG,
EACHSTYLE, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6537 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT COMPRESSION STOCKING, FULL LENTH/CHAP STYLE, 30-40 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6538 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT COMPRESSION STOCKING, FULL LENTH/CHAP STYLE, 40-50 MMHG,
EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6539 PAC: 170 MAX FEE: \$ 86.47 EFF DATE: 07/01/08

FULL DESC:GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

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A6540 PAC: 170 MAX FEE: \$ 84.76 EFF DATE: 07/01/08

FULL DESC:GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6541 PAC: 170 MAX FEE: \$ 86.47 EFF DATE: 07/01/08

FULL DESC:GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6542 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC:GRADIENT COMPRESSION STOCKING, CUSTOM MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

A6544 PAC: 170 MAX FEE: \$ 41.85 EFF DATE: 07/01/08

FULL DESC:GRADIENT COMPRESSION STOCKING, GARTER BELT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 2.00

A6549 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 01/01/06

FULL DESC:GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8420 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

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S8421 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8422 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8423 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8424 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (SLEEVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8425 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8426 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

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S8427 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (GLOVE), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8428 PAC: 170 MAX FEE: \$ 0.01 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE AID (GAUNTLET), READY MADE

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

S8429 PAC: 11J MAX FEE: \$ 0.00 EFF DATE: 02/01/07

FULL DESC:GRADIENT PRESSURE EXTERIOR WRAP

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: \$ 3.00

+ TRUSSES

L8300 PAC: 170 MAX FEE: \$ 68.33 EFF DATE: 07/01/08

FULL DESC:TRUSS; SINGLE WITH STANDARD PAD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L8310 PAC: 170 MAX FEE: \$ 97.26 EFF DATE: 07/01/08

FULL DESC:TRUSS; DOUBLE WITH STANDARD PADS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 3.00

L8320 PAC: 170 MAX FEE: \$ 29.00 EFF DATE: 07/01/08

FULL DESC:TRUSS; ADDITION TO STANDARD PAD, WATER PAD

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

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L8330 PAC: 170 MAX FEE: \$ 39.99 EFF DATE: 07/01/08

FULL DESC:TRUSSES, ADDITION TO STANDARD PADS, SCROTAL PADS

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: \$ 0.00

+ PROSTHETIC SOCKS

L8400 PAC: 170 MAX FEE: \$ 10.53 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SHEATH; BELOW KNEE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 1.00

L8410 PAC: 170 MAX FEE: \$ 13.09 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SHEATH; ABOVE KNEE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 1.00

L8415 PAC: 170 MAX FEE: \$ 8.07 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SHEATH; UPPER LIMB, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 0.50

L8417 PAC: 170 MAX FEE: \$ 59.11 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE
OR ABOVE KNEE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: Y LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 3.00

L8420 PAC: 170 MAX FEE: \$ 17.00 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 1.00

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REPORT NAME: HMPRDM54

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L8430 PAC: 170 MAX FEE: \$ 22.19 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 1.00

L8435 PAC: 170 MAX FEE: \$ 9.08 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH

POS: 11 12 31 32

PROV TYPES: VALID 24 26 44 48 54 58

BI: Y PA REQ: N LIFE EXP: 12 PER YEAR NH: Y COPAY: \$ 0.50

L8440 PAC: 170 MAX FEE: \$ 21.10 EFF DATE: 07/01/08

FULL DESC:PROSTHETIC SHRINKER; BELOW KNEE, EACH

POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 3