

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

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

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

♦ **Home Health Equipment:** Gradient compression garments and burn garments; protective helmets; adaptive equipment; ambulation aids; bathing and hygiene equipment; hospital beds; decubitus care; patient lifts; augmentative communication devices; breast pumps, traction and positioning equipment; pneumatic pumps; modality equipment

♦ **Respiratory and Oxygen Equipment:** Oxygen systems; concentrators; humidifiers; compressors; nebulizers; suction equipment; ventilators; respiratory assist devices; airway clearance equipment

♦ **Wheelchair Equipment:** Manual wheelchairs, manual wheelchair accessories and features; power operated vehicles; power wheelchairs; power wheelchair accessories and features; wheelchair seating

♦ **Orthotics:** Cervical collars; diabetic and orthopedic shoes and inserts; splints and braces-upper and lower extremity orthotics, repair.

♦ **Prosthetics:** Upper and lower extremity prosthetic equipment, repair.

♦ **Specialty Equipment:** Implantable equipment such as catheters, pumps, stimulators, cochlear devices and osseointegrated equipment; Halo equipment; automatic external defibrillators; cranial remolding orthotics.

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

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

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

If you have questions regarding the following information, please contact the Division of Medicaid Services policy unit in

DME Policy Analyst
Policy Section
Division of Medicaid Services
P. O. Box 309
Madison, WI 53701-0309

Changes to the DME Index tables will be updated on a quarterly basis. As a reminder maximum allowable fees can be changed at any time without notification to providers. Providers should refer to the interactive maximum allowable fee schedule for durable medical equipment on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the most current reimbursement rates.

KEY TO DME INDEX and POLICY

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

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

Allowable Place of Service	<p>Equipment may only be provided in an allowable place of service. This column lists the specific place of service codes where a item may be issued. Additional policy notes are listed below. The place of service codes referenced include the following categories:</p> <p> 01 Pharmacy 03 School 04 Homeless Shelter 05 Indian Health Service Freestanding Facility 06 Indian Health Service Provider-based Facility 07 Tribal 638 Freestanding Facility 08 Tribal 638 Provider-based Facility 11 Office 12 Home 13 Assisted Living Facility 14 Group Home 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 31* Skilled Nursing Facility 32* Nursing Facility 33 Custodial Care Facility 49 Independent Clinic 50 Federally Qualified Health Center 54* Intermediate Care Facility/Mentally Retarded 71 Public Health Clinic 72 Rural Health Clinic </p> <p>*Skilled nursing facilities and facilities for the developmentally disabled are required to provide equipment that is reasonably associated with the care of residents as stated in the facility "Methods of Implementation." These items may not be billed separately from the facility per diem rate by a DME provider or the facility. The items are to be provided by the facility at no cost to the member, or member's family.</p> <p>Certain place of service codes are not allowable for DME listed in the DME Index Tables. For applicable coverage policy, see the appropriate Handbook areas for individual service areas including Hospice, Rehabilitation Facilities, and End-stage Renal Disease Treatment Facilities.</p> <p>Prison-Correctional Facilities (POS 09) are never covered for DME services.</p> <p>Policy Note: Wisconsin Administrative Code DHS 101.03 (50) defines durable medical equipment in part as equipment that "is appropriate for use in the home." For this reason, a provider must document provider confirmation that requested or issued DME meets this program requirement.</p>
-----------------------------------	--

Effective Date	Identifies the first date when the HCPCS code is available for use by Wisconsin Medicaid, or the most recent date when changes were made for the code.
-----------------------	--

Date of Service	Effective for dates of service (DOS) on and after July 1, 2016, when dispensing and shipping or mailing durable medical equipment (DME), ForwardHealth has defined the DOS as stated in ForwardHealth Update 2016-18.
------------------------	---

Cost Sharing	<p>Copayments amounts are NOT listed in the DME Index tables. ForwardHealth requires certified providers to collect copayments for equipment and services when applicable. ForwardHealth establishes the following co-payment amounts for BadgerCare Plus and Wisconsin Medicaid members. Some members may be exempt from copayments.</p> <table border="1"> <thead> <tr> <th>Item Max Fee</th><th>Copayment</th></tr> </thead> <tbody> <tr> <td>\$0.00 - \$10.00</td><td>\$0.50</td></tr> <tr> <td>\$10.01 - \$25.00</td><td>\$1.00</td></tr> <tr> <td>\$25.01 - \$50.00</td><td>\$2.00</td></tr> <tr> <td>\$50.01 and up</td><td>\$3.00</td></tr> </tbody> </table> <p>► Rental equipment is not subject to copayment, but rental payments do count towards the max fee of the item, and copayment is required if the equipment is later purchased.</p>	Item Max Fee	Copayment	\$0.00 - \$10.00	\$0.50	\$10.01 - \$25.00	\$1.00	\$25.01 - \$50.00	\$2.00	\$50.01 and up	\$3.00
Item Max Fee	Copayment										
\$0.00 - \$10.00	\$0.50										
\$10.01 - \$25.00	\$1.00										
\$25.01 - \$50.00	\$2.00										
\$50.01 and up	\$3.00										

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient			No Rental	N / \$50.43	2 Per 3 Months	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
A4635	Underarm pad, crutch, replacement, each			No Rental	N / \$4.55	2 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
A4636	Replacement, handgrip, cane, crutch, or walker, each			No Rental	N / \$3.74	2 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
A4637	Replacement, tip, cane, crutch, walker, each			No Rental	N / \$1.88	1 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient.			No Rental	N / \$39.86	1 Year	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope			No Rental	N / \$33.80	1 Per 2 Years	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
A4663	Blood pressure cuff only			No Rental	N / \$22.88	1 Per Year	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
A4670	Automatic blood pressure monitor			No Rental	N / \$63.90	1 Per 5 years	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 49, 50, 54, 71, 72
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	RA		No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6502	Compression burn garment, chin strap, custom fabricated	RA		No Rental	N / \$116.31	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6503	Compression burn garment, facial hood, custom fabricated	RA		No Rental	N / \$165.24	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6504	Compression burn garment, glove to wrist, custom fabricated	RT, LT, RA		No Rental	N / \$127.60	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6505	Compression burn garment, glove to elbow, custom fabricated	RT, LT, RA		No Rental	N / \$164.92	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6506	Compression burn garment, glove to axilla, custom fabricated	RT, LT, RA		No Rental	N / \$99.82	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6507	Compression burn garment, foot to knee length, custom fabricated	RT, LT, RA		No Rental	N / \$90.62	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6508	Compression burn garment, foot to thigh length, custom fabricated	RT, LT, RA		No Rental	N / \$116.77	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	RA		No Rental	N / \$238.11	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	RA		No Rental	N / \$390.57	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	RA		No Rental	N / \$260.42	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6512	Compression burn garment, not otherwise classified	RA		No Rental	N / See Topic #11697 or Update 2011-27	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	RA		No Rental	N / \$165.24	8 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	RT, LT		No Rental	N / \$23.93	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each		RT, LT	No Rental	N / \$37.43	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each		RT, LT	No Rental	N / \$54.77	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each		RT, LT	No Rental	N / \$43.50	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each		RT, LT	No Rental	N / \$49.51	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each		RT, LT	No Rental	N / \$95.03	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each		RT, LT	No Rental	N / \$38.80	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each		RT, LT	No Rental	N / \$85.25	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each		RT, LT	No Rental	N / \$129.00	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each			No Rental	N / \$86.47	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each			No Rental	N / \$142.65	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each			No Rental	N / \$142.65	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6544	Gradient compression stocking, garter belt		RT, LT	No Rental	N / \$41.85	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6545	Gradient compression wrap, non elastic, below knee, 30-50 mm Hg, each		RT, LT, RA	No Rental	N / \$94.83	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A6549	Gradient compression stocking/sleeve, not otherwise specified		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Each Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories			No Rental	N / \$85.85	2 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	11, 12, 13, 14, 19, 31, 32, 54
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories			No Rental	N / \$131.30	2 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	11, 12, 13, 14, 19, 31, 32, 54
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories			No Rental	N / \$135.85	2 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	11, 12, 13, 14, 19, 31, 32, 54
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories			No Rental	N / \$181.30	2 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	11, 12, 13, 14, 19, 31, 32, 54
A8004	Soft interface for helmet, replacement only			No Rental	N / \$75.75	2 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	11, 12, 13, 14, 19, 31, 32, 54
A9281	Reaching/grabbing device, any type, any length, each			No Rental	N / \$18.69	3 Years	In Rate	05, 24, 25	20080701	12, 13, 14
B9002	Enteral nutrition infusion pump--- with alarm	Primary	RR	180 / \$2.51	Y / \$1,133.19	5 Years	In Rate	05, 24, 25, 53	20160301	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	TW, RR	0 / \$1.26	Y / \$566.60					
B9004	Parenteral nutrition infusion pump, portable	Primary	RR	180 / \$5.02	Y / \$2,283.96	5 Years	Not In Rate	05, 24, 25, 53	20160301	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
		Backup	TW, RR	0 / \$2.51	Y / \$1,141.98					
B9006	Parenteral nutrition infusion pump, stationary	Primary	RR	180 / \$5.02	Y / \$2,283.96	5 Years	Not In Rate	05, 24, 25, 53	20160301	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
		Backup	TW, RR	0 / \$2.51	Y / \$1,141.98					

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip			No Rental	N / \$25.08	4 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0105	Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips			No Rental	N / \$61.54	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips			No Rental	N / \$103.19	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, complete with tip and handgrip			No Rental	N / \$70.81	4 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0112	Crutches, underarm, wood, adjustable or fixed, pair with pads, tips and handgrips			No Rental	N / \$41.84	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip			No Rental	N / \$23.90	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips			No Rental	N / \$62.76	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0118	Crutch substitute, lower leg platform, with or without wheels, each		RR	0 / \$1.58	No Purchase	5 Years	In Rate	05, 24, 25	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each			No Rental	N / \$36.90	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0130	Walker, rigid (pickup), adjustable or fixed height		RR	60 / \$0.19	N / \$57.35	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0135	Walker, folding (pickup), adjustable or fixed height		RR	60 / \$0.17	N / \$49.51	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0140	Walker, with trunk support, adjustable or fixed height		RR	0 / \$1.14	N / 342.10	5 Years	In Rate	04, 05, 17, 25, 77	20230101	12, 13, 14
E0141	Walker, rigid, wheeled, adjustable or fixed height		RR	60 / \$0.28	N / \$74.52	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0143	Walker, folding, wheeled, adjustable or fixed height		RR	60 / \$0.16	N / \$49.32	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 33, 49, 50, 71, 72
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance.		RR	60 / \$1.73	N / \$517.48	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each		RR	60 / \$0.32	N / \$96.14	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type		RR	60 / \$0.38	Y / \$113.30	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0153	Platform attachment, forearm crutch, each		RT LT	No Rental	N / \$58.96	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0154	Platform attachment, walker, each		RT LT	No Rental	N / \$59.78	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0155	Wheel attachment, rigid pick-up walker, per pair		RT LT	No Rental	N / \$27.75	4 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0156	Seat attachment, walker			No Rental	N / \$22.12	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0157	Crutch attachment, walker, each			No Rental	N / \$59.78	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0158	Leg extensions for walker, per set of 4			No Rental	N / \$26.74	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0159	Brake attachment for wheeled walker, replacement, each			No Rental	N / \$15.64	2 Per Year	In Rate	04, 05, 17, 24, 25, 53, 77	20180601	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0160	Sitz type bath or equipment, portable, used with or without commode			No Rental	N / \$36.39	1 Year	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)			No Rental	N / \$30.12	1 Year	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0162	Sitz bath chair			No Rental	N / \$12.10	4 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0163	Commode chair, mobile or stationary, with fixed arms		RR, RB < \$50	60 / \$0.20	N / \$59.68	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0165	Commode chair, mobile or stationary, with detachable arms			No Rental	N / \$130.30	5 Years	In Rate	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0167	Pail or pan for use with commode chair, replacement			No Rental	N / \$11.79	1 Year	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	RB		No Rental	N / \$120.56	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0175	Footrest, for use with commode chair, each			No Rental	Y / \$82.25	5 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0181	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy-duty	RR		60 / \$0.57	Y / \$171.60	1 Year	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0182	Pump for alternating pressure pad, for replacement only	RR		60 / \$1.06	Y / \$199.30	1 Year	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	RR		60 / \$0.50	Y / \$149.10	1 Year	In Rate	05, 24, 25, 53	20221001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0184	Dry pressure mattress			No Rental	Y / \$173.74	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width			0 / \$0.60	Y / \$180.88	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0186	Air pressure mattress	RR		60 / \$0.60	Y / \$179.50	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0187	Water pressure mattress	RR		60 / \$2.54	Y / \$382.24	3 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0188	Synthetic sheepskin pad			No Rental	N / \$23.60	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0189	Lambwool sheepskin pad, any size			No Rental	N / \$50.52	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0190	Positioning Cushion/pillow/wedge,any shape or size,includes all components and accessories(DME)	RA		No Rental	Y/Priced on PA		In Rate	04, 25, 53, 77, 78	20160901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
E0191	Heel or elbow protector, each			No Rental	N / \$8.90	2 Per Year	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
E0193	Powered air flotation bed (low air loss therapy)	RR		0 / \$19.81	No Purchase	N/A	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0194	Air fluidized bed	RR		0 / \$122.62	No Purchase	N/A	Not In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0196	Gel pressure mattress	RR		60 / \$1.20	Y / \$359.20	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0197	Air pressure pad for mattress, standard mattress length and width	RR		60 / \$0.64	Y / \$190.50	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0198	Water pressure pad for mattress, standard mattress length and width			No Rental	Y / \$191.64	3 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0199	Dry pressure pad for mattress, standard mattress length and width			No Rental	N / \$30.35	3 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element			No Rental	N / \$67.81	8 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0202	Phototherapy (bilirubin) light with photometer	RR		30 / \$55.00	No Purchase	N/A	In Rate	05, 24, 25, 53	20191101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model			No Rental	Y / \$240.00	5 Years	Not In Rate	05, 24, 25, 53	20190301	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0205	Heat lamp, with stand, includes bulb, or infrared element			No Rental	N / \$66.48	8 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0215	Electric heat pad, moist			No Rental	Y / \$25.21	5 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0240	Bath/shower chair, with or without wheels, any size	RB < \$50		No Rental	Y / Priced on PA	8 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0241	Bathtub wall rail, each			No Rental	N / \$26.91	2 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0242	Bathtub rail, floor base			No Rental	N / \$26.91	2 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0243	Toilet rail, each			No Rental	N / \$17.72	2 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0244	Raised toilet seat			No Rental	N / \$38.39	3 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0245	Tub stool or bench		RR	60 / \$0.52	N / \$56.84	5 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0246	Transfer tub rail attachment			No Rental	N / \$141.50	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0247	Transfer bench for tub or toilet with or without commode opening		RR, RB < \$50	60 / \$0.87	N / \$154.79	8 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening		RR	60 / \$0.87	N / \$230.28	8 Years	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0250	Hospital bed, fixed height, with any type side rails, with mattress		RR, RB < \$50	60 / \$2.08	Y / \$625.40	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0251	Hospital bed, fixed height, with any type side rails, without mattress		RR, RB < \$50	60 / \$2.05	Y / \$615.40	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress		RR, RB < \$50	60 / \$2.37	Y / \$709.60	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress		RR, RB < \$50	60 / \$1.98	Y / \$594.10	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress		RR, RB < \$50	60 / \$2.19	Y / \$656.00	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress		RR, RB < \$50	60 / \$2.04	Y / \$612.00	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0265	Hospital bed, total electric (head and foot adjustment and height adjustments), with any type side rails, with mattress		RR, RB < \$50	60 / \$6.10	Y / \$1,830.90	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0266	Hospital bed, total electric (head and foot adjustment and height adjustments), with any type side rails, without mattress		RR, RB < \$50	60 / \$4.17	Y / \$1,250.30	10 Years	In Rate	05, 24, 25, 53	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0271	Mattress, innerspring			No Rental	N / \$134.54	4 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0272	Mattress, foam rubber			No Rental	N / \$152.59	4 Years	In Rate	05, 24, 25, 53	20140401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0275	Bed pan, standard, metal or plastic			No Rental	N / \$8.28	2 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0276	Bed pan, fracture, metal or plastic			No Rental	N / \$8.28	2 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0277	Powered pressure -reducing air mattress		RR	60 / \$5.11	Y / \$1,533.50	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0290	Hospital bed, fixed height, without side rails, with mattress		RR, RB < \$50	60 / \$2.10	Y / \$628.50	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0291	Hospital bed, fixed height, without side rails, without mattress		RR, RB < \$50	60 / \$1.64	Y / \$491.10	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress		RR, RB < \$50	60 / \$2.37	Y / \$709.90	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress		RR, RB < \$50	60 / \$2.01	Y / \$602.80	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress		RR, RB < \$50	60 / \$2.34	Y / \$703.10	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress		RR, RB < \$50	60 / \$2.22	Y / \$666.50	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress		RR, RB < \$50	60 / \$3.74	Y / \$1,121.10	10 Years	In Rate	05, 24, 25, 53	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress		RR, RB < \$50	60 / \$4.21	Y / \$1,264.40	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress		RR, RB < \$50	60 / \$5.65	Y / \$1,695.10	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress		RR, RB < \$50	60 / \$15.62	Y / \$4,684.50	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress		RR, RB < \$50	60 / \$5.66	Y / \$1,699.40	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress		RR, RB < \$50	60 / \$16.39	Y / \$4,916.90	10 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0305	Bedside rails, half-length		RR	60 / \$0.89	N / \$110.62	8 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0310	Bedside rails, full-length		RR	60 / \$0.89	N / \$119.57	8 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0325	Urinal; male, jug-type, any material			No Rental	N / \$9.32	2 Per Year	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0326	Urinal; female, jug-type, any material			No Rental	N / \$6.96	2 Per Year	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0372	Powered air overlay for mattress, standard mattress length and width		RR	60 / \$6.65	Y / \$1,994.80	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0602	Breast pump, manual, any type			No Rental	N / \$30.12	1 Allowed per year, PA required after 3 units	Not In Rate	05, 24, 25, 53	20221001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
					Y / \$30.12				20221001	19, 31, 32, 54
E0603	Breast pump, electric (AC and/or DC), any type			No Rental	N / \$156.55	1 Allowed per year, PA required after 3 units	Not In Rate	05, 24, 25, 53	20221001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
					Y / \$156.55				20221001	19, 31, 32, 54
E0604	Breast pump, hospital grade, electric (AC and/or DC)	First month rental only	KH;RR	30 / \$3.09	No Purchase	N/A	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Rental after initial 30 days	RR	30 / \$2.08						
		Skilled Nursing Facility	RR	60 / \$2.08					20150401	19, 31, 32, 54
E0621	Sling or seat, patient lift, canvas or nylon			No Rental	N / \$86.75	2 Years	In Rate	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pads		RR	60 / \$2.12	Y / \$634.70	8 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0635	Patient lift, electric, with seat or sling		RR	60 / \$4.14	Y / \$1,241.90	8 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0650	Pneumatic compressor, nonsegmental home model		RR	60 / \$3.94	Y / \$957.78	5 Years	In Rate	04, 05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure		RR	60 / \$4.16	Y / \$1,221.36	5 Years	In Rate	04, 05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure		RR	60 / \$23.23	Y / \$7,050.25	5 Years	In Rate	04, 05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm		RR	60 / \$0.42	Y / \$122.09	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk			No Rental	Y / \$349.51	8 Years	In Rate	04, 05, 24, 25, 53	20090701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0657	Segmental pneumatic appliance for use with pneumatic compressor, full leg			No Rental	Y / \$349.51	8 Years	In Rate	04, 05, 24, 25, 53	20090701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg		RR	60 / \$0.42	Y / \$122.09	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm		RR	60 / \$0.42	Y / \$122.09	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg		RR	60 / \$0.42	Y / \$122.09	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg		RR	60 / \$1.91	Y / \$379.21	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm		RR	60 / \$1.81	Y / \$367.12	8 Years	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg		RR	60 / \$3.55	Y / \$353.01	1 Per Lifetime	In Rate	04, 05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0705	Transfer device, any type, each			No Rental	N / \$47.32	4 Years	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation		RR	60 / \$.021	Y / \$63.50	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve		RR	60 / \$0.19	Y / \$57.66	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)			No Rental	Y / \$75.65	3 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0744	Neuromuscular stimulator for scoliosis		RR	60 / \$2.02	Y / \$574.48	1 Per Lifetime	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0745	Neuromuscular stimulator, electronic shock unit		RR	60 / \$3.97	Y / \$1,190.50	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0746	Electromyography (EMG), biofeedback device		RR	60 / \$15.13	Y / \$705.99	8 Years	In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified			No Rental	Y / \$586.36	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0776	IV Pole (Not for use with portable pumps)	Primary	RR	60 / \$0.62	N / \$116.26	8 Years	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.31	Y / \$58.13					
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Primary	RR	180 / \$10.06	Y / \$3,018.20	5 Years	Not In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$3.81	Y / \$1,211.95					
E0784	External ambulatory infusion pump, insulin		RR	60 / \$17.48	Y / \$5,242.60	5 Years	Not In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0791	Parenteral infusion pump, stationary, single, or multichannel	Primary	RR	180 / \$11.44	Y / \$3,433.00	5 Years	Not In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$3.99	Y / \$1,439.80					
E0840	Traction frame, attached to headboard, cervical traction		RR	60 / \$0.23	N / \$29.94	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0850	Traction stand, freestanding, cervical traction		RR	60 / \$0.52	N / \$89.74	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0860	Traction equipment, overdoor, cervical		RR	60 / \$0.29	N / \$48.18	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0870	Traction frame, attached to footboard, extremity traction (e.g., Buck's)		RR	60 / \$0.59	N / \$154.69	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0880	Traction stand, freestanding, extremity traction (e.g., Buck's)		RR	60 / \$0.87	N / \$166.95	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0890	Traction frame, attached to footboard, pelvic traction		RR	60 / \$1.46	N / \$160.12	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0900	Traction stand, freestanding, pelvic traction (e.g., Buck's)		RR	60 / \$1.22	N / \$170.41	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar		RR	60 / \$0.42	Y / \$125.00	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar		RR	60 / \$1.49	Y / \$447.80	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar		RR	60 / \$2.63	Y / \$789.90	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0920	Fracture frame, attached to bed, includes weights		RR	60 / \$2.05	Y / \$613.80	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0930	Fracture frame, freestanding, includes weights		RR	60 / \$1.31	Y / \$510.33	1 Per Lifetime	In Rate	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0935	Continuous passive motion exercise device for use on knee only		RR	0 / \$25.96	No Purchase	N/A	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0940	Trapeze bar, freestanding, complete with grab bar		RR	60 / \$0.70	Y / \$211.30	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0941	Gravity assisted traction device, any type		RR	60 / \$1.92	Y / \$577.20	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0942	Cervical head harness/halter			No Rental	N / \$16.61	1 Per Lifetime	In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0944	Pelvic belt/harness/boot			No Rental	Y / \$35.29	1 Per Lifetime	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0945	Extremity belt/harness			No Rental	Y / \$14.13	1 Per Lifetime	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0946	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, Four Poster)		RR	60 / \$2.23	Y / \$668.80	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0947	Fracture frame, attachments for complex pelvic traction		RR	60 / \$2.64	Y / \$694.16	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0948	Fracture frame, attachments for complex cervical traction		RR	60 / \$2.60	Y / \$780.07	1 Per Lifetime	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E1399	Durable medical equipment, miscellaneous (Must specify complete description of DME)		RR, U1-U9, UA-UD	0 / Priced on PA	Y / Priced on PA	Varies	Not In Rate	03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1800	Dynamic adjustable elbow extension/flexion device includes soft interface material		RR, RT, LT	60 / \$5.43	Y / \$1,629.10	4 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		RR, RT, LT	60 / \$5.72	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material		RR, RT, LT	60 / \$14.49	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material		RR, RT, LT	60 / \$5.60	Y / \$1,680.30	4 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		RR, RT, LT	60 / \$4.70	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material		RR, RT, LT	60 / \$5.52	Y / \$1,656.90	4 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories		RR, RT, LT	60 / \$5.95	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1812	Dynamic knee, extension/flexion device with active resistance control		RR, RT, LT	60 / \$3.81	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77	20230101	12, 13, 14, 19, 31, 32, 33, 54
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material		RR, RT, LT	60 / \$5.60	Y / \$1,680.30	4 Years	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories		RR, RT, LT	60 / \$6.04	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories		RR, RT, LT	60 / \$6.17	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material		RR, RT, LT	60 / \$5.60	No Purchase	N/A	Not In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material		RR, RT, LT	30 / \$16.94	No Purchase	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2000	Gastric suction pump, home model, portable or stationary, electric		RR	60 / \$2.30	Y / \$689.30	5 Years	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver		RR	0 / \$25.52	N / \$204.19	1 Per 3 Years	Not In Rate	24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 15, 19, 20, 26, 31, 32, 34, 49, 50, 56, 57, 60, 71, 72, 99

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2402	Negative pressure wound therapy electrical pump, stationary or portable		RR	90 / \$19.65	No Purchase	N/A	Not In Rate	03, 25, 57	20230101	11, 12, 13, 14, 19, 31, 32,33, 55
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time			No Rental	N / \$348.26	3 Years	Not In Rate	04, 05, 24, 25, 79	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time			No Rental	N / \$1,590.24	3 Years	Not In Rate	04, 05, 24, 25, 79	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time			No Rental	N / \$1404.84	3 Years	Not In Rate	04, 05, 24, 25, 79	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time			No Rental	N / \$3,075.93	3 Years	Not In Rate	04, 05, 24, 25, 79	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		RR	90 / \$15.85	Y / \$4,756.42	Varies	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		RR	90 / \$30.00	Y / \$9,000.90	Varies	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2511	Speech generating software program, for personal computer or personal digital assistant		RR	0 / Priced on PA	Y / Priced on PA	Varies	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2512	Accessory for speech generating device, mounting system		RR	0 / Priced on PA	Y / Priced on PA	Varies	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2599	Accessory for speech generating device, not otherwise classified		RR	0 / Priced on PA	Y / Priced on PA	Varies	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes			No Rental	Only if Over 8 Units / \$14.77	N/A	Per Policy	04, 05, 17, 24, 25, 53, 74, 79	20230515	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K1024	Non-Pneumatic compression controller with sequential calibrated gradient pressure		RR	0 / \$5.43	Y / \$ 958.15	N/A	Not In Rate	04, 05, 24, 25, 53	20211001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13,14, 19, 31, 49, 50, 71, 72
K1025	Non-pneumatic sequential compression garment, full arm		RR	0 / \$1.81	Y / \$ 367.12	N/A	Not In Rate	04, 05, 24, 25, 53	20211001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13,14, 19, 31, 49, 50, 71, 72
K1031	Non-pneumatic compression controller without calibrated gradient pressure		RR	0 / \$3.07	Y / \$903.99	N/A	Not In Rate	04, 05, 24, 25, 53	20220401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 49, 50, 71, 72
K1032	Non-pneumatic sequential compression garment, full leg		RR	0 / \$1.91	Y / \$379.21	5 Years	In Rate	04, 05, 24, 25, 53	20220401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 49, 50, 71, 72
K1033	Non-pneumatic sequential compression garment, half leg		RR	0 / \$3.95	Y / \$353.01	5 Years	In Rate	04, 05, 24, 25, 53	20220401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 49, 50, 71, 72
S8270	Enuresis alarm, using auditory buzzer and/or vibration device			No Rental	N / \$60.76	1 Per Lifetime	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
S8420	Gradient pressure aid (sleeve and glove combination), custom made		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20070201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8421	Gradient pressure aid (sleeve and glove combination), ready made		RT, LT	No Rental	N / \$73.68	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8422	Gradient pressure aid (sleeve), custom made, medium weight		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8423	Gradient pressure aid (sleeve), custom made, heavy weight		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
S8424	Gradient pressure aid (sleeve), ready made		RT, LT	No Rental	N / \$58.95	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8425	Gradient pressure aid (glove), custom made, medium weight		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8426	Gradient pressure aid (glove), custom made, heavy weight		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8427	Gradient pressure aid (glove), ready made		RT, LT	No Rental	N / \$181.75	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8428	Gradient pressure aid (gauntlet), ready made		RT, LT	No Rental	N / \$37.30	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
S8429	Gradient pressure exterior wrap		RT, LT, RA	No Rental	N / See Topic #11697 or Update 2011-27	3 Per 12 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
T2029	Specialized medical equipment, not otherwise specified waiver			No Rental	Y / Priced on PA	Varies	Not In Rate	03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79		01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
T5999	Supply,not otherwise specified(DME)	Purchase of replacement part(s) for positioning Seats	RA	No Rental	Y/Priced on PA		In Rate	04,25,53,77,78	20160901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)			No Rental	Y / Only If Over \$300	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDURE)			No Rental	N / \$41.75	4 PER YEAR	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOURS CONTINUOUS RECORDING, INFANT			No Rental	N / \$126.57	4 PER YEAR	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$148.01	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$62.54	4 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			No Rental	Y / \$127.82	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
A9284	SPIROMETER, NON-ELECTRICTRONIC, INCLUDES ALL ACCESSORIES			No Rental	N / \$10.23	6 MONTHS	In Rate	05, 24, 25, 53	20131201	11, 12
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1-4 L/min, primary	RR	30 / \$3.03	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, backup	RR, TW	0 / \$1.21						
		<1 L/min, primary	QE, RR	30 / \$1.52						
		<1 L/min, backup	QE, RR, TW	0 / \$0.61						
		>4 L/min, primary	QG, RR	30 / \$4.55						
		>4 L/min, backup	QG, RR, TW	0 / \$1.82						
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING			No Rental	Y / \$133.96	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING			No Rental	Y / \$290.02	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Primary	RR	30 / \$0.67	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$1.07						
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING	Primary	RR	30 / \$1.39	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$1.30						
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASKS, TUBING AND REFILL ADAPTOR			No Rental	Y / \$1,174.54	1 PER LIFETIME	In Rate	03, 04, 05, 06, 24, 25, 53, 57	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0439	STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1-4 L/min, primary	RR	30 / \$3.03	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, backup	RR, TW	0 / \$1.80						
		<1 L/min, primary	QE, RR	30 / \$1.52						
		<1 L/min, backup	QE, RR, TW	0 / \$0.90						
		>4 L/min, primary	QG, RR	30 / \$4.55						
		>4 L/min, backup	QG, RR, TW	0 / \$2.70						
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING			No Rental	Y / \$451.73	1 PER LIFETIME	In Rate	04, 05, 06, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0441	OXYGEN CONTENTS, GASEOUS (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE GASEOUS SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$63.02	1 PER MONTH	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0442	OXYGEN CONTENTS, LIQUID (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND PORTABLE LIQUID SYSTEM ARE OWNED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$63.02	1 PER MONTH	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$55.02	1 PER MONTH	In Rate	04, 05, 06, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0444	PORTABLE OXYGEN CONTENTS, LIQUID (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED), 1 MONTH'S SUPPLY = 1 UNIT			No Rental	N / \$55.02	1 PER MONTH	In Rate	04, 05, 06, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY		RR	60 / \$2.09	Y / \$951.27	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	1 Unit = 1 Month		No Rental	N / \$66.01	1 Per Month	In Rate	05, 24, 25, 53	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 54, 71, 72
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS		RR	60 / \$1.12	Y / \$204.80	1 YEAR	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0457	CHEST SHELL (CUIRASS)		RR	60 / \$1.90	Y / \$340.00	5 YEARS	Not in Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0459	CHEST WRAP		RR	60 / \$1.36	Y / \$209.50	5 YEARS	Not in Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS		RR	60 / \$8.07	Y / \$4,398.15	5 YEARS	Not in Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Primary	RR	No PA/\$1086.42 per MO.	Y/\$10,864.20	5 YEARS	In Rate For Vent Units	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Backup/Secondary	RR,TW	0 / \$727.56 per MO.	Y / \$8,691.36		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Primary	RR	No PA/\$1086.42 per MO.	Y/\$10,864.20	5 YEARS	In Rate For Vent Units	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Backup/Secondary	RR, TW	0 / \$727.56 per MO.	Y / \$8,691.36		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	1 Unit = 1 Month	RR	90 / \$1301.55 Per MO.	NO PURCHASE	5 YEARS	In Rate for Vent Units	05, 24, 25, 53	20230101	01,03,04,05,06,07,08,11,12,13,14,19,31, 33, 32, 49,50,54,71, 72, 99
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		RR	90 / \$4.19	Y / \$1,257.90	5 YEARS	In Rate	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)		RR	90 / \$10.47	Y / \$3,141.70	5 YEARS	Not in Rate	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Primary	RR	0 / \$17.00	Y / \$5,098.60	5 YEARS	Not in Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Extended rental	52, RR	0 / \$8.50						
		Backup rental	TW, RR	0 / \$5.56	Y / \$2,084.90		In Rate			01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Extended backup rental	52, TW, RR	0 / \$2.78						
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL		RR	60 / \$2.13	Y / \$428.52	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES			60 / \$7.43	Y / \$4,077.88	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Primary	RR	60 / \$19.06	Y / \$5,718.90	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$3.77	Y / \$2,069.87	5 YEARS	In Rate	05, 24, 25, 53		
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH		RR	0 / \$47.13	Y / \$14,138.40	1 PER LIFETIME	In Rate	05, 24, 25	20230101	11, 12, 19

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT			No Rental	Y / \$602.38	2 PER YEAR	Not in Rate	27	20160701	01, 03, 04, 05, 06, 07, 08, 09, 11, 12, 13, 14, 15, 19, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 54, 56, 57, 60, 61, 62, 65, 71, 72, 81, 99
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	RR		60 / \$1.06	Y / \$351.55	5 YEARS	In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALVES, INTERNAL OR EXTERNAL POWER SOURCE	RR		60 / \$4.87	Y / \$1,459.70	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Primary	RR	60 / \$2.74	Y / \$790.63	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.37	Y / \$395.32					
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	RR		No Rental	Y / \$27.11	6 MONTHS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Primary	RR	60 / \$0.68	Y / \$114.81	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.34	Y / \$57.41					
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR		60 / \$0.65	Y / \$86.11	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	RR		90 / \$1.62	Y / \$265.77	3 YEARS	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Primary	RR	60 / \$2.20	Y / \$378.50	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.10	Y / \$189.25					
E0570	NEBULIZER; WITH COMPRESSOR E.G., DEVILBISS PULMO-AID	Primary	RR	60 / \$0.19	N / \$56.10	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.08	Y / \$24.35					
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	Primary	RR	60 / \$4.56	Y / \$1,366.90	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$1.31	Y / \$254.05					
E0580	NEBULIZER, WITH COMPRESSOR, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Primary		No Rental	Y / \$91.17	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	TW		Y / \$45.59					
E0585	NEBULIZER; WITH COMPRESSOR AND HEATER	Primary	RR	60 / \$0.93	Y / \$279.40	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.40	Y / \$121.40					
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Primary	RR	60 / \$1.73	Y / \$517.60	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	60 / \$0.55	Y / \$201.52					
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	RR		90 / \$1.47	Y / \$439.50	5 YEARS	Not in Rate	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Service Code Description	Allowable or Required Modifiers	Rental	Purchase	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
				Days Before PA / Daily Max Fee	PA Needed / Max Fee					
E0605	VAPORIZER, ROOM TYPE (NOTE: FOR USE WITH OXYGEN SYSTEM ONLY)			No Rental	Y / \$15.21	2 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0606	POSTURAL DRAINAGE BOARD		RR	60 / \$1.35	Y / \$271.05	2 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0619	APNEA MONITOR, WITH RECORDING FEATURE		RR	90 / \$5.11	Y / \$1,909.60	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0776	IV POLE (NOT FOR USE WITH PORTABLE PUMPS)	Primary	RR	60 / \$0.62	N / \$116.26	8 YEARS	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.31	Y / \$58.13					
E1353	REGULATOR		RR	0 / \$0.50	Y / \$30.98	5 YEARS	In Rate	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E1355	STAND/RACK			No Rental	Y / \$18.34	1 PER LIFETIME	In Rate	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Primary	RR	60 / \$1.10	Y / \$78.58	5 YEARS	In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
		Backup	RR, TW	0 / \$0.55	Y / \$39.29					
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	1-4 L/min, primary	RR	30 / \$3.03	Y / \$910.40	5 YEARS	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		1-4 L/min, backup	RR, TW	0 / \$1.80						
		<1 L/min, primary	QE, RR	30 / \$1.52						
		<1 L/min, backup	QE, RR, TW	0 / \$0.90	Y / \$540.00					
		>4 L/min, primary	QG, RR	30 / \$4.55						
		>4 L/min, backup	QG, RR, TW	0 / \$2.70						
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	Primary	RR	30 / \$1.39	No Purchase	N/A	Not in Rate	03, 04, 05, 24, 25, 53, 57	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
		Backup	RR, TW	0 / \$0.54						
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME)		U1-U9, UA-UD, RR	0 / Priced on PA	Y / Priced on PA	VARIES	Not in Rate	03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79	20031001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITH HEATED DELIVERY		RR	30 / \$3.42	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM; WITHOUT HEATED DELIVERY		RR	30 / \$2.62	No Purchase	N/A	Not in Rate	03, 04, 05, 06, 24, 25, 53, 57	20190101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES			No Rental	Only if Over 8 units / \$10.95	N/A	Per Policy	04, 05, 17, 24, 25, 53, 74, 79	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)			No Rental	N / \$156.00	2 Per Year	In Rate	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH		No Rental	Y / \$104.99	4 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	RT, LT	No Rental	N / \$18.15	2 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	RT, LT	No Rental	N / \$13.82	2 YEARS	Per Policy	05, 24, 25, 53	20191101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH		No Rental	Y / \$60.32	2 Years	Per Policy	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 31, 32, 33, 49, 50, 54, 71, 72
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT		No Rental	Y / \$40.95	2 Years	Per Policy	05, 24, 25	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 31, 32, 33, 49, 50, 54, 71, 72
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH		No Rental	Y / \$150.94	3 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	RT, LT, RB < \$50	No Rental	Y / \$71.83	4 PER 2 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH		No Rental	Y / \$394.68	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	RT, LT	No Rental	N / \$37.96	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	N / \$75.05	1 YEAR	Per Policy	05, 24, 25, 53	20150401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	RT, LT	No Rental	N / \$25.53	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		No Rental	Y / \$61.27	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$54.15	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0969	NARROWING DEVICE, WHEELCHAIR		No Rental	Y / \$120.52	4 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	RT, LT	No Rental	N / \$42.17	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	RT, LT	No Rental	Y / \$85.95	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		No Rental	N / \$67.32	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		No Rental	N / \$36.66	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		No Rental	N / \$32.63	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		No Rental	N / \$34.42	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	RR	60 / \$3.03	Y / \$1,815.41	4 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	RR	60 / \$3.03	Y / \$1,002.50	4 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR		No Rental	Y / Priced on PA	3 YEARS	Per Policy	04, 05, 17, 24, 25, 77, 78	20220517	11, 12, 13, 14, 19, 31, 32, 33
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	RT, LT	No Rental	N / \$98.24	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		No Rental	N / \$81.69	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$26.10	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		No Rental	Y / \$425.2	5 YEARS	Per Policy	04, 05, 24, 25, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE		No Rental	N / \$208.97	4 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	U1-U9, UA-UD	No Rental	Y / Priced on PA	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	RR, RB	60 / \$1.55	Y / \$463.90	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH	RR	0 / \$1.04	Y / \$313.68	5 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	RR	60 / \$1.62	Y / \$468.44	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE DESCRIPTION OF DME)	U1-U9, UA-UD	0 / Priced on PA	Y / Priced on PA	VARIES	Per Policy	03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES		No Rental	Y / \$310.56	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		No Rental	Y / \$310.45	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES		No Rental	Y / \$410.80	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES		No Rental	Y / \$733.09	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$34.11	5 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$41.51	5 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH		No Rental	Y / \$28.83	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH		No Rental	Y / \$73.92	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH		No Rental	Y / \$82.8	2 YEARS	Per Policy	05, 24, 25, 53	20220301	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH		No Rental	N / \$4.55	4 PER YEAR	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$22.73	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 49, 50, 54, 71, 72
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$5.42	1 YEAR	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 49, 50, 54, 71, 72
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	RT, LT	No Rental	N / \$20.20	1 YEAR	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$23.94	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$7.68	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$25.86	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$30.91	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$25.86	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	RT, LT	No Rental	N / \$30.91	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$19.33	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$16.99	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$22.62	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$73.92	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$14.54	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$16.15	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	RT, LT	No Rental	Y / Priced on PA	1 YEAR	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	RT, LT	No Rental	Y / \$747.52	1 YEAR	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE		No Rental	N / \$80.88	3 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		No Rental	Y / Priced on PA	5 YEARS	Per Policy	04, 05, 24, 25, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		No Rental	Y / Priced on PA	5 YEARS	Per Policy	04, 05, 24, 25, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		No Rental	Y / Priced on PA	5 YEARS	Per Policy	04, 05, 24, 25, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		No Rental	Y / Priced on PA	5 YEARS	Per Policy	04, 05, 24, 25, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES		No Rental	Y / \$310.40	5 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES		No Rental	Y / \$445.64	5 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		No Rental	Y / \$388.04	5 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES		No Rental	Y / \$486.86	5 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		No Rental	Y / \$659.47	5 YEARS	Per Policy	05, 24, 25, 53	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH		No Rental	N / \$80.69	2 per 15 Months	Per Policy	24, 25	20170901	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		No Rental	N / \$177.69	2 per 24 Months	Per Policy	24;25	20170901	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH		No Rental	N / \$80.69	2 per 9 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)		No Rental	N / \$129.12	2 per 18 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH		No Rental	N / \$80.69	2 per 9 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		No Rental	N / \$163.59	2 per 18 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH		No Rental	N / \$80.69	2 per 9 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)		No Rental	N / \$103.92	2 per 18 Months	Per Policy	05, 24, 25, 53	20170901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH		No Rental	Y / \$175.26	10 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH		No Rental	Y / \$175.26	10 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	RT, LT	No Rental	Y / \$413.25	5 YEARS	Per Policy	05, 24, 25	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	RT, LT	No Rental	Y / \$359.95	5 YEARS	Per Policy	05, 24, 25	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2370	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	RT, LT	No Rental	Y / \$642.27	5 YEARS	Per Policy	05, 24, 25	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH		No Rental	N / \$139.55	18 MONTHS	Per Policy	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH		No Rental	N / \$160.59	9 MONTHS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY		No Rental	Y / \$469.68	5 YEARS	Per Policy	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		No Rental	Y / \$713.70	5 YEARS	Per Policy	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY		No Rental	Y / Priced on PA	5 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		No Rental	Y / Priced on PA	5 YEARS	Per Policy	05, 24, 25, 53	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$60.02	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$16.61	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$121.50	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$64.80	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$39.40	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$127.93	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$51.94	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$40.31	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$21.88	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$38.80	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$18.97	2 YEARS	Per Policy	05, 24, 25, 53	20120901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$45.79	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$46.05	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$43.64	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$53.20	2 YEARS	Per Policy	05, 24, 25, 53	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH		No Rental	Y / \$439.16	2 YEARS	Per Policy	05, 24, 25, 53	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	N / \$29.88	3 YEARS	Per Policy	05, 24, 25, 53	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	N / \$105.01	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	N / \$133.32	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	N / \$165.71	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	N / \$209.8	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	N / \$342.1	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	N / \$182.7	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	Y / \$245.8	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$252.38	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$341.41	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$292.5	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$488.00	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$354.8	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$483.9	3 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH		No Rental	N / \$45.13	2 YEARS	Per Policy	05, 24, 25	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	Y / \$239.68	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	Y / \$304.80	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH		No Rental	Y / \$320.3	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH		No Rental	Y / \$398.8	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	RT, LT	No Rental	Y / \$181.38	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20220517	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	RT, LT	No Rental	Y / \$221.43	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	RT, LT	No Rental	Y / \$247.80	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	RT, LT	No Rental	Y / \$305.80	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	RT, LT	No Rental	Y / \$207.76	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	RT, LT	No Rental	Y / \$221.13	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	RT, LT	No Rental	Y / \$121.03	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	RT, LT	No Rental	Y / \$121.03	3 YEARS	Per Policy	04, 05, 17, 24, 25, 53, 77, 78	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54
K0001	STANDARD WHEELCHAIR	RR, RB < \$150	60 / \$0.74	Y / \$223.30	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	RR, RB < \$150	60 / \$1.06	Y / \$319.40	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0003	LIGHTWEIGHT WHEELCHAIR	RR, RB < \$150	60 / \$1.17	Y / \$351.50	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	RR, RB < \$150	60 / \$1.41	Y / \$421.90	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0006	HEAVY DUTY WHEELCHAIR	RR, RB < \$150	60 / \$1.95	Y / \$586.30	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR, RB < \$150	60 / \$2.60	Y / \$779.70	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0009	OTHER MANUAL WHEELCHAIR/BASE	RR, RB < \$150	0 / \$3.30	Y / \$988.70	5 YEARS	In Rate	05, 24, 25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	RB < \$150	No Rental	No Purchase	6 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	RB < \$150	No Rental	No Purchase	6 YEARS	Per Policy	05, 24, 25, 53	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	RB < \$150	No Rental	No Purchase	6 YEARS	Per Policy	05, 24, 25, 53	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	RB < \$150	No Rental	No Purchase	6 YEARS	Per Policy	05, 24, 25, 53	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	RT, LT	No Rental	N / \$120.81	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	RT, LT	No Rental	N / \$33.98	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	RT, LT	No Rental	N / \$18.99	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0019	ARM PAD, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$12.94	2 YEARS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		No Rental	N / \$30.88	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	RT, LT	No Rental	N / \$32.02	4 YEARS	Per Policy	05, 24, 25, 53	20181001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0038	LEG STRAP, EACH	RT, LT	No Rental	N / \$16.13	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0039	LEG STRAP, H STYLE, EACH	RT, LT	No Rental	N / \$35.80	5 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	RT, LT	No Rental	N / \$62.47	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0041	LARGE SIZE FOOTPLATE, EACH	RT, LT	No Rental	N / \$35.19	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$24.22	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$16.35	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$13.92	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$41.89	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$16.35	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$54.39	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	RT, LT	No Rental	N / \$21.61	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$34.96	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$61.45	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	RT, LT	No Rental	Y / \$85.36	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA LIGHTWEIGHT WHEELCHAIR		No Rental	Y / \$63.24	5 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
K0065	SPOKE PROTECTORS, EACH	RT, LT	No Rental	N / \$37.20	2 YEARS	Per Policy	05, 24, 25, 53	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$66.43	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$143.50	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$72.63	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	Y / \$43.72	3 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0073	CASTER PIN LOCK, EACH	RT, LT	No Rental	N / \$23.15	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	RT, LT	No Rental	N / \$39.12	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0098	DRIVE BELT FOR POWER WHEEL CHAIR, REPLACEMENT ONLY		No Rental	N/\$19.25	1 YEAR	Per Policy	25	20170101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0105	IV HANGER, EACH		No Rental	Y / \$88.15	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	U1-U9, UA-UD	No Rental	Y / Priced on PA	2 YEARS	Per Policy	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)		No Rental	N / \$62.15	18 MONTHS	Per Policy	05, 24, 25, 53	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	U1-U9	No Rental	Only if Over 8 units / \$10.95	N/A	Per Policy	04, 05, 17, 24, 25, 53, 74, 79	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$150	0 / \$2.90	Y / \$870.70	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$150	0 / \$5.31	Y / \$1,592.52	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$150	0 / \$7.34	Y / \$2,203.17	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$150	0 / \$5.51	Y / \$1,651.97	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$150	0 / \$4.25	Y / \$1,916.98	6 YEARS	Per Policy	05, 24, 25	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$150	0 / \$13.12	Y / \$3,936.08	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	RR, RB < \$150	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	05, 24, 25	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$8.89	Y / \$1,777.93	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Daily Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$9.93	Y / \$1,985.33	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$10.15	Y / \$2,030.80	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$9.88	Y / \$1,976.20	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$9.51	Y / \$1,902.20	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$10.84	Y / \$2,167.47	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$10.39	Y / \$2,077.40	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$10.34	Y / \$2,068.13	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$14.40	Y / \$2,880.80	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$14.16	Y / \$2,831.13	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$29.49	Y / \$5,898.27	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$25.88	Y / \$5,175.40	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR, RB < \$300	0 / \$34.69	Y / \$6,937.33	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	RR, RB < \$300	0 / \$31.64	Y / \$6,327.13	6 YEARS	Per Policy	05, 24, 25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / \$4,363.00	6 YEARS	Per Policy	05, 24, 25	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	05, 24, 25	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	05, 24, 25	20120501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$21.35	6 Months	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE		RT, LT	N / \$56.46	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE		RT, LT	N / \$169.34	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM		RT, LT	N / \$27.66	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE		RT, LT	N / \$27.66	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE		RT, LT	N / \$27.66	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE		RT, LT	N / \$27.66	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE		RT, LT	N / \$27.66	1 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH 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		RT, LT	N / \$23.03	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE		RT, LT	N / \$34.47	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20180101	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER		LT, RT	N / \$51.47	3 Each Per Year	Not In Rate	53	20230101	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH		RT, LT	N / \$81.89	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED			Y / \$2,062.42	1 PER LIFETIME	Not In Rate	25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			Y / \$60.28	1 YEAR	Not In Rate	25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)			N / \$14.99	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0130	CERVICAL, FLEXIBLE; THERMOPLASTIC COLLAR, MOLDED TO PATIENT			N / \$297.34	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0140	CERVICAL, SEMI-RIGID; ADJUSTABLE (PLASTIC COLLAR)			N / \$33.73	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0150	CERVICAL, SEMI-RIGID; ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)			N / \$62.54	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF			N / \$114.93	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0170	CERVICAL COLLAR; MOLDED TO PATIENT MODEL			N / \$553.58	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0172	CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE, PREFABRICATED, OFF-THE-SHELF			N / \$71.44	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0174	CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF			N / \$206.13	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE			N / \$382.31	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)			N / \$252.14	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS; ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION			N / \$236.20	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0220	THORACIC, RIB BELT; CUSTOM FABRICATED			N / \$110.72	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF			N / \$130.60	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED			N / \$257.17	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$347.99	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF			N / \$199.99	1 YEAR	Not In Rate	04, 17, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$347.99	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF			N / \$328.00	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$596.41	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$596.41	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$596.41	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$596.41	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$308.49	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF			N / \$231.00	1 YEAR	Not In Rate	04, 17, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$386.62	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0469	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF			N / \$421.00	1 YEAR	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$534.98	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR & LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC & ONE STERNAL), POSTERIOR & LATERAL PADS WITH STRAPS & CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES FITTING & SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$329.19	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, W/ MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			N / \$1,228.15	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			N / \$1,371.85	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			N / \$1,481.57	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED			N / \$1,663.83	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$1,239.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL & CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$1,049.59	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$472.20	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$472.20	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED			N / \$173.99	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED			N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20060101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF			N / \$44.78	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$63.38	1 YEAR	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$113.88	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			N / \$63.38	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED			N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20060101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$131.70	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$834.70	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED			N / Priced on Claim	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20060101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$233.17	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED			N / Priced on Claim	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20060101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDE STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$812.49	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0636	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, CUSTOM FABRICATED			N / \$1,102.38	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$848.84	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, CUSTOM FABRICATED			N / \$1,072.43	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$280.68	2 YEARS	Not In Rate	04, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, CUSTOM FABRICATED			N / \$850.83	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			N / \$49.29	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L 1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			N / \$49.29	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			N / \$79.25	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			N / \$130.78	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			Y / \$328.25	1 YEAR	Not In Rate	04, 17, 25, 53, 77, 78	20150201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			Y / \$420.19	1 YEAR	Not In Rate	04, 17, 25, 53, 77, 78	20150201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF			Y / \$453.00	1 YEAR	Not In Rate	04, 17, 25, 53, 77, 78	20150201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTL SO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)			N / \$1,449.87	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0710	CTL SO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)			N / \$1,634.41	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0810	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST			N / \$1,997.14	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0820	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET			N / \$970.09	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0830	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS			N / \$1,091.35	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL			N / \$1,002.35	3 YEARS	Not In Rate	09, 10, 31, 33	20120901	21, 22, 23
L0970	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), CORSET FRONT			N / \$55.89	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0972	LUMBAR-SACRAL-ORTHOSIS (LSO), CORSET FRONT			N / \$54.84	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0974	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FULL CORSET			N / \$91.22	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0976	LUMBAR-SACRAL-ORTHOSIS (LSO), FULL CORSET			N / \$91.22	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0978	AXILLARY CRUTCH EXTENSION			N / \$210.89	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR			N / \$7.29	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)			N / \$7.29	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	RT, LT		N / \$47.59	3 PER YEAR	Not In Rate	04, 17, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	RT, LT		Y / Priced on PA	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTL SO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MODEL			N / \$1,215.78	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$808.00	1 PER 3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT			N / \$2,602.47	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1010	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; AXILLA SLING	RT, LT		N / \$48.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1020	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD	RT, LT		N / \$48.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1025	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING	RT, LT		N / \$123.04	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1030	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; LUMBAR BOLSTER PAD	RT, LT		N / \$54.84	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1040	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; LUMBAR OR LUMBAR RIB PAD	RT, LT		N / \$53.51	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1050	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; STERNAL PAD			N / \$60.78	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1060	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; THORACIC PAD	RT, LT		N / \$54.84	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1070	ADDITIONS TO CTL SO OR SCOLIOSIS ORTHOSIS; TRAPEZE SLING			N / \$50.60	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L1080	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER			N / \$22.15	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1085	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS			N / \$99.85	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1090	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR SLING	RT, LT		N / \$64.62	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1100	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER	RT, LT		N / \$105.43	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1110	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	RT, LT		N / \$160.29	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1120	ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; COVER FOR UPRIGHT, EACH			N / \$24.26	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY			N / \$1,054.46	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1210	ADDITION TO TLSO, (LOW PROFILE); LATERAL THORACIC EXTENSION	RT, LT		N / \$312.66	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1220	ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC EXTENSION	RT, LT		N / \$143.42	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1230	ADDITION TO TLSO, (LOW PROFILE); MILWAUKEE TYPE SUPERSTRUCTURE			N / \$364.73	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1240	ADDITION TO TLSO, (LOW PROFILE); LUMBAR DEROTATION PAD	RT, LT		N / \$78.16	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1250	ADDITION TO TLSO, (LOW PROFILE); ANTERIOR ASIS PAD	RT, LT		N / \$47.39	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1260	ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC DEROTATION PAD	RT, LT		N / \$74.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1270	ADDITION TO TLSO, (LOW PROFILE); ABDOMINAL PAD			N / \$74.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1280	ADDITION TO TLSO, (LOW PROFILE); RIB GUSSET (ELASTIC), EACH	RT, LT		N / \$75.65	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1290	ADDITION TO TLSO, (LOW PROFILE); LATERAL TROCHANTERIC PAD	RT, LT		N / \$66.57	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1300	OTHER SCOLIOSIS PROCEDURE; BODY JACKET MOLDED TO PATIENT MODEL			N / \$1,038.65	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1310	OTHER SCOLIOSIS PROCEDURE; POST-OPERATIVE BODY JACKET			N / \$1,006.99	2 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED			Y / Priced on PA	VARIES	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	RT, LT		N / \$64.33	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	RT, LT		N / \$30.58	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIC HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	RT, LT		N / \$77.50	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	RT, LT		N / \$137.09	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED	RT, LT		N / \$303.96	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$182.42	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE		RT, LT	N / \$289.84	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$79.09	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, HIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED		RT, LT	N / \$437.59	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED		RT, LT	N / \$695.91	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$769.53	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			Y / \$1,517.14	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1700	LEGG-PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED		RT, LT	N / \$907.90	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1710	LEGG-PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED		RT, LT	N / \$1,001.74	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1720	LEGG-PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM FABRICATED		RT, LT	N / \$757.09	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1730	LEGG-PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED		RT, LT	N / \$680.79	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1755	LEGG-PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED		RT, LT	N / \$1,311.13	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$78.82	1 YEAR	Not In Rate	04, 17, 53, 77	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$63.59	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$74.11	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$52.73	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED		RT, LT	N / \$106.05	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$477.05	2 YEARS	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE SHELF		RT, LT	N / \$267.14	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED		RT, LT	N / \$449.81	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$87.70	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED		RT, LT	N / \$358.62	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$419.46	2 YEARS	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED		RT, LT	N / \$605.14	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$621.27	2 YEARS	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED		RT, LT	N / \$874.43	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$451.26	2 YEARS	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1848	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$248.97	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$218.82	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT.		RT, LT	N / \$611.31	1 YEAR	Not In Rate	04, 05, 24, 25, 53, 77	20170101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT.		RT, LT	N / \$528.08	1 YEAR	Not In Rate	04, 05, 24, 25, 53, 77	20170101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)		RT, LT	N / \$705.43	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$182.42	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, OFF-THE-SHELF	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$51.00	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$453.85	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$75.00	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$316.33	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$168.71	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$212.74	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$169.57	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1932	ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$404.00	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$285.76	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$778.58	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$516.69	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$369.06	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$285.76	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$369.06	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$369.06	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORTHOSIS), CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$230.93	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR BK ORTHOSIS), CUSTOM FABRICATED	ONLY 1 PER ROLLING YEAR: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1940, L1945, L1950, L1951, L1960, L1970, L1980, L1990	RT, LT	N / \$261.50	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM FABRICATED		RT, LT	N / \$548.32	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED		RT, LT	N / \$1,727.10	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED		RT, LT	N / \$669.57	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR AK ORTHOSIS), CUSTOM FABRICATED		RT, LT	N / \$852.24	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR AK ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED		RT, LT	N / \$777.12	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED		RT, LT	N / \$1,727.54	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$134.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED		RT, LT	N / \$1,017.63	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED		RT, LT	N / \$159.36	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		RT, LT	N / \$273.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		RT, LT	N / \$369.06	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED		RT, LT	N / \$89.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		RT, LT	N / \$249.37	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED		RT, LT	N / \$289.97	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED		RT, LT	N / \$321.73	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM FABRICATED		RT, LT	N / \$806.85	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$507.31	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$529.49	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$605.14	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED		RT, LT	N / \$922.83	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED		RT, LT	N / \$1,008.57	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2132	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$704.98	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2134	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$738.12	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2136	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$1,008.57	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; PLASTIC SHOE INSERT, WITH ANKLE JOINTS		RT, LT	N / \$96.83	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; DROP LOCK KNEE JOINT		RT, LT	N / \$70.61	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; LIMITED MOTION KNEE JOINT		RT, LT	N / \$74.87	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE		RT, LT	N / \$100.86	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; QUADRILATERAL BRIM		RT, LT	N / \$189.62	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; WAIST BELT			N / \$59.51	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT		RT, LT	N / \$307.61	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT		RT, LT	N / \$44.69	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2210	ADDITION TO LOWER EXTREMITY; DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT		RT, LT	N / \$34.89	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT		RT, LT	N / \$44.69	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT		RT, LT	N / \$66.86	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$60.60	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT		RT, LT	N / \$66.54	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT		RT, LT	N / \$200.35	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)		RT, LT	N / \$91.58	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION (T) STRAP, PADDED/LINED OR MALLEOLUS PAD		RT, LT	N / \$48.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED		RT, LT	N / \$91.62	1 YEAR	Not In Rate	05, 24, 25, 53	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT		RT, LT	N / \$316.33	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE		RT, LT	N / \$152.90	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT		RT, LT	N / \$79.09	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$316.33	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$474.51	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND		RT, LT	N / \$186.59	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL		RT, LT	N / \$321.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20130501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR "PTB", AFO ORTHOSSES)		RT, LT	N / \$485.05	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK		RT, LT	N / \$32.67	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM		RT, LT	N / \$325.77	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2375	ADDITION TO LOWER EXTREMITY; TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP		RT, LT	N / \$70.61	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2380	ADDITION TO LOWER EXTREMITY; TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT		RT, LT	N / \$80.69	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2385	ADDITION TO LOWER EXTREMITY; STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT		RT, LT	N / \$102.57	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT		RT, LT	N / \$121.03	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2390	ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, EACH JOINT		RT, LT	N / \$105.90	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2395	ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT		RT, LT	N / \$121.03	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE		RT, LT	N / \$85.80	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH		RT, LT	N / \$61.57	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT		RT, LT	N / \$81.03	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2425	ADDITION TO KNEE JOINT; DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT		RT, LT	N / \$95.62	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT		RT, LT	N / \$95.62	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2492	ADDITION TO KNEE JOINT; LIFT LOOP FOR DROP LOCK RING		RT, LT	N / \$105.90	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; GLUTEAL/ISCHIAL WEIGHT BEARING, RING		RT, LT	N / \$276.27	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL		RT, LT	N / \$395.42	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; QUADRILATERAL BRIM, CUSTOM FITTED		RT, LT	N / \$474.51	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL		RT, LT	N / \$1,008.57	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED		RT, LT	N / \$796.76	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2530	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER, NON-MOLDED		RT, LT	N / \$158.19	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER, MOLDED TO PATIENT MODEL		RT, LT	N / \$215.11	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; HIGH ROLL CUFF		RT, LT	N / \$302.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT; EACH		RT, LT	N / \$73.81	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PELVIC SLING			N / \$66.45	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING; FREE, EACH		RT, LT	N / \$255.18	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE OR THRUST BEARING; LOCK, EACH		RT, LT	N / \$133.92	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, HEAVY-DUTY, EACH		RT, LT	N / \$257.19	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, ADJUSTABLE FLEXION, EACH		RT, LT	N / \$400.05	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH		RT, LT	N / \$473.01	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES			N / \$1,175.98	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; METAL FRAME, RECIPROCATING HIP JOINT AND CABLES			N / \$1,270.80	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT, UNILATERAL			N / \$126.53	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT, BILATERAL			N / \$179.26	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL; GLUTEAL PAD, EACH	RT, LT		N / \$66.96	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2660	ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, THORACIC BAND			N / \$79.09	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2670	ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, PARASPINAL UPRIGHTS	RT, LT		N / \$73.81	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2680	ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	RT, LT		N / \$68.55	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS; PLATING CHROME OR NICKEL, PER BAR	RT, LT		N / \$24.26	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	RT, LT		Y / \$102.52	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS; EXTENSION, PER EXTENSION PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	RT, LT		N / \$34.01	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR			N / \$105.93	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS; NON-CORROSIVE FINISH, PER BAR	RT, LT		N / \$10.54	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS; DROP LOCK RETAINER, EACH	RT, LT		N / \$51.30	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL, FULL KNEECAP	RT, LT		N / \$56.31	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	RT, LT		N / \$73.64	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL, CONDYLAR PAD	RT, LT		N / \$63.03	2 PER 2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	RT, LT		N / \$106.91	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	RT, LT		N / \$82.71	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS; TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	RT, LT		N / \$28.23	3 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS; FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	RT, LT		N / \$40.34	3 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	RT, LT		Y / \$300.04	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED	RT, LT		Y / If Over \$150	VARIES	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3000	FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; UCB TYPE, BERKELEY SHELL, EACH	RT, LT		Y / \$124.42	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SPENCO, EACH	RT, LT		Y / \$5.31	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; PLASTAZOTE OR EQUAL, EACH	RT, LT		Y / \$57.99	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; SILICONE GEL, EACH	RT, LT		Y / \$189.81	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL ARCH SUPPORT, EACH	RT, LT		Y / \$103.34	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL; LONGITUDINAL/METATARSAL SUPPORT, EACH		RT, LT	Y / \$91.74	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH		RT, LT	Y / \$92.36	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH		RT, LT	Y / \$102.52	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF		RT, LT	Y / \$25.40	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES		RT, LT	Y / \$57.99	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES		RT, LT	Y / \$35.29	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		RT, LT	Y / Priced on PA	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PRAFABRICATED, OFF-THE-SHELF, EACH		RT, LT	Y / \$29.90	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT		RT, LT	Y / \$89.77	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD		RT, LT	Y / \$96.83	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR		RT, LT	Y / \$102.88	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT		RT, LT	Y / \$76.65	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD		RT, LT	Y / \$70.61	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR		RT, LT	Y / \$76.65	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3208	SURGICAL BOOT, EACH; INFANT		RT, LT	Y / \$34.78	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3209	SURGICAL BOOT, EACH; CHILD		RT, LT	Y / \$34.78	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3211	SURGICAL BOOT, EACH; JUNIOR		RT, LT	Y / \$34.78	3 EACH PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3212	BENESCH BOOT, PAIR; INFANT			Y / \$96.83	3 PAIRS PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3213	BENESCH BOOT, PAIR; CHILD			Y / \$96.83	3 PAIRS PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3214	BENESCH BOOT, PAIR; JUNIOR			Y / \$89.77	3 PAIRS PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH		RT, LT	Y / \$53.96	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH		RT, LT	Y / \$70.60	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH		RT, LT	Y / \$75.65	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH		RT, LT	Y / \$59.00	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH		RT, LT	Y / \$75.64	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH		RT, LT	Y / \$80.70	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)		RT, LT	Y / \$53.97	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3225	ORTHOPEDIC FOOTWEAR, MANS SHOE, OXFORD USED AS AN INTEGRAL PART OF BRACE		RT, LT	Y / \$59.00	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH		RT, LT	Y / \$201.72	2 SHOES PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH		RT, LT	Y / \$301.55	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL; SILICONE SHOE, EACH		RT, LT	Y / \$263.62	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL; PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED EACH		RT, LT	Y / \$316.33	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3253	FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR), CUSTOM FITTED, EACH		RT, LT	Y / \$65.56	1 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3254	NON-STANDARD SIZE OR WIDTH			Y / \$42.18	1 PER YEAR (1 PAIR)	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3255	NON-STANDARD SIZE OR LENGTH			Y / \$35.29	1 PER YEAR (1 PAIR)	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE			Y / \$45.39	1 PER YEAR (1 PAIR)	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3260	SURGICAL BOOT/SHOE, EACH		RT, LT	N / \$21.57	3 PER YEAR	Not In Rate	05, 24, 25, 53	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3300	LIFT, ELEVATION; HEEL, TAPERED TO METATARSAL, PER INCH		RT, LT	N / \$40.06	1 YEAR	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3310	LIFT, ELEVATION; HEEL AND SOLE, NEOPRENE, PER INCH		RT, LT	N / \$62.52	1 YEAR	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3320	LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH		RT, LT	N / \$34.26	1 YEAR	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3330	LIFT, ELEVATION; METAL EXTENSION (SKATE)		RT, LT	Y / \$45.39	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3332	LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH		RT, LT	Y / \$30.25	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3334	LIFT, ELEVATION; HEEL, PER INCH		RT, LT	Y / \$47.39	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3340	HEEL WEDGE, SACH		RT, LT	Y / \$35.59	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3350	HEEL WEDGE, EACH		RT, LT	Y / \$15.13	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3360	SOLE WEDGE; OUTSIDE SOLE		RT, LT	Y / \$25.21	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3370	SOLE WEDGE; BETWEEN SOLE		RT, LT	Y / \$40.34	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3380	CLUBFOOT WEDGE		RT, LT	Y / \$45.39	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3390	OUTFLARE WEDGE		RT, LT	Y / \$40.34	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3400	METATARSAL BAR WEDGE; ROCKER		RT, LT	Y / \$35.29	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3410	METATARSAL BAR WEDGE; BETWEEN SOLE		RT, LT	Y / \$35.84	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3420	FULL SOLE AND HEEL WEDGE; BETWEEN SOLE		RT, LT	Y / \$48.40	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3430	HEEL; COUNTER, PLASTIC REINFORCED		RT, LT	Y / \$52.73	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3440	HEEL; COUNTER, LEATHER REINFORCED		RT, LT	Y / \$36.90	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3450	HEEL; SACH CUSHION TYPE		RT, LT	Y / \$70.61	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3455	HEEL; NEW LEATHER, STANDARD		RT, LT	N / \$10.02	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3460	HEEL; NEW RUBBER, STANDARD		RT, LT	Y / \$17.40	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3465	HEEL; THOMAS WITH WEDGE		RT, LT	Y / \$22.19	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3470	HEEL; THOMAS EXTENDED TO BALL		RT, LT	Y / \$18.14	2 PER YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3480	HEEL; PAD AND DEPRESSION FOR SPUR		RT, LT	Y / \$31.64	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3485	HEEL; PAD, REMOVABLE FOR SPUR		RT, LT	Y / \$13.19	1 YEAR	Not In Rate	05, 24, 25, 53	20150901	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER		RT, LT	N / \$25.21	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER		RT, LT	N / \$21.18	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER		RT, LT	N / \$25.21	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF		RT, LT	N / \$32.28	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL		RT, LT	N / \$25.21	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD		RT, LT	N / \$24.21	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE		RT, LT	N / \$18.98	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)		RT, LT	N / \$60.52	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE		RT, LT	N / \$35.29	3 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER		RT, LT	N / \$24.26	3 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR		RT, LT	N / \$30.58	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER PLATE EXISTING			N / \$50.43	4 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; CALIPER PLATE NEW			N / \$80.69	4 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP EXISTING			N / \$50.43	4 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; SOLID STIRRUP NEW			N / \$80.69	4 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER; DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES			N / \$35.29	6 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED		RT, LT	Y / Priced on PA	3 PER YEAR	Not In Rate	05, 24, 25, 53	20101201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3650	SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$48.98	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3660	SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$70.24	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$77.28	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3671	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$651.36	2 YEARS	Not In Rate	05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$754.50	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20110101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF			N / \$85.20	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$111.88	1 YEAR	Not In Rate	04, 05, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$68.55	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$129.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$58.24	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED		RT, LT	N / \$289.97	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM-FABRICATED		RT, LT	N / \$255.18	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED		RT, LT	N / \$371.18	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE		RT, LT	N / \$353.40	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$353.40	5 Years	Not In Rate	04, 05, 24, 25, 53, 77, 78	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 31, 32, 33, 49, 50, 71, 72
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$43.85	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$159.86	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$378.13	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$180.06	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$981.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$226.80	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$142.83	2 PER YEAR	Not In Rate	04, 05, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$168.50	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20070101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE		RT, LT	N / \$54.53	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH		RT, LT	Y / \$300.04	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED		RT, LT	Y / \$1,204.17	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED		RT, LT	Y / \$1,223.17	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED		RT, LT	Y / \$1,998.17	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$454.20	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20060101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$237.26	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$49.84	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$71.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$76.60	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	Y / \$384.27	2 YEARS	Not In Rate	04, 05, 17, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$57.81	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$36.79	2 YEARS	Not In Rate	04, 05, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$52.79	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	N / \$36.20	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT		RT, LT	Y / \$232.21	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$27.76	1 YEAR	Not In Rate	04, 05, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3924	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$27.76	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF			N / \$33.49	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G. STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF			N / \$29.75	6 MONTHS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE			N / \$80.00	1 YEAR	Not In Rate	04, 05, 17, 53, 77, 78	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE SHELF	RT, LT		N / \$53.49	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			N / \$85.15	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		N / \$58.52	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		N / \$79.09	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$395.42	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,214.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALS Y DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$490.36	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20140501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,214.00	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,361.17	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,433.96	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,214.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,214.56	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,361.17	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		Y / \$1,433.96	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		N / \$200.35	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT		N / \$142.36	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ATTACHMENT		RT, LT	N / \$132.85	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH		RT, LT	N / \$26.21	3 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED		RT, LT	Y / If Over \$150	VARIES	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)			N / \$695.94	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE		RT, LT	N / \$30.30	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4010	REPLACE TRILATERAL SOCKET BRIM		RT, LT	N / \$568.58	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4020	REPLACE QUADRILATERAL SOCKET BRIM; MOLDED TO PATIENT MODEL		RT, LT	N / \$838.28	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4030	REPLACE QUADRILATERAL SOCKET BRIM; CUSTOM FITTED		RT, LT	N / \$395.42	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$358.50	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$214.82	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$219.32	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY		RT, LT	N / \$201.71	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4060	REPLACE HIGH ROLL CUFF		RT, LT	N / \$237.26	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		RT, LT	N / \$89.64	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH		RT, LT	N / \$50.09	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH		RT, LT	N / \$47.71	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH		RT, LT	N / \$66.54	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH		RT, LT	N / \$47.46	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4130	REPLACE PRETIBIAL SHELL		RT, LT	N / \$337.42	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS (NOT TO BE USED FOR WHEELCHAIR SEATING SYSTEM)			Y / If Over \$150	N/A	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$66.57	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$204.74	1 YEAR	Not In Rate	04, 05, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF			N / \$153.09	1 PER LIFETIME	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$70.61	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Additional Policy Information	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$128.93	1 YEAR	Not In Rate	04, 05, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF			N / \$93.18	2 PER 5 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77	20170701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO		RT, LT	N / \$16.22	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT		RT, LT	N / \$11.83	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		RT, LT	N / \$115.65	1 YEAR	Not In Rate	04, 17, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF			N / \$62.00	1 PER LIFETIME	Not In Rate	04, 05, 17, 24, 25, 53, 77	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF		RT, LT	N / \$53.24	1 YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED		RT, LT	N / \$926.80	6 MONTHS	Not In Rate	53	2011, 190101	11, 19
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)			Y / \$2,331.08	VARIES	Not In Rate	53	20080701	11, 19

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Effective Date	Allowable Place of Service
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE, PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)		N / \$14.99	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0140	CERVICAL, SEMI-RIGID; ADJUSTABLE (PLASTIC COLLAR)		N / \$33.73	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF		Y / \$114.93	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0172	CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE, PREFABRICATED, OFF-THE-SHELF		N / \$71.44	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0174	CERVICAL COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF		Y / \$206.13	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF		Y / \$130.60	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$347.99	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF		Y / \$199.99	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$347.99	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF		Y / \$328.00	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$596.41	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$308.49	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Effective Date	Allowable Place of Service
L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF		Y / \$231.00	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$386.62	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED		Y / \$173.99	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED		Y / Only If Over \$75	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF		N / \$44.78	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		N / \$63.38	1 YEAR	Not In Rate	20140101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$113.88	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		N / \$63.38	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED		Y / Only If Over \$75	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$131.70	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Effective Date	Allowable Place of Service
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$834.70	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED		Y / Only If Over \$75	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$233.17	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED		Y / Only If Over \$75	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDE STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT		Y / \$812.49	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0636	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, CUSTOM FABRICATED		Y / \$1,102.38	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$848.84	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, CUSTOM FABRICATED		Y / \$1,072.43	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Effective Date	Allowable Place of Service
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE		Y / \$280.68	2 YEARS	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, CUSTOM FABRICATED		Y / \$850.83	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		N / \$49.29	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L 1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		N / \$49.29	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		Y / \$79.25	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71, 72
L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		Y / \$130.78	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		Y / \$328.25	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		Y / \$420.19	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF		Y / \$453.00	1 YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	RT, LT	N / \$47.59	3 PER YEAR	Not In Rate	20150701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 31, 32, 33, 49, 50, 54, 71,

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K1022	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL, KNEE DISARTICULATION, ABOVE KNEE, HIP DISARTICULATION, POSITIONAL ROTATION UNIT, ANY TYPE		Y / \$594.05		Not In Rate	05, 24, 25, 53	20211001	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 34, 49, 50, 54, 71, 72
L5000	PARTIAL FOOT; SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	RT, LT	N / \$409.25	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5010	PARTIAL FOOT; MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	RT, LT	N / \$986.11	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5020	PARTIAL FOOT; MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	RT, LT	N / \$1,605.19	4 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	RT, LT	N / \$1,858.89	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	RT, LT	N / \$2,237.19	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5100	BELOW KNEE; MOLDED SOCKET, SHIN, SACH FOOT	RT, LT	N / \$2,017.12	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5105	BELOW KNEE; PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	RT, LT	N / \$2,813.86	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET; EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	RT, LT	N / \$2,844.42	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET; BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	RT, LT	N / \$1,755.66	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5200	ABOVE KNEE; MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	RT, LT	N / \$2,675.77	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5210	ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	RT, LT	N / \$1,613.32	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5220	ABOVE KNEE; SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	RT, LT	N / \$2,234.15	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5230	ABOVE KNEE; FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, EACH FOOT	RT, LT	N / \$3,163.36	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5250	HIP DISARTICULATION; CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	RT, LT	N / \$4,202.66	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5270	HIP DISARTICULATION; TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	RT, LT	N / \$4,207.28	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	RT, LT	N / \$4,124.19	4 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	RT, LT	N / \$2,182.70	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	RT, LT	Y / \$3,439.00	5 YEARS	Not In Rate	53	20120101	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 54

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	RT, LT	N / \$2,910.56	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	RT, LT	N / \$4,262.92	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	RT, LT	N / \$4,531.42	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION AND ONE CAST CHANGE, BELOW KNEE	RT, LT	N / \$974.85	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	RT, LT	N / \$342.71	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE "AK" OR KNEE DISARTICULATION	RT, LT	N / \$1,231.20	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, "AK" OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	RT, LT	N / \$416.51	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, BELOW KNEE	RT, LT	N / \$330.00	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, ABOVE KNEE	RT, LT	N / \$441.67	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5500	INITIAL, BELOW KNEE, "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	RT, LT	N / \$1,040.29	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5505	INITIAL, ABOVE KNEE, KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT PLASTER SOCKET, DIRECT FORMED	RT, LT	N / \$1,407.82	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	RT, LT	N / \$1,179.24	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	RT, LT	N / \$1,164.80	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	RT, LT	N / \$1,399.04	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	RT, LT	N / \$1,373.58	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	RT, LT	N / \$1,466.05	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	RT, LT	N / \$1,574.28	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	RT, LT	N / \$1,636.69	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	RT, LT	N / \$1,910.72	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	RT, LT	N / \$2,072.41	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT LAMINATED SOCKET MOLDED TO MODEL	RT, LT	N / \$1,947.16	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5595	PREPARATORY, HIP DISARTICULATION / HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	RT, LT	N / \$3,261.42	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5600	PREPARATORY, HIP DISARTICULATION / HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	RT, LT	N / \$3,601.58	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	RT, LT	N / \$1,212.62	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5611	ADDITION TO LOWER EXTREMITY ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	RT, LT	N / \$1,305.03	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	RT, LT	N / \$1,985.03	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	RT, LT	N / \$1,374.76	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	RT, LT	N / \$1,196.93	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	RT, LT	N / \$455.84	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET; SYMES	RT, LT	N / \$227.80	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET; BELOW KNEE	RT, LT	N / \$236.20	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET; KNEE DISARTICULATION	RT, LT	N / \$293.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET; ABOVE KNEE	RT, LT	N / \$294.48	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET; HIP DISARTICULATION	RT, LT	N / \$308.95	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET; HEMIPELVECTOMY	RT, LT	N / \$391.08	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	RT, LT	N / \$254.17	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE; EXPANDABLE WALL SOCKET	RT, LT	N / \$447.26	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	RT, LT	N / \$355.89	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE; "PTB" BRIM DESIGN SOCKET	RT, LT	N / \$179.85	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE; POSTERIOR OPENING (CANADIAN) SOCKET	RT, LT	N / \$274.33	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE; MEDIAL OPENING SOCKET	RT, LT	N / \$209.67	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE; TOTAL CONTACT	RT, LT	N / \$267.30	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE; LEATHER SOCKET	RT, LT	N / \$485.05	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE; WOOD SOCKET	RT, LT	N / \$908.14	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	RT, LT	N / \$596.94	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	RT, LT	N / \$553.34	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	RT, LT	N / \$1527.98	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	RT, LT	N / \$478.42	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE; FLEXIBLE INNER SOCKET, EXTERNAL FRAME	RT, LT	N / \$646.28	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	RT, LT	N / \$443.80	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE; SUCTION SOCKET	RT, LT	N / \$593.04	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	RT, LT	N / \$594.28	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	RT, LT	N / \$1,597.60	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5650	ADDITION TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	RT, LT	N / \$395.43	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	RT, LT	N / \$972.73	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	RT, LT	N / \$302.56	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	RT, LT	N / \$525.13	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	RT, LT	N / \$268.62	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	RT, LT	N / \$230.62	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; KNEE DISARTICULATION, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	RT, LT	N / \$311.06	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; ABOVE KNEE, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	RT, LT	N / \$311.06	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER, SYMES	RT, LT	N / \$492.91	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT; MULTI-DUROMETER, BELOW KNEE	RT, LT	N / \$414.74	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE; CUFF SUSPENSION	RT, LT	N / \$48.50	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED DISTAL CUSHION	RT, LT	N / \$61.17	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE; MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	RT, LT	N / \$184.52	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	RT, LT	N / \$402.90	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE; REMOVABLE MEDIAL BRIM SUSPENSION	RT, LT	N / \$238.31	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EQUAL, FOR USE WITH LOCKING MECHANISM	RT, LT	Y / \$640.31	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5676	ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS, SINGLE AXIS, PAIR		N / \$293.52	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5677	ADDITION TO LOWER EXTREMITY, BELOW KNEE; KNEE JOINTS, POLYCENTRIC, PAIR		N / \$399.37	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5678	ADDITION TO LOWER EXTREMITY, BELOW KNEE; JOINT COVERS, PAIR		N / \$13.19	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	RT, LT	Y / \$533.58	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER, NON-MOLDED	RT, LT	N / \$246.54	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	RT, LT	Y / \$957.56	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE; THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	RT, LT	N / \$516.69	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	RT, LT	Y / \$957.56	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE; FORK STRAP	RT, LT	N / \$31.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	RT, LT	N / \$85.85	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE; BACK CHECK (EXTENSION CONTROL)	RT, LT	N / \$36.90	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT, WEBBING	RT, LT	N / \$43.23	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE; WAIST BELT, PADDED AND LINED	RT, LT	N / \$65.38	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT, LIGHT	RT, LT	N / \$107.63	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL BELT, PADDED AND LINED	RT, LT	N / \$103.34	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	RT, LT	N / \$132.10	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, PELVIC JOINT	RT, LT	N / \$149.86	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, PELVIC BAND	RT, LT	N / \$54.84	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE; OR KNEE DISARTICULATION, SILESIA BANDAGE	RT, LT	N / \$79.09	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	RT, LT	N / \$151.03	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	RT, LT	N / \$2,498.94	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	RT, LT	N / \$3,100.16	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	RT, LT	N / \$3,907.29	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	RT, LT	N / \$2,014.95	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	RT, LT	N / \$440.46	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	RT, LT	N / \$807.50	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	RT, LT	N / \$787.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	RT, LT	N / \$1,058.18	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK	RT, LT	N / \$291.32	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5711	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK, ULTRA-LIGHT MATERIAL	RT, LT	N / \$422.95	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	RT, LT	N / \$349.03	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; VARIABLE FRICTION SWING PHASE CONTROL	RT, LT	N / \$338.79	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK	RT, LT	N / \$702.23	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING AND STANCE PHASE CONTROL	RT, LT	N / \$737.88	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	RT, LT	N / \$731.32	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL	RT, LT	N / \$1,222.61	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; EXTERNAL JOINTS FLUID SWING PHASE CONTROL	RT, LT	N / \$1,675.63	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL	RT, LT	N / \$1,927.36	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	RT, LT	N / \$927.36	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	RT, LT	Y / \$3,259.74	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	RT, LT	Y / Priced on PA	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	RT, LT	Y / \$420.83	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	RT, LT	Y / \$582.40	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	RT, LT	Y / \$876.46	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK	RT, LT	N / \$394.35	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; MANUAL LOCK, ULTRA-LIGHT MATERIAL	RT, LT	Y / \$590.74	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	RT, LT	N / \$457.88	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	RT, LT	Y / \$2,919.18	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; MECHANICAL STANCE PHASE LOCK	RT, LT	N / \$356.04	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC; FRICTION SWING, AND STANCE PHASE CONTROL	RT, LT	N / \$617.23	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	RT, LT	N / \$1,397.87	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING PHASE CONTROL	RT, LT	N / \$1,348.89	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	RT, LT	N / \$2,430.59	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; FLUID SWING AND STANCE PHASE CONTROL	RT, LT	N / \$2,400.67	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS; PNEUMATIC SWING PHASE CONTROL	RT, LT	N / \$1,172.96	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	RT, LT	N / \$1,976.79	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	RT, LT	Y / \$1,460.24	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	RT, LT	N / \$876.06	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	RT, LT	N / \$75.65	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	RT, LT	N / \$216.24	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	RT, LT	N / \$226.93	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	RT, LT	N / \$407.47	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	RT, LT	N / \$235.27	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5930	ADDITION ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	RT, LT	Y / \$2,625.06	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	RT, LT	Y / \$344.93	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT	RT, LT	Y / \$630.18	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	RT, LT	Y / \$942.27	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION, AND/OR EXTENSION CONTROL	RT, LT	Y / \$6,630.00	5 YEARS	Not In Rate	53	20110101	11, 19
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	RT, LT	N / \$411.56	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	RT, LT	N / \$789.47	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	RT, LT	N / \$1,016.97	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	RT, LT	Y / \$2,856.56	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5970	ALL LOWER EXTREMITY PROSTHESES; FOOT, EXTERNAL KEEL, SACH FOOT	RT, LT	N / \$176.98	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	RT, LT	N / \$204.02	5 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL	RT, LT	Y / \$231.97	5 YEARS	Not In Rate	05, 24, 25, 53	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5974	ALL LOWER EXTREMITY PROSTHESES; FOOT, SINGLE AXIS ANKLE/FOOT	RT, LT	N / \$128.08	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5975	ALL LOWER EXTREMITY PROSTHESIS; COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	RT, LT	Y / \$364.43	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5976	ALL LOWER EXTREMITY PROSTHESES; ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	RT, LT	Y / \$478.77	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	RT, LT	Y / \$252.14	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	RT, LT	Y / \$1,755.90	5 YEARS	Not In Rate	05, 24, 25, 53	20140401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5980	ALL LOWER EXTREMITY PROSTHESES; FLEX FOOT SYSTEM	RT, LT	Y / \$3,094.79	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	RT, LT	Y / \$2,403.05	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES; AXIAL ROTATION UNIT	RT, LT	Y / \$558.75	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	RT, LT	Y / \$594.05	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	RT, LT	N / \$220.22	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5986	ALL LOWER EXTREMITY PROSTHESES; MULTI-AXIAL ROTATION UNIT (MCP OR EQUAL)	RT, LT	Y / \$560.76	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	RT, LT	Y / \$5,654.40	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5988	ADDITION TO LOWER LIMB PROSTHESIS, VERTICAL SHOCK REDUCING PYLON FEATURE	RT, LT	Y / \$1,570.37	5 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	RT, LT	Y / Only If Over \$150	VARIES	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6000	PARTIAL HAND, ROBIN-AIDS; THUMB REMAINING (OR EQUAL)	RT, LT	N / \$1,120.89	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6010	PARTIAL HAND, ROBIN-AIDS; LITTLE AND/OR RING FINGER REMAINING, (OR EQUAL)	RT, LT	N / \$1,182.05	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6020	PARTIAL HAND, ROBIN-AIDS; NO FINGER REMAINING (OR EQUAL)	RT, LT	N / \$1,300.13	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWER, SELF-SUSPENDED, INNER SOCKET WITH REMOVABLE FOREARM SECTION, ELECTRODES AND CABLES, TWO BATTERIES, CHARGER, MYOELECTRIC CONTROL OF TERMINAL DEVICE, EXCLUDES TERMINAL DEVICE(S)	RT, LT	Y / \$6,519.48	2 YEARS	Not In Rate	05, 24, 25, 53	20150101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	RT, LT	N / \$1,512.84	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	RT, LT	N / \$1,730.70	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6100	BELOW ELBOW, MOLDED SOCKET; FLEXIBLE ELBOW HINGE, TRICEPS PAD	RT, LT	N / \$1,057.63	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6110	BELOW ELBOW, MOLDED SOCKET; (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	RT, LT	N / \$1,057.63	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STEP-UP HINGES, HALF CUFF	RT, LT	N / \$1,244.26	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET; STUMP ACTIVATED LOCKING HINGE, HALF CUFF	RT, LT	N / \$1,228.44	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	RT, LT	N / \$1,492.05	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	RT, LT	N / \$2,970.21	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	RT, LT	N / \$1,455.16	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	RT, LT	N / \$1,697.68	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION; (COMPLETE PROSTHESIS)	RT, LT	N / \$1,977.10	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION; (SHOULDER CAP ONLY)	RT, LT	N / \$1,207.34	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6350	INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	RT, LT	N / \$1,818.94	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6360	INTERSCAPULAR THORACIC; PASSIVE RESTORATION (COMPLETE PROSTHESIS)	RT, LT	N / \$2,615.04	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6370	INTERSCAPULAR THORACIC; PASSIVE RESTORATION (SHOULDER CAP ONLY)	RT, LT	N / \$1,096.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	RT, LT	N / \$1,153.80	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	RT, LT	N / \$1,238.50	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	RT, LT	N / \$1,737.62	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING; EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	RT, LT	N / \$383.26	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING; APPLICATION OF RIGID DRESSING ONLY	RT, LT	N / \$419.46	3 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6400	BELOW ELBOW, MOLDED SOCKET ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	RT, LT	N / \$1,581.68	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	RT, LT	N / \$2,267.08	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	RT, LT	N / \$2,267.08	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	RT, LT	N / \$2,646.67	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	RT, LT	N / \$2,978.83	4 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	RT, LT	N / \$1,644.81	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW; SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	RT, LT	N / \$1,381.43	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6584	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW; SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	RT, LT	N / \$2,045.51	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC; SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	RT, LT	N / \$2,854.54	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC; SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	RT, LT	N / \$2,104.87	6 MONTHS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6600	UPPER EXTREMITY ADDITIONS; POLYCENTRIC HINGE, PAIR		N / \$68.55	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6605	UPPER EXTREMITY ADDITIONS; SINGLE PIVOT HINGE, PAIR		N / \$90.69	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6610	UPPER EXTREMITY ADDITIONS; FLEXIBLE METAL HINGE, PAIR		N / \$126.53	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6615	UPPER EXTREMITY ADDITIONS; DISCONNECT LOCKING WRIST UNIT	RT, LT	N / \$126.53	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6616	UPPER EXTREMITY ADDITIONS; ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	RT, LT	N / \$35.29	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	RT, LT	N / \$169.76	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	RT, LT	N / \$169.76	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6623	UPPER EXTREMITY ADDITIONS; SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	RT, LT	N / \$231.97	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6625	UPPER EXTREMITY ADDITION; ROTATION WRIST UNIT WITH CABLE LOCK	RT, LT	N / \$68.55	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6628	UPPER EXTREMITY ADDITION; QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	RT, LT	N / \$296.53	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6629	UPPER EXTREMITY ADDITION; QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	RT, LT	N / \$158.00	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6630	UPPER EXTREMITY ADDITION; STAINLESS STEEL, ANY WRIST	RT, LT	N / \$52.73	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6632	UPPER EXTREMITY ADDITION; LATEX SUSPENSION SLEEVE, EACH	RT, LT	N / \$42.36	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6635	UPPER EXTREMITY ADDITION; LIFT ASSIST FOR ELBOW	RT, LT	N / \$152.90	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6637	UPPER EXTREMITY ADDITION; NUDGE CONTROL ELBOW LOCK	RT, LT	N / \$295.52	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	RT, LT	Y / \$2,037.32	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6640	UPPER EXTREMITY ADDITION; SHOULDER ABDUCTION JOINT, PAIR	RT, LT	N / \$137.09	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6641	UPPER EXTREMITY ADDITION; EXCURSION AMPLIFIER, PULLEY TYPE	RT, LT	N / \$159.73	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6642	UPPER EXTREMITY ADDITION; EXCURSION AMPLIFIER, LEVER TYPE	RT, LT	N / \$100.86	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6645	UPPER EXTREMITY ADDITION; SHOULDER FLEXION-ABDUCTION JOINT, EACH	RT, LT	N / \$137.09	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONTROL, FOR USE WITH BODY POWERED OR EXTERNAL POWERED SYSTEM	RT, LT	Y / \$2,569.54	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	RT, LT	Y / \$423.04	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	RT, LT	Y / \$2,650.11	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6650	UPPER EXTREMITY ADDITION; SHOULDER UNIVERSAL JOINT, EACH	RT, LT	N / \$158.19	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6655	UPPER EXTREMITY ADDITION; STANDARD CONTROL CABLE, EXTRA	RT, LT	N / \$52.73	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6660	UPPER EXTREMITY ADDITION; HEAVY DUTY CONTROL CABLE	RT, LT	N / \$36.90	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6665	UPPER EXTREMITY ADDITION; TEFLON, OR EQUAL, CABLE LINING	RT, LT	N / \$37.31	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6670	UPPER EXTREMITY ADDITION; HOOK TO HAND, CABLE ADAPTER	RT, LT	N / \$31.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6672	UPPER EXTREMITY ADDITION; HARNESS, CHEST OR SHOULDER, SADDLE TYPE	RT, LT	N / \$121.26	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	RT, LT	N / \$68.55	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	RT, LT	N / \$91.74	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	RT, LT	N / \$91.74	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6680	UPPER EXTREMITY ADDITION; TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	RT, LT	N / \$142.36	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6682	UPPER EXTREMITY ADDITION; TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	RT, LT	N / \$171.87	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6684	UPPER EXTREMITY ADDITION; TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	RT, LT	N / \$231.98	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6686	UPPER EXTREMITY ADDITION; SUCTION SOCKET	RT, LT	N / \$207.76	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6687	UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	RT, LT	N / \$249.11	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6688	UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	RT, LT	N / \$398.37	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6689	UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, SHOULDER DISARTICULATION	RT, LT	N / \$545.62	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6690	UPPER EXTREMITY ADDITION; FRAME TYPE SOCKET, INTERSCAPULAR THORACIC	RT, LT	N / \$604.13	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6691	UPPER EXTREMITY ADDITION; REMOVABLE INSERT, EACH	RT, LT	N / \$119.02	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6692	UPPER EXTREMITY ADDITION; SILICONE GEL INSERT OR EQUAL, EACH	RT, LT	N / \$484.11	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	RT, LT	Y / \$2,231.71	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM		Y / \$604.80	2 YEARS	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM		Y / \$504.00	2 YEARS	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L6694 OR L6695)		Y / \$1012.21	2 YEARS	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT		N / \$384.74	2 Years	Not In Rate	05, 24, 25, 53	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	RT, LT	Y / \$235.40	2 YEARS	Not In Rate	05, 24, 25, 53	20070701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE		Y / \$519.54	2 YEARS	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RT, LT	Y / \$282.04	2 YEARS	Not In Rate	05, 24, 25, 53	20070701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RT, LT	Y / \$997.53	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	RT, LT	Y / \$659.40	2 YEARS	Not In Rate	05, 24, 25, 53	20070701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	RT, LT	Y / \$931.87	2 YEARS	Not In Rate	05, 24, 25, 53	20070701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	RT, LT	Y / \$282.00	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	RT, LT	Y / \$997.54	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	RT, LT	Y / \$659.40	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	RT, LT	Y / \$935.87	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	RT, LT	Y / Priced on PA	3 YEARS	Not In Rate	53	20120101	11, 12, 19, 31, 32, 54
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RT, LT	Y / \$423.00	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	RT, LT	Y / \$1,447.23	2 YEARS	Not In Rate	05, 24, 25, 53	20090101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	RT, LT	N / \$312.46	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	RT, LT	N / \$148.25	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	RT, LT	Y / Priced on PA	3 YEARS	Not In Rate	53	20120101	11, 12, 19, 31, 32, 54

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	RT, LT	Y / \$2,634.89	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	RT, LT	Y / \$1,998.99	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	RT, LT	N / \$151.29	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	RT, LT	N / \$486.13	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6900	HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, THUMB OR ONE FINGER REMAINING	RT, LT	N / \$847.77	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6905	HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, MULTIPLE FINGERS REMAINING	RT, LT	N / \$883.64	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6910	HAND RESTORATION, (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND; WITH GLOVE, NO FINGERS REMAINING	RT, LT	N / \$801.38	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6915	HAND RESTORATION, (SHADING AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	RT, LT	N / \$553.58	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL; SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$6,824.63	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL; ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$6,792.66	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL; OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$6,573.06	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL; OTTO BOCK OR EQUAL, ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$6,951.02	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES; FOREARM, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$8,488.00	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES; FOREARM, OTTO BOCK OR EQUAL, ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$9,469.46	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM; OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$8,472.25	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM; OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$9,825.15	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$10,335.69	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL, ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$12,244.20	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6970	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$13,106.07	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L6975	INTERSCAPULAR THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM; OTTO BOCK OR EQUAL, ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	RT, LT	Y / \$14,445.98	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	RT, LT	Y / \$2,478.01	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7045	ELECTRONIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	RT, LT	Y / \$990.41	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7170	ELECTRONIC ELBOW; HOSMER OR EQUAL, SWITCH CONTROLLED	RT, LT	Y / \$4,193.61	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	RT, LT	Y / \$27,957.38	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7185	ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	RT, LT	Y / \$4,426.58	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L7186	ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	RT, LT	Y / \$6,565.75	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7190	ELECTRONIC ELBOW; ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	RT, LT	Y / \$4,830.02	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7191	ELECTRONIC ELBOW; CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	RT, LT	Y / \$6,989.33	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	RT, LT	Y / Priced on PA	2 YEARS	Not In Rate	05, 24, 25, 53	20150101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7360	SIX VOLT BATTERY, EACH	RT, LT	N / \$215.52	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7362	BATTERY CHARGER, SIX VOLT, EACH		N / \$189.62	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7364	TWELVE VOLT BATTERY, EACH	RT, LT	N / \$343.92	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7366	BATTERY CHARGER, TWELVE VOLT, EACH		N / \$428.63	2 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7367	LITHIUM ION BATTERY; RECHARGEABLE, REPLACEMENT	RT, LT	N / \$317.19	2 YEARS	Not In Rate	05, 24, 25, 53	20150101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7368	LITHIUM ION BATTERY CHARGER		Y / \$411.18	1 PER LIFETIME	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)		Y / \$235.84	2 YEARS	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	RT, LT	N / Priced on Claim	2 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	RT, LT	Y / Only If Over \$150	VARIES	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS		Y / Only If Over \$150	N/A	Not In Rate	20, 24, 25, 53, 74	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH		N / \$62.62	2 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH		N / \$116.39	1 Year	Not In Rate	04, 05, 24, 25, 53, 77, 78	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 22, 31, 32, 33, 49, 50, 71, 72
L8000	BREAST PROSTHESIS; MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE		N / \$28.68	4 PER YEAR	Not In Rate	05, 24, 25, 53	20130101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L8010	BREAST PROSTHESIS; MASTECTOMY SLEEVE	RT, LT	N / \$42.18	2 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY		N / \$44.59	2 PER YEAR	Not In Rate	05, 24, 25, 53	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8020	BREAST PROSTHESIS; MASTECTOMY FORM	RT, LT	N / \$164.13	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8030	BREAST PROSTHESIS; SILICONE OR EQUAL	RT, LT	N / \$215.83	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	RT, LT	N / \$242.75	3 YEARS	Not In Rate	05, 24, 25, 53	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	RT, LT	N / \$38.96	3 YEARS	Not In Rate	05, 24, 25, 53	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH		N / \$132.65	3 YEARS	Not In Rate	05, 24, 25, 53	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	RT, LT	Y / Only If Over \$150	3 YEARS	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$2384.64	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$2,299.21	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$2,583.37	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$2,893.39	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$3,203.38	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$3,135.58	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$2,066.72	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN		N / \$1,059.19	1 YEAR	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN		Y		Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN		N / \$35.25		Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8300	TRUSS; SINGLE WITH STANDARD PAD		N / \$68.33	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L8310	TRUSS; DOUBLE WITH STANDARD PADS		N / \$97.26	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8320	TRUSS; ADDITION TO STANDARD PAD, WATER PAD		N / \$29.00	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8330	TRUSSES, ADDITION TO STANDARD PADS, SCROTAL PADS		N / \$39.99	1 YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8400	PROSTHETIC SHEATH; BELOW KNEE, EACH	RT, LT	N / \$10.53	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8410	PROSTHETIC SHEATH; ABOVE KNEE, EACH	RT, LT	N / \$13.09	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8415	PROSTHETIC SHEATH; UPPER LIMB, EACH	RT, LT	N / \$8.07	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8417	PROSTHETIC SHEATH/sock, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	RT, LT	Y / \$59.11	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	RT, LT	N / \$17.00	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	RT, LT	N / \$22.19	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	RT, LT	N / \$9.08	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8440	PROSTHETIC SHRINKER; BELOW KNEE, EACH	RT, LT	N / \$21.10	12 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8460	PROSTHETIC SHRINKER; ABOVE KNEE, EACH	RT, LT	N / \$26.91	12 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8465	PROSTHETIC SHRINKER; UPPER LIMB, EACH	RT, LT	N / \$30.25	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	RT, LT	N / \$5.40	12 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	RT, LT	N / \$7.45	12 PER YEAR	Not In Rate	04, 05, 17, 24, 25, 53, 77	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	RT, LT	N / \$8.67	12 PER YEAR	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	RT, LT	Y / Only If Over \$150	VARIES	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM		N / \$895.51	5 YEARS	Not In Rate	25, 53	20170501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS		N / \$60.21	2 PER YEAR	Not In Rate	25, 53	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
V2625	ENLARGEMENT OF OCULAR PROSTHESIS		N / \$461.08	5 Years	Not In Rate	25	20180101	01, 05, 06, 07, 08, 09, 11, 12, 13, 14, 19, 20, 26, 31, 32, 33, 34, 49, 50, 54, 57, 60, 71, 72
V2626	REDUCTION OF OCULAR PROSTHESIS		N / \$190.80	5 Years	Not In Rate	25	20180101	01, 05, 06, 07, 08, 09, 11, 12, 13, 14, 19, 20, 26, 31, 32, 33, 34, 49, 50, 54, 57, 60, 71, 72
V2627	SCLERAL COVER SHELL		N / \$1414.70	5 YEARS	Not In Rate	25, 53	20200101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
A4210	NEEDLE-FREE INJECTION DEVICE, EACH		No Rental	Y / \$492.57	3 YEARS	In Rate	05, 24, 25, 53	20080701	01, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 26, 34, 49, 50, 57, 60, 71, 72
E0740	NON-IMPLANTED PELVIC FLOOR ELECTRICAL STIMULATOR, COMPLETE SYSTEM	NU	No Rental	N / \$695.40	5 YEARS	Not In Rate	25, 53	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 15, 19, 20, 26, 31, 32, 34, 49, 50, 56, 57, 60, 71, 72, 99
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, OTHER THAN SPINAL APPLICATIONS		No Rental	Y / \$4,656.99	2 YEARS	Not In Rate	25	20230101	01, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS		No Rental	Y / \$5,174.14	2 YEARS	Not In Rate	25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NONINVASIVE		No Rental	Y / \$4,299.61	5 YEARS	Not In Rate	25	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	RR	90 / \$10,706.54 Per MO.	No Purchase		Not In Rate	25	20211115	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72, 99
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS, ETC.)		No Rental	N / \$7,162.20 Surgery Requires PA	5 YEARS	Not In Rate	25	20140401	22, 23, 24
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	RR	0 / \$61.91	No Purchase	N/A	Not In Rate	03, 25, 57	20210101	11, 12, 31, 32
K1013	ENEMA TUBE, ANY TYPE, REPLACEMENT ONLY, EACH		No Rental	Y / \$62.33 Represents MiniACE or Chait Access Adapter with Connection Tube	1 Year	In Rate	05, 25	20210401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 33, 49, 50, 71, 72
L0810	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST		No Rental	N / \$1,997.14	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0820	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET		No Rental	N / \$970.09	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0830	HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS		No Rental	N / \$1,091.35	3 YEARS	Not In Rate	04, 05, 17, 24, 25, 53, 77, 78	20080701	21, 22, 23
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL		No Rental	N / \$1,002.35	3 YEARS	Not In Rate	09, 10, 31, 33	20120901	21, 22, 23
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS		No Rental	Y / Only If Over \$150	Varies	Not In Rate	20, 24, 25, 53, 74	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8500	ARTIFICIAL LARYNX, ANY TYPE		No Rental	N / \$536.12	None	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8501	TRACHEOSTOMY SPEAKING VAVLE		No Rental	N / \$84.84	None	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH		No Rental	N / \$40.16	None	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE		No Rental	N / \$104.74	None	Not In Rate	04, 05, 17, 24, 25, 53, 74, 79	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8510	VOICE AMPLIFIER		No Rental	N / \$194.46	None	Not In Rate	04, 05, 24, 25, 79	20180101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH		No Rental	N / \$69.73	None	Not In Rate	04, 05, 24, 25, 53, 79	20160101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES		No Rental	N / \$551.14	None	Not In Rate	24, 25	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES		No Rental	N / \$551.14	None	Not In Rate	24, 25	20170101	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES		No Rental	N / \$158.03	None	Not In Rate	24, 25	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 19, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L8607	INJECTIBLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES		No Rental	N / \$33.01	None	Not In Rate	05, 24, 25, 53	20170701	01, 03, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 20, 26, 31, 32, 33, 34, 49, 50, 54, 56, 57, 60, 71, 72, 99
L8610	OCULAR IMPLANT		No Rental	N / Priced on Claim	None	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8612	AQUEOUS SHUNT		No Rental	N / Priced on Claim	None	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8613	OSSICULA IMPLANT		No Rental	N / Priced on Claim	None	Not In Rate	05, 24, 25, 53	20080701	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	RT, LT	No Rental	N / \$17,262.95 Must be billed with implantation	Not Applicable	Not In Rate	25	20120901	22, 23, 24
L8615	HEADSET/HEADPIECE FOR USE WITH COCLEAR IMPLANT DEVICE, REPLACMENT		No Rental	N / \$360.00	3 Years	Not In Rate	20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		No Rental	N / \$240.00	1 Year	Not In Rate	20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		No Rental	N / \$77.19	4 Per 6 Months	Not In Rate	20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		No Rental	N / \$20.41	4 Per 6 Months	Not In Rate	20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	RT, LT	No Rental	N / \$6,000.00	3 YEARS	Not In Rate	20, 25, 31, 33, 74	20110501	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH		No Rental	N / \$1.02	33 Per Month	Not In Rate	20, 25, 31, 33, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8622	ALAKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACMENT, EACH		No Rental	N / \$1.02	33 Per Month	Not In Rate	20, 25, 31, 33, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICESPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT		No Rental	N / \$53.00	1 Per Year (Set of 2)	Not In Rate	05, 20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT		No Rental	N / \$125.46	1 Per Year (Set of 2)	Not In Rate	05, 20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH		No Rental	N / \$146.94	1 Year	Not In Rate	20, 25	20180101	03, 05, 06, 07, 08, 11, 12, 19, 22, 49, 50, 71, 72
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT		No Rental	N / Priced on Claim	3 YEARS	Not In Rate	20, 25, 31, 33, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT		No Rental	N / Priced on Claim	3 YEARS	Not In Rate	20, 25, 31, 33, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT		No Rental	N / \$99.25	4 Per 6 Months	Not In Rate	20, 24, 25, 74	20100101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 22, 23, 24, 31, 32, 33, 49, 50, 54, 71, 72
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH		No Rental	N / \$350.23	Up To 16 Per Surgery	Not In Rate	25	20120901	19, 22, 23, 24
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION		No Rental	N / \$11,999.00	10 YEARS	Not In Rate	25	20080701	22, 23, 24
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NONRECHARGEABLE, INCLUDES EXTENSION		No Rental	N / \$11,999.00	10 YEARS	Not In Rate	25	20170501	22, 23, 24
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION		No Rental	N / \$11,999.00	10 YEARS	Not In Rate	25	20080701	22, 23, 24
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NONRECHARGEABLE, INCLUDES EXTENSION		No Rental	N / \$9,831.68	10 YEARS	Not In Rate	25	20120901	22, 23, 24
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	RT, LT	No Rental	N / \$4742.00 Must be billed with implantation	Not Applicable	Not In Rate	25	20150101	22, 23, 24
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT		No Rental	N / \$1339.76	5 YEARS	Not In Rate	20, 25	20150601	05, 06, 07, 08, 11, 12, 19, 22, 49, 50, 71, 72
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT		No Rental	Y / \$4361.00	5 YEARS	Not In Rate	20, 25	20150601	05, 06, 07, 08, 11, 12, 19, 22, 49, 50, 71, 72
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY		No Rental	Y / \$1,336.90	5 YEARS	Not In Rate	25	20120901	19, 22, 23, 24
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH		No Rental	N / \$734.70	5 YEARS	Not In Rate	20, 25	20180901	03, 05, 06, 07, 08, 11, 12, 19, 22, 49, 50, 71, 72
L8698	MISCELLANEOUS COMPONENT, SUPPLY OR ACCESSORY FOR USE WITH TOTAL ARTIFICIAL HEART SYSTEM		No Rental	Y / Priced on PA	None	Not In Rate	05, 24, 25	20190101	01, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 20, 22, 31, 32, 33, 49, 50, 54
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED		No Rental	Y / Priced on PA	5 YEARS	Not In Rate	03, 04, 05, 17, 24, 25, 53, 57, 77, 78, 79	20080701	19, 22, 23, 24
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)		No Rental	Y / \$2,331.08	1 PER LIFETIME	Not In Rate	53	20150901	05, 06, 07, 08, 11, 12, 19, 49, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	RR	90 / \$5.82	Y / \$2,660.00	5 Years	Per Policy	25 / 252	20220517	03, 04, 12, 13, 14, 31, 32
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RR	90 / \$5.82	Y / \$2,080.00	5 Years	Per Policy	25 / 252	20220517	03, 04, 12, 13, 14, 31, 32
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	RR	90 / \$5.82	Y / \$2,912.40	5 Years	Per Policy	25 / 252	20220517	03, 04, 12, 13, 14, 31, 32
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	RR	0 / \$5.82	Y / Priced on PA	5 Years	Per Policy	25 / 252	20220517	03, 04, 12, 13, 14, 31, 32
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM		No Rental	Y / \$5,662.40	5 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 73
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		No Rental	Y / \$3,790.8	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION		No Rental	Y / \$4,348.6	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION		No Rental	Y / \$4,790.3	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION		No Rental	Y / \$5,226.2	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION		No Rental	Y / \$8168	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION		No Rental	Y / \$8,321.9	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH		No Rental	Y / Priced on PA	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR		No Rental	Y / \$1,119.80	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		No Rental	Y / \$176.64	2 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, PCENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH		No Rental	Y / \$1,119.80	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		No Rental	Y / \$370.6	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED		No Rental	Y / \$1,168.8	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	RR	0 / \$19.72	Y / \$5,914.80	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	RR	180 / \$10.49	Y / \$3,146.50	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RR	180 / \$7.85	Y / \$2354.13	5 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	RR	180 / \$9.48	Y / \$2,844.10	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	180 / \$9.82	Y / \$2,946.50	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	180 / \$8.55	Y / \$2,565.30	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	RR	180 / \$8.23	Y / \$2,470.30	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	RR	180 / \$7.26	Y / \$2,179.30	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	180 / \$7.33	Y / \$2,198.20	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	RR	180 / \$7.26	Y / \$2,179.30	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	No Rental	No Rental	Y / Priced on PA	5 YEARS	Per Policy	25 / 252	20220401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING		No Rental	Y / Priced on PA	5 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2300	WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE		No Rental	Y / \$3,127.20	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2301	WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE		No Rental	Y / \$7,196.00	5 YEARS	Per Policy	25 / XXX	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED		No Rental	Y / \$1105.8	5 YEARS	Per Policy	25 / XXX	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL		No Rental	Y / \$2233.5	5 YEARS	Per Policy	25 / XXX	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		No Rental	Y / Priced on PA	2 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH		No Rental	Y / \$373	1 YEAR	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP		No Rental	Y / \$1,502.4	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,		No Rental	Y / \$1,396.5	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED		No Rental	Y / \$68.2	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE		No Rental	Y / \$43.7	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY		No Rental	Y / \$1,334.5	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE		No Rental	Y / \$348.4	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE		No Rental	Y / \$2,604.8	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND		No Rental	Y / \$4922.6	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,		No Rental	Y / \$1,771.8	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,		No Rental	Y / \$3,409.6	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	RR, RB <\$150	0 / \$3.22	Y / \$967.20	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE		No Rental	Y / \$701.2	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE		No Rental	Y / Priced on PA	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE		No Rental	Y / \$466.3	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK		No Rental	Y / \$2,440.00	5 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 73
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE		No Rental	Y / Priced on PA	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2610	WHEELCHAIR SEAT CUSHION, POWERED		No Rental	Y / Priced on PA	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / Priced on PA	3 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$342.6	3 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE		No Rental	Y / \$457.00	3 YEARS	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME)	RR	60/\$3.78	Y/\$2079	5 Years	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72
E8001	GAIT TRAINER, REDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME)	RR	60/\$3.78	Y/\$2383.20	5 Years	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME)	RR	60/\$3.78	Y/\$3209.40	5 Years	Per Policy	25 / 252	20220517	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72
K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	RR, RB < \$150	60 / \$8.19	Y / \$2,458.64	5 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$16.12	Y / \$3,224.73	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$16.72	Y / \$3,344.53	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$20.16	Y / \$4,032.53	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$17.93	Y / \$3,585.67	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$26.55	Y / \$5,309.87	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR, RB < \$300	0 / \$40.58	Y / \$8,115.73	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$17.81	Y / \$3,561.33	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$17.79	Y / \$3,558.00	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$21.22	Y / \$4,244.60	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$30.29	Y / \$6,057.20	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$29.12	Y / \$5,823.53	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$35.13	Y / \$7,025.93	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$33.78	Y / \$6,755.53	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$35.53	Y / \$7,105.93	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$41.70	Y / \$8,339.40	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR, RB < \$300	0 / \$48.35	Y / \$9,670.4	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR, RB < \$300	0 / \$45.68	Y / \$9,135.13	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$32.51	Y / \$6,501.53	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$33.16	Y / \$6,631.93	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	RR, RB < \$300	0 / \$40.33	Y / \$8,066.60	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$38.47	Y / \$7,693.07	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$57.62	Y / \$11,524.20	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / \$32.56	Y / \$6,512.00	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / \$40.33	Y / \$8,066.60	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / \$57.62	Y / \$11,524.20	6 YEARS	Per Policy	25 / 252	20230101	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / \$5744	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72

Procedure Code	Full Description	Allowable or Required Modifiers	Rental Days Before PA / Max Fee	Purchase PA Needed / Max Fee	Life Expectancy	In NH Facility Rate?	Allowable Provider Types	Effective Date	Allowable Place of Service
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220201	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	RR, RB < \$300	0 / Priced on PA	Y / Priced on PA	6 YEARS	Per Policy	25 / 252	20220401	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	RR	60 / \$2.81	Y / Priced on PA	5 Years	Per Policy	25 / 252	202205171	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72