

| 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 |

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|----------------|--|---------------------------------|---------------------------------|---|-----------------|----------------------|--------------------------------|----------------|--|
| 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 |

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| 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 |