



Arkansas Department of Human Services

Division of Medical Services

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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Prosthetics Health Care Providers

DATE: August 1, 2005

SUBJECT: PROPOSED - Provider Manual Update Transmittal No. 67

REMOVE

Section	Date
212.000 – 219.000	10-13-03
221.200 – 224.000	10-13-03
232.000 – 234.000	10-13-03
236.000 – 242.193	Dates vary

INSERT

Section	Date
203.000 – 203.300	8-1-05
211.200 – 212.700	8-1-05
221.200 – 221.400	8-1-05
232.000 – 242.193	8-1-05

Explanation of Updates

Section 203.000 has been created to transfer documentation requirements from section 214.000.

Section 203.100 has been created to transfer general records information from section 214.100.

Section 203.200 has been created to transfer information about documentation in beneficiaries' files from section 214.200. Some minor text changes have been made for clarity of information.

Section 203.300 has been created to transfer record-keeping requirements from section 214.300. Minor text changes have been made for clarification of information.

Section 211.200 has been created to transfer information about the physician's role in the prosthetics program from section 215.000

Section 211.300 has been created to transfer information about the prosthetics service provision from section 216.000. Minor text changes have been made for clarification of information.

Section 211.400 has been created to transfer information about approvals from section 217.000. The title has been changed from "Approvals" to "Prescription and Referral Renewal." Minor text changes have been made for clarification of information.

Section 211.500 has been created to transfer information about denials from section 218.000. The title has been changed from "Denials" to "Service Initiation Delays." Minor text changes have been made for clarification of information.

Section 211.600 has been created to transfer information about terminations from section 219.000. The title has been changed to "Termination of Services." Minor text changes have been made for clarification of information.

Section 211.700 has been created to transfer information about exclusions from section 213.000. Minor text changes have been made for clarification of information.

Section 211.800 has been created to transfer information about the electronic filing for extension of benefits from section 222.430.

Section 212.000 has been updated to show the date of August 1, 2005, because changes are being made within the section.

Section 212.100 is being revised to change the title to "Diapers and Underpads for Ages 3 and Older." A link for form DMS-699, titled Request for Extension of Benefits," has been added. Minor text changes have been made for clarification of information.

Section 212.200 is being revised to change the title to "Durable Medical Equipment (DME), All Ages." Information has been added that defines durable medical equipment. Information regarding payment methodology has been transferred from the section to the newly created section 242.105, titled, "Payment Methodology."

Section 212.201 has been created and titled, "(DME) Apnea Monitors for Infants Under 1 Year of Age." Information has been updated and transferred from sections 212.000 and 222.200. Obsolete information has been removed and minor text changes have been made for clarification of information.

Section 212.202 has been created and titled, "(DME) Augmentative Communication Systems, All Ages." Information has been updated and transferred from sections 222.400, 222.410 and 222.420. Minor text changes have been made for clarification of information.

Section 212.203 is reserved for future use.

Section 212.204 has been created and titled, "(DME) Electronic Blood Pressure Monitor and Cuff for Individuals Under Age 21." Information has been transferred from section 242.140.

Section 212.205 has been created and titled, "(DME) Enteral Nutrition Infusion Pump and Enteral Feeding Pump Supply Kit for Individuals of All Ages." Information has been transferred from section 242.152. Minor text changes have been made for clarification of information.

Section 212.206 has been created and titled, "(DME) Home Blood Glucose Monitor, Pregnant Women Only, All Ages." Information has been transferred from section 222.500.

Section 212.207 has been created and titled, "(DME) Insulin Pump and Supplies, All Ages." Information has been revised and transferred from sections 222.300 and 222.310. Obsolete information has been removed.

Section 212.208 is reserved for future use.

Section 212.209 has been created and titled, "(DME) MIC-KEY Skin Level Gastrostomy Tube (Mic-Key Button) and Supplies for Individuals Under Age 21." Information has been transferred from section 242.153. Minor text changes have been made for clarification of information.

Section 212.210 is reserved for future use.

Section 212.211 is reserved for future use.

Section 212.212 has been created and titled, "(DME) Specialized Rehabilitative Equipment, All Ages." Information regarding prior authorization of the products has been added.

Section 212.213 has been created and titled, "(DME) Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two through Adult." Information regarding prior authorization has been added.

Section 212.214 is reserved for future use.

Section 212.300 has been revised to change the title to "Medical Supplies, All Ages." Information has been transferred from section 212.400. Obsolete information has been deleted. Minor text changes have been made for clarification of information.

Section 212.400 has been revised to change the title to “Nutritional Formulae for Individuals Under Age 21.” Information has been transferred from sections 212.200 and 242.150. Minor text changes have been made for clarification of information.

Section 212.500 has been revised to change the title to “Food Thickeners, All Ages.” Criteria for usage have been added along with the payment method needed for billing. Minor text changes have been made for clarification of information.

Section 212.600 has been revised and titled, “Orthotic Appliances and Prosthetic Devices, All Ages.” Minor text changes have been made for clarification of information.

Section 212.700 has been created and titled, “Oxygen and Oxygen Supplies, All Ages.” Information has been transferred from section 222.100. Minor text changes have been made for clarification of information.

Section 213.000 has been deleted and information from the section transferred to section 211.700.

Section 214.000 has been deleted and information from the section transferred to section 203.000.

Section 214.100 has been deleted and information from the section transferred to section 203.100.

Section 214.200 has been deleted and information from the section transferred to section 203.200.

Section 214.300 has been deleted and information from the section transferred to section 203.300.

Section 215.000 has been deleted and information from the section transferred to section 211.200.

Section 216.000 has been deleted and information from the section transferred to section 211.300.

Section 217.000 has been deleted and information from the section transferred to section 211.400.

Section 218.000 has been deleted and information from the section transferred to section 211.500.

Section 219.000 has been deleted and information from the section transferred to section 211.600.

Section 221.200 has been revised and the title changed to “Filing for Prior Authorization with the Utilization Review Section.” Information from section 224.000 has been transferred to the section.

Section 221.300 has been revised and the title changed to “Approvals of Prior Authorization.” Information from section 221.200 has been transferred to the section. Minor text changes have been made for clarification of information.

Section 221.400 has been created and titled, “Denial of Prior Authorization Request.” Information from section 211.300 has been transferred to the section. Minor text changes have been made for clarification of information.

Section 222.000 has been deleted.

Section 222.100 has been deleted and information from the section transferred to section 212.700.

Section 222.200 has been deleted and information from the section transferred to section 212.201.

Sections 222.300 and 222.310 have been deleted and information from the sections transferred to section 212.207.

Section 222.400, 222.410 and 222.420 have been deleted and information from the sections transferred to section 212.202.

Section 222.430 has been deleted and information from the section transferred to section 211.800.

Section 222.500 has been deleted and information from the section transferred to section 212.206.

Section 224.000 has been deleted and information from the section transferred to section 221.200.

Section 232.000 has been revised and titled, "Specialized Wheelchairs Seating and Rehabilitative Equipment Reimbursement for Repairs." Local codes have been deleted and obsolete information removed from the section.

Section 233.000 has been revised and titled, "Orthotic and Prosthetic Reimbursement for Repairs." The modifier "52" is replaced with modifier "UB in conjunction with procedure code L7510. Local codes have been deleted and obsolete information removed from the section.

Section 234.000 has been revised and titled, "Durable Medical Equipment (DME) Reimbursement for Repairs." Minor text changes have been made for clarification of information.

Section 236.000 has been revised and titled, "Reimbursement for Repair of the Enteral Nutrition Pump." Information from section 242.152 has been transferred to the section. Minor text changes have been made for clarification of information.

Section 237.000 has been created and titled, "Rate Appeal Process." Information from section 236.000 has been transferred to the section.

Sections 241.000, 242.000 and 242.100 have been revised. Obsolete information has been removed from sections 241.000 and 242.000. Minor text changes have been made for clarification of information.

Section 242.105 has been revised and titled, "Payment Methodology." Information from section 212.100 has been transferred to this section. Minor text changes have been made for clarification of information.

Section 242.110 is being revised to replace the modifier "52" with modifier "UB" in compliance with procedure codes E0483 and A4627. New procedure codes have been added to the section. Local codes and obsolete information have been removed from the section. Minor text changes have been made for clarification of information.

Section 242.111 has been revised. Local codes and obsolete information have been removed. A procedure code has been changed and a typographical error corrected. Minor text changes have been made for clarification of information.

Section 242.112 has been revised. Local codes and obsolete information have been removed from the section.

Section 242.120 is being revised to replace the modifier "52" with modifier "UB" in compliance with procedure codes A6197, A6197, A4253 and A4535. New procedure codes have been added to the section and typographical errors have been corrected. Local codes have been deleted and obsolete information has been removed from the section.

Section 242.121 has been created and titled, "Food Thickeners, All Ages." Information has been transferred from section 242.120. Information has been added about specific thickeners and that when administered in conjunction with enteral nutrition, the modifier BA must be used.

Section 242.122 has been created and titled, "Jobst Stocking, All Ages." Information has been transferred from section 242.120, additional information about criteria needed for use of the item has been added and the local code has been removed.

Section 242.130 has been revised and titled, "Diapers and Underpads for Individuals Aged Three Years and Older." New procedure codes have been added, local codes have been deleted and obsolete information has been removed. Minor text changes have been made for clarification of information.

Section 242.140 has been revised. The local code has been deleted, some information transferred to section 212.240, and obsolete information has been removed.

Section 242.150 has been revised. Additional procedure codes and formulae have been added, the local codes have been deleted and obsolete information has been removed from the section.

Section 242.151 has been revised. Obsolete information has been removed from the section.

Section 242.152 has been revised and titled, "Enteral Nutrition Infusion Pump and Enteral Feeding Pump Supply Kit for Individuals Under Age 21." Some information from within the section has been transferred to section 212.205. Local codes have been deleted and obsolete information has been removed. A new procedure code has been added and minor text changes have been made for clarification of information.

Section 242.153 has been revised and titled, "MIC-KEY Skin Level Gastrostomy Tube (Mic-Key Button) and Supplies for Individuals Under Age 21." Some information from within the section has been transferred to section 212.209 and local codes and obsolete information has been removed from the section.

Section 242.160 has been revised. New procedure codes have been added. Several corrections of codes have been made. Local codes have been deleted and obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.161 has been revised. Local codes have been deleted and obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.170 has been revised. Procedure code **E0618** and the local codes have been deleted. Obsolete information has been removed from the section.

Section 242.180 is being revised to replace the modifier "52" with modifier "UB" in compliance with procedure codes **L7510** and **L3140**. Several new procedure codes have been added and several procedure codes have become prior authorized. Several national and all local codes have been deleted. Obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.190 is being revised to replace the modifier "52" with modifier "UB" in compliance with **L7510**. Several national codes and all local codes have been deleted and obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.191 is being revised to replace the modifier "52" with modifier "UB" in compliance with procedure code **E1091**. Several national codes and all local codes cross walked to national codes have been deleted. Obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.192 is being revised to replace the modifier "52" with modifier "UB" in compliance with procedure codes **E0245** and **E0168**. Several new procedure codes have been added to the section. All local codes that were cross walked to national codes have been deleted and obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Section 242.193 is being revised. Some information from the section has been transferred to section 212.202. Local codes have been deleted and obsolete information has been removed from the section. Minor text changes have been made for clarification of information.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll free) within Arkansas or locally and out of state at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

203.000 Documentation Requirements**8-1-05**

Prosthetics providers must keep and properly maintain written records. At a minimum, the following records must be included in the provider's files.

203.100 General Records**8-1-05**

General records that must be available for review include:

- A. A copy of the Medicaid contract (form DMS-653) for participation in the Arkansas Medicaid Program.
- B. Copies of the staff's licensures and/or certifications.
- C. Statistical fiscal and other records necessary for reporting and accountability.

203.200 Documentation in Beneficiary Files**8-1-05**

The provider must develop and maintain sufficient written documentation to support each service for which billing is made. All entries in a beneficiary's file must be signed and dated by the individual who provided the service, along with the individual's title. The documentation must be kept in the beneficiary's case file.

Documentation should consist of, at a minimum, material that includes:

- A. An audit trail between the prosthetics provider, the beneficiary, the beneficiary's primary care physician and the Division of Medical Services.
- B. When applicable, documentation including the request for and approval of prior authorization and/or the request for and approval of extension of benefits for services provided.
- C. The prescription for prosthetics services, signed and dated by the beneficiary's primary care physician.
- D. The prosthetics provider's signed and dated:
 - 1. Certification that used equipment is reconditioned, is in good working order and has no defects in workmanship or material
 - 2. The beneficiary's consent to receive services
 - 3. Notification of termination of prosthetics services
 - 4. Documentation to reflect that necessary training and orientation has been provided to the beneficiary and any other applicable persons
 - 5. Any additional or special documentation, requested in writing, that is needed to provide fair and impartial review of individual cases, requested in writing.

203.300 Record Keeping Requirements**8-1-05**

All records must be completed promptly, filed and retained for a period of five (5) years from the date of service or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer.

All documentation must be made available, upon request, to authorized representatives of the Arkansas Division of Medical Services, the state Medicaid Fraud Control Unit, representatives of the Department of Health and Human Services and its authorized agents or officials.

At the time of an audit by the Division of Medical Services Medicaid Field Audit Unit, all documentation must be available at the provider's place of business during normal business hours. Requested documentation that is stored off-site must be made available to DMS personnel within 3 business days.

In the case of recoupment, there will be no more than thirty days allowed after the date of the recoupment notice in which additional documentation will be accepted. Additional documentation will not be accepted after the thirty-day period.

Failure to furnish records upon request may result in sanctions being imposed.

211.200 Physician's Role in the Prosthetics Program**8-1-05**

At least once every 6 months, the primary care physician must certify the medical necessity for prosthetics services and prescribe them by signing and dating a prescription and, when applicable, completing a Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679). [View or print form DMS-679 and instructions for completion.](#)

211.300 Prosthetics Service Provision**8-1-05**

At least once every 6 months, the prosthetics provider must receive a prescription for prosthetics services from the **beneficiary's** primary care physician and, when applicable:

- A. Prepare a Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679) for individuals 21 years of age or older and for specified services for individuals under age 21. [View or print form DMS-679 and instructions for completion.](#)
- B. Send the prepared request for prior authorization (form DMS-679) to the **beneficiary's** primary care physician for prescription and
- C. Send the completed Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679) to the Utilization Review Section for prior authorization. [View or print Utilization Review Section contact information.](#)

As necessary, the prosthetics provider must:

- A. Deliver and set up the prescribed prosthetics equipment in the patient's home,
- B. Teach the patient, families and care givers the correct use and maintenance of prosthetics equipment,
- C. Repair prosthetics equipment within 3 working days of notification,
- D. Retrieve from the patient's home prosthetics equipment no longer prescribed for the patient and
- E. Provide necessary documentation.

211.400 Prescription and Referral Renewal**8-1-05**

At least once every 6 months, but within 30 working days before the end of currently prescribed or prior authorized prosthetics services, the prosthetics provider must **obtain** a new prescription from the **beneficiary's** primary care physician and, if applicable, send a new Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679) to the Utilization Review Section. The primary care physician must initially **review** form DMS-679 and, based upon the physician's certification of medical necessity, **prescribe** prosthetics services. Form DMS-679 must then be reviewed by the Utilization Review Section and prosthetics services must be prior authorized. If prosthetics services are prescribed, and when applicable, prior authorized, prosthetics services may be furnished for a maximum of 6 months from the date of the prescription.

211.500 Service Initiation Delays**8-1-05**

If all prescribed prosthetics services are not begun by the prosthetics provider within 30 working days of the prescription date, the prosthetics provider must notify the **beneficiary** and the **beneficiary's** primary care physician in writing and explain the delay. The provider must retain documentation **justifying** the service delay.

211.600 Termination of Services

8-1-05

If prosthetics services are terminated, the provider must notify the beneficiary's primary care physician and the beneficiary (if not deceased) in writing, within 10 working days of the termination, documenting the effective date of and reasons for the termination.

211.700 Exclusions

8-1-05

Services that are not covered under the Arkansas Medicaid Prosthetics Program include but are not limited to:

- A. Over-the-counter items provided through the Arkansas Medicaid Pharmacy Program (except as specified).
- B. Over-the-counter drugs (except as specified).
- C. Products that bear the Federal legend "Caution: Federal Law Prohibits Dispensing Without A Prescription" (except as specified).
- D. Specialized wheelchair equipment that has been previously purchased by any payer. Specialized wheelchair equipment may not be reordered unless the patient's condition changes and necessitates a change in prescription. This change in condition must be thoroughly documented.
- E. Wheelchairs for individuals under 21 years of age within two years of the purchase of a specialized wheelchair.
- F. Wheelchairs for individuals age 21 and over within five years of the purchase or rental of a wheelchair.
- G. Foodstuffs.
- H. Hyperalimentation.
- I. Services that duplicate any other service provided to the patient or that replace existing patient supports.

211.800 Electronic Filing of Extension of Benefits

8-1-05

Form DMS-699, titled Request for Extension of Benefits, serves as both a request form and a notification of approval or denial of extension of benefits. If the benefit extension is approved, the form returned to the provider will contain a Benefit Extension Control Number. The approval notification will also list the procedure codes approved for benefit extension, the approved dates or date-of-service range and the number of units of service (or dollars, when applicable) authorized.

Upon notification of a benefit extension approval, providers may file the benefit extension claims electronically, entering the assigned Benefit Extension Control Number in the Prior Authorization (PA) number field. Subsequent benefit extension requests to UR will be necessary only when the Benefit Extension Control Number expires or when a patient's need for services unexpectedly exceeds the amount or number of services granted under the benefit extension.

212.000 Services Provided

8-1-05

212.100 Diapers and Underpads for Individuals Age 3 and Older

8-1-05

Diapers and underpads are covered by the Arkansas Medicaid Program but are benefit limited and must be medically necessary.

A. Medical Necessity

Diaper services must be medically necessary. Only patients with a medical condition that results in incontinence of the bladder and/or bowel may receive diapers through the Home Health and Prosthetics Programs. This coverage does not apply to infants who would be in diapers regardless of their medical condition. Medicaid does not cover underpads or diapers for beneficiaries under the age of 3 years.

B. Benefit Limit

The benefit limit for diapers and underpads is \$130.00 per month, per beneficiary, for diapers of any size and underpads. The benefit limit applies to any diaper or underpad, or any combination, whether provided through the Prosthetics Program, the Home Health Program or both. The limit on diapers and underpads is separate from the limit established for home health and durable medical equipment (DME) medical supplies.

The benefit may be extended with proper documentation.

C. Extension of Benefits for Diapers and Underpads

To obtain an extension of benefits for diapers and underpads, the following information must be submitted to the Prosthetics Services Reviewer, DMS Utilization Review. [View or print the DMS Utilization Review contact information.](#)

1. A Medicaid claim form for each month for which extension of benefits for diapers and underpads is being requested. [View or print form DMS-699.](#)
2. An invoice for each diaper or underpad item included in the request showing the actual cost to the prosthetics provider for each item.
3. Documentation supported by the medical record substantiating the medical necessity of an extension of benefits.

212.200 Durable Medical Equipment (DME), All Ages**8-1-05**

Durable medical equipment (DME) is equipment that can withstand repeated use and is used to serve a medical purpose.

Depending on the item involved, DME may be purchased for or by a beneficiary or may be rented. The equipment may be new or, in special circumstances, used equipment.

212.201 (DME) Apnea Monitors for Infants Under Age 1**8-1-05**

Arkansas Medicaid covers apnea monitors only for infants less than one (1) year of age. Use of the apnea monitor must be medically necessary and prescribed by a physician.

A primary care physician (PCP) is not required until an infant's Medicaid eligibility has been determined. No PCP referral for medical services is required for retroactive eligibility periods.

Prior authorization is not required for the initial one-month period of use of the monitor. If the apnea monitor is needed longer than an initial one-month period, prior authorization will be required.

Prior authorization of the apnea monitor is required after an infant has been monitored for one month. A new referral and prescription is required. Compliance during the initial thirty-day period and proof of medical necessity for the continuation of monitoring must be documented.

After the initial thirty-day period, the prescribing physician must sign form DMS-679—Medical Equipment Request for Prior Authorization and Prescription. The physician's signature must be an original, not a stamp. When an apnea monitor is prescribed during a hospital discharge, the physician ordering the apnea monitor must be a neonatologist or pulmonologist.

As necessary, the PCP's name and provider number must also be indicated on **form** DMS-679. The PCP's signature is not required on the initial certification but he or she must sign all re-certifications.

Documentation from the physician describing the education of the family regarding their understanding of the importance of the apnea monitor must be included after the initial one-month period.

The following criteria, which follow the guidelines set by the *National Institute of Health Consensus Statement on Infantile Apnea on Home Monitoring, Consensus Development Conference Statement, September 29-October 1, 1986*, will be utilized in evaluating the need for an apnea monitor after the initial one-month period:

- A. Cardio-respiratory monitoring for certain groups of infants at high risk for sudden death is medically indicated. The following indications will determine medical necessity.
 - 1. Infants with one or more severe Apparent Life Threatening Events (**ALTEs**) requiring mouth-to-mouth resuscitation or vigorous stimulation
 - 2. Symptomatic pre-term infant
 - 3. Siblings with two or more SIDS victims
 - 4. Infants with central hypoventilation
- B. Other groups with the following indications will be considered on a case-by-case basis:
 - 1. Infants with less severe ALTEs
 - 2. Infants with tracheotomies
 - 3. Infants born of cocaine- or opiate-abusing mothers
 - 4. Asymptomatic pre-term infants with certain residual diseases may be considered for monitoring
- C. Pneumograms will not be considered as screening tools.
- D. Caregivers should receive:
 - 1. A psychosocial assessment of the caregiver
 - 2. Informed consent process
 - 3. Guidance to help prepare the caregiver for the demands of home monitoring
 - 4. Training and demonstrated proficiency in infant CPR and resuscitation methods
 - 5. Written guidelines on home monitoring
 - 6. Discharge planning, including discussion of follow-up services and procedures for discontinuation
- E. For an apnea monitor to be discontinued in the home, one or more of the following conditions must be met:
 - 1. Four (4) weeks apnea free or one normal download
 - 2. Patient off respiratory stimulants for two consecutive weeks
 - 3. 48-week adjusted gestational age
- F. The caregiver must understand that he or she will be financially liable if he or she does not return the equipment to the DME company when the infant no longer requires monitoring according to the discontinuation criteria listed above.

Prior authorization for the apnea monitor must be submitted on form DMS-679, Medical Equipment Request for Prior Authorization and Prescription, to Utilization Review. [View or print](#)

[form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)

212.202**(DME) Augmentative Communication Device (ACD), All Ages**

8-1-05

The augmentative communication device (ACD) is covered for individuals of all ages. Coverage for beneficiaries under 21 years of age must result from an EPSDT screen. There is a \$7,500.00 lifetime benefit for augmentative communication devices. When a beneficiary who is under age 21 has met the lifetime benefit and it is determined that additional equipment is medically necessary, the provider can request an extension of benefits by submitting the DMS-699 form. [View or print form DMS-699.](#)

The ACD is also covered for Medicaid beneficiaries 21 years old and older. Prior authorization is required on the device and on repairs of the device. For individuals who are age 21 and above, there is a \$7,500.00 lifetime benefit without benefit extensions.

The Arkansas Medicaid Program will not cover ACDs that are prescribed solely for social or educational development.

Training in the use of the device is not included and is not a covered cost.

Prior authorization must be requested for repairs of equipment or associated items after the expiration of the initial maintenance agreement.

The following information must be submitted when requesting prior authorization for ACDs for Medicaid beneficiaries.

Submit form DMS-679—Medical Equipment Request for Prior Authorization and Prescription. [View or print form DMS-679 and instructions for completion.](#) The form should be accompanied by:

- A. A current augmentative communication evaluation completed by a multidisciplinary team consisting of, at least, a speech/language pathologist and an occupational therapist. The team may consist of a physical therapist, regular and special educators, caregivers and parents. The speech-language pathologist must lead the team and sign the ACD evaluation report. (For the qualifications of the team members, see the Hospital/Critical Access Hospital/End Stage Renal Disease provider manual.)
 1. The team must use an interdisciplinary approach in the evaluation, incorporating the goals, objectives, skills and knowledge of various disciplines. The team must use at least three ACD systems, with written documentation of each usage included in the ACD assessment.
 2. The evaluation report must indicate the medical reason for the ACD. The report must give specific recommendations of the system and justification of why one system is more appropriate than another.
 3. The evaluation report must be submitted to the prosthetics provider who will request prior authorization for the ACD.
- B. Written denial from the insurance company if the individual has other insurance.

This information must be submitted to the Utilization Review Section of the Division of Medical Services. [View or print Utilization Review Section contact information.](#)

Benefit Limit

There is a \$7500 lifetime benefit for augmentative communication devices. When the beneficiary under age 21 has met the limit and it is determined that additional equipment is necessary, the provider may request an extension of benefits.

In order to obtain an extension of the \$7,500.00 lifetime benefit for beneficiaries under 21 years of age, a medical necessity determination for additional equipment is required. The provider must submit a Request for Extension of Benefits (form DMS-699), a completed Medicaid claim and medical records substantiating medical necessity that the beneficiary cannot function using his or her existing equipment and whether the equipment can be repaired or needs repair. The information must be sent to Benefit Extension Requests, Utilization Review Section. [View or print form DMS-699, titled Request for Extension of Benefits.](#) [View or print the Benefit Extension Requests Utilization Review Section contact information.](#)

The provider will be notified in writing of the approval or denial of the request for extended benefits.

212.203 (RESERVED) 8-1-05

212.204 (DME) Electronic Blood Pressure Monitor and Cuff for Individuals Under Age 21 8-1-05

Arkansas Medicaid covers the automatic electronic blood pressure monitor for individuals under age 21 as a rental-only item. A provider must substantiate that an accurate blood pressure reading cannot be obtained by using a regular blood pressure monitor. Providers must also supply one disposable blood pressure cuff each month.

Prior authorization is required for the use of this item. Providers may request prior authorization by submitting the Medical Equipment Request for Prior Authorization and Prescription form (form DMS-679) to the Utilization Review Section. [View or print Form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)

212.205 (DME) Enteral Nutrition Infusion Pump and External Feeding Pump Supply Kit for Individuals Under Age 21 8-1-05

The request for an enteral nutrition pump is covered on a case-by-case basis for individuals under age 21 who require supplemental feeding because of medical necessity. Sufficient medical documentation must be provided to establish that the enteral nutrition infusion pump is medically necessary (e.g., supplemental feeding must be given over an extended period of time due to reflux, cystic fibrosis, etc.). The PCP or appropriate physician specialist must prescribe the pump, citing the medical reason that bolus feeds are inappropriate.

Reimbursement for use in the home may be made for the pump supply kit when the feeding method involves an enteral nutrition infusion pump. The pump supply kit and the infusion pump require prior authorization from the Utilization Review Section of the Division of Medical Services using form DMS-679, Medical Equipment Request for Prior Authorization and Prescription. [View or print Utilization Review Section contact information.](#) [View or print form DMS-679 and instructions for completion.](#)

The enteral feeding pump supply kit, necessary for the administration of the nutrients when the feeding method involves an enteral nutrition infusion pump, is reimbursed on a per-unit basis with 1 day equaling 1 unit of service. A maximum of 1 unit per day is allowed. The pump supply kit includes pump sets, containers and syringes necessary for administration of the nutrients.

Reimbursement for the enteral nutrition infusion pump is based on a rent-to-purchase methodology. Each unit reimbursed by Medicaid will apply towards the purchase price established by Medicaid. Reimbursement will only be approved for new equipment. Used equipment will not be prior authorized. [View or print form DMS-679 and instructions for completion.](#)

All other equipment and supplies are included in the unit price of the nutrient categories and may not be billed separately.

Requests for prior authorization for enteral pump repairs must be mailed to the Utilization Review Section, Division of Medical Services. Form DMS-679, Medical Equipment Request for Prior Authorization and Prescription, must be used to request prior authorization. [View or print form DMS-679 and instructions for completion.](#)

212.206**(DME) Home Blood Glucose Monitor, Pregnant Women Only, All Ages****8-1-05**

Arkansas Medicaid covers the home blood glucose monitor for pregnant women of all ages. Prior authorization is not required for use of this device.

A. Patient Eligibility

1. Pregestational diabetes. Women on an oral hypoglycemic or insulin when the pregnancy is diagnosed.
2. Women that are being followed by a physician for elevated fasting hyperglycemia, but not on an oral hypoglycemic or insulin when the pregnancy is diagnosed.
3. Women demonstrating glucose intolerance during the pregnancy as demonstrated by an elevated three-hour glucose tolerance test.

B. Criteria for glucose intolerance

1. Demonstration of an elevated one-hour glucose tolerance test of greater than 140 mg/deciliter on a non-fasting value.
2. Elevation of two or more values on a three-hour glucose tolerance test above the accepted cut-off points of:
 - a. Fasting, less than 105
 - b. One-hour, less than 190
 - c. Two-hour, less than 165
 - d. Three-hour, less than 145

212.207**(DME) Insulin Pump and Supplies, All Ages****8-1-05**

Insulin pumps and supplies are covered by Arkansas Medicaid for individuals of all ages.

Prior authorization is required for the insulin pump. A prescription and proof of medical necessity are required. The patient must be educated on the use of the pump, but the education is not a covered service.

Insulin is also not covered because it is covered in the prescription drug program.

The following criteria will be utilized in evaluating the need for the insulin pump:

- A. Insulin dependent diabetes that is difficult to control.
- B. Fluctuation in blood sugars causing both high and low blood sugars in a patient on at least 3, if not 4, injections per day.
- C. Patient's motivation level in controlling diabetes and willingness to do frequent blood glucose monitoring.
- D. Patient's ability to learn how to use the pump effectively. This will have to be evaluated and documented by a professional with experience in the use of the pump.
- E. Determination of the patient's suitability to use the pump should be made by a diabetes specialist or endocrinologist.
- F. Patients not included in one of these categories will be considered on an individual basis.

Prior authorization requests for the insulin pump and supplies must be submitted on Form DMS-679, Medical Equipment Request for Prior Authorization and Prescription, to Utilization Review. [View or print form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)

212.208 (RESERVED) 8-1-05

212.209 (DME) MIC-KEY Skin Level Gastrostomy Tube (Mic-Key Button) and Supplies for Individuals Under Age 21 8-1-05

The Arkansas Medicaid Program reimburses for the MIC-KEY Skin Level Gastrostomy Tube (Mic-Key button) and supplies for Medicaid-eligible individuals under age 21. Prior authorization (PA) from the Utilization Review Section is required.

The procedure codes may also be authorized for Medicaid-eligible children ages 0 through 5 years who receive their sole-source enteral formula through the Women, Infants and Children (WIC) Program. The Utilization Review Section must be contacted to receive the prior authorization.

When requesting prior authorization, form DMS-679, Medical Equipment Request for Prior Authorization and Prescription, must be completed and sent, along with sufficient medical documentation, to the Utilization Review Section.

The MIC-KEY Kit is benefit limited to 2 per state fiscal year (SFY). The accessories, extension sets and adapters are covered under the \$250 medical supply benefit limit.

Benefit extensions will be considered on a case-by-case basis if proven to be medically necessary. Prior authorization must be obtained from the Utilization Review Section for any extensions using form DMS-679. [View or print Utilization Review Section contact information.](#) [View or print form DMS-679 and instructions for completion.](#)

212.210 (RESERVED) 8-1-05

212.211 (RESERVED) 8-1-05

212.212 (DME) Specialized Rehabilitative Equipment, All Ages 8-1-05

Arkansas Medicaid covers specialized rehabilitative equipment for Medicaid-eligible individuals of all ages.

Some items of specialized equipment require prior authorization from the Utilization Review Unit. [View or print form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)

212.213 (DME) Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult 8-1-05

Arkansas Medicaid covers specialized wheelchairs and wheelchair seating systems for individuals age two through adulthood.

Some items of specialized equipment require prior authorization from the Utilization Review Unit. [View or print form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)

212.214 (RESERVED) 8-1-05

212.300 Medical Supplies, All Ages 8-1-05

The Arkansas Medicaid Program reimburses home health providers and prosthetics providers for covered medical supplies up to a maximum of \$250.00 per month, per **beneficiary**. The \$250.00 may be provided by the Home Health Program, the Prosthetics Program or a combination of the two.

A **beneficiary** may not receive more than a total of \$250.00 of supplies per month unless an extension has been granted. Extensions will be considered for **beneficiaries** under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity.

A provider must request an extension of the benefit limit for a Medicaid **beneficiary** under age 21 by completing the Request for Extension of Benefits for Medical Supplies for Medicaid Recipients Under Age 21 (form DMS-602.) [View or print form DMS-602 and instructions for completion.](#)

The Arkansas Medicaid Program covers medical supplies using a specific HCPCS procedure code for each specific item. Only supply items that are listed and have a corresponding payable HCPCS procedure code are covered.

212.400 Nutritional Formulae for Individuals Under Age 21

8-1-05

Nutritional formulae may be covered by the Arkansas Medicaid Program when prescribed by a physician and documented as medically **necessary for beneficiaries under age 21 participating in the Child Health Services (EPSDT) Program.** The Women, Infants and Children Program (WIC) must be accessed first for individuals who are age 0 through age 5.

Nutritional formula may not be billed for the same **beneficiary** by more than one provider or in more than one program (e.g., Prosthetics and Hyperalimentation) for the same date of service.

Covered formulae represent the nutritional supplements most requested for medical purposes. However, if none of the formulae are appropriate and another formula is prescribed by a physician as a result of Child Health Services (EPSDT) screening, the prescribed formula will be reviewed for medical necessity.

Formulae are covered as nutritional supplements rather than **as** the sole source of nutrition. **Beneficiaries** who require enteral nutrition as the sole source of nutrition, with the formulae being administered through a nasogastric, jejunostomy or gastrostomy tube, should be referred to a hyperalimentation provider **enrolled in the Medicaid Program.**

One unit of service equals 100 calories with **an** allowable maximum of 30 units per day. This is a separate benefit limit from the limit established for medical supplies. Supplies provided in conjunction with the nutritional formulae through the Home Health or Prosthetics Program must be billed under the medical supply codes, if those supplies are covered by the program.

There are certain nutritional formulae available to eligible **beneficiaries** through the WIC Program and the Food Stamp Program. These two programs should be accessed by beneficiaries prior to requesting Medicaid reimbursement for nutritional formulae. The coverage of these formulae through the Medicaid Program is limited to beneficiaries requiring nutrition therapy due to medical necessity and only when prescribed by a physician.

212.500 Food Thickeners, All Ages

8-1-05

Arkansas Medicaid covers food thickeners for Medicaid-eligible individuals under age 21 who have impaired swallowing and a risk of food aspiration.

Food thickeners are not subject to the \$250 benefit limit for other medical supplies. Providers must use form CMS-1500 for claims for services provided. [View a CMS-1500 sample form.](#)

212.600 Orthotic Appliances and Prosthetic Devices, All Ages

8-1-05

- A. The Arkansas Medicaid Program covers orthotic appliances and prosthetic devices for individuals under age 21 in the Child Health Services (EPSDT) Program. Providers of orthotic appliances and prosthetic devices may be reimbursed by the Arkansas Medicaid Program when the items are prescribed by a physician and documented as medically necessary for **beneficiaries** under age 21 participating in the Child Health Services (EPSDT) Program.
1. No prior authorization is required to obtain these services for individuals under age 21.
 2. No benefit limits apply to orthotic appliances and prosthetic devices for individuals under age 21.
- B. Arkansas Medicaid covers orthotic appliances for individuals age 21 and over. The following provisions must be met before services may be provided.
1. Prior authorization is required for orthotic appliances valued at or above the Medicaid maximum allowable reimbursement rate of \$500.00 per item for use by individuals age 21 and over. Prior authorization may be requested by submitting the Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679) to the Utilization Review (UR) Section. [View or print form DMS-679 and instructions for completion.](#) [View or print Utilization Review Section contact information.](#)
 2. For individuals age 21 and over, a benefit limit of \$3,000 per state fiscal year (**SFY; July 1 through June 30**) has been established for reimbursement for orthotic appliances. No extension of benefits will be granted.
- The following restrictions apply to the coverage of orthotic appliances for individuals age 21 and over:
- a. Orthotic appliances may not be replaced for 12 months from the date of purchase. If a patient's condition warrants a modification or replacement and the \$3000.00 **SFY** benefit limit has not been met, the provider may submit documentation to the Division of Medical Services, Utilization Review Section, to substantiate medical necessity. The Utilization Review Section will issue a prior authorization number. Section 221.000 of this provider manual may be referenced for information regarding prior authorization procedures.
 - b. Custom-molded orthotics are not covered for a diagnosis of carpal tunnel syndrome prior to surgery.
- C. Arkansas Medicaid covers prosthetic devices for individuals age 21 and over; however, the following provisions must be met before services may be provided.
1. Prior authorization will be required for prosthetic device items valued at or in excess of the \$1000.00 per item Medicaid maximum allowable reimbursement rate for use by individuals age 21 and over. Prior authorization may be requested by submitting the Medical Equipment Request for Prior Authorization and Prescription form (form DMS-679) to the Utilization Review (UR) Section. [View or print form DMS-679 and instructions for completion.](#)
 2. For individuals age 21 and over, a benefit limit of \$20,000 per SFY has been established for reimbursement for prosthetic devices. No extension of benefits will be granted.
 3. The following restrictions apply to coverage of prosthetic devices for individuals age 21 and over:
 - a. Prosthetic devices may be replaced only after five years have elapsed from their date of purchase. If the patient's condition warrants a modification or replacement, and the \$20,000 **SFY** benefit limit has not been met, the provider may submit documentation to the Division of Medical Services, Utilization Review Section, to substantiate medical necessity. The Utilization Review Section will issue a prior authorization number. Section 220.000 of this provider

manual may be referenced for information regarding prior authorization procedures.

- b. Myoelectric prosthetic devices may be purchased only when needed to replace myoelectric devices received by individuals who were under age 21 when they received the original device.
- D. Six forms, listed below, are available for evaluating the need of individuals age 21 and over for orthotic appliances and prosthetic devices, and prescribing the needed appliances and equipment. The Medicaid Program does not require providers to use the forms, but the information the forms are designed to collect is required by Medicaid to process requests for prior authorization of orthotic appliances and prosthetic devices for individuals aged 21 and over.

The appropriate forms (or the required information in a different format) must accompany the form DMS-679. [View or print Medical Equipment Request for Prior Authorization and Prescription form DMS-679 and instructions for completion.](#)

The forms and their titles are as follows:

1. DMS-646 Evaluation Form Lower Limb. [View or print form DMS-646.](#)
2. DMS-647 Gait Analysis: Full Body. [View or print form DMS-647.](#)
3. DMS-648 Prosthetic-Orthotic Upper-Limb Amputee Evaluation. [View or print form DMS-648.](#)
4. DMS-649 Upper-Limb Prosthetic Prescription. [View or print form DMS-649.](#)
5. DMS-650 Prosthetic-Orthotic Lower-Limb Amputee Evaluation. [View or print form DMS-650.](#)
6. DMS-651 Lower-Limb Prosthetic Prescription. [View or print form DMS-651.](#)

212.700 Oxygen and Oxygen Supplies, All Ages

8-1-05

A prescription for oxygen must be accompanied by a current arterial blood gas (ABG) laboratory report from a certified laboratory or the patient's attending physician. A current laboratory report is defined as one performed within a maximum of 30 days prior to the prescription for oxygen.

A prescription for oxygen must specify the oxygen flow rate, frequency and duration of use, estimate of the period of need for oxygen and method of delivery of oxygen to the patient (e.g., two liters per minute, 10 minutes per hour, by nasal cannula for a period of two months). A prescription containing only "oxygen PRN" is not sufficient.

The following medical criteria will be utilized in evaluating coverage of oxygen:

- A. Chronic Respiratory Disease
 1. Continuous oxygen therapy
Resting PaO₂ less than 55 mm Hg
 2. Nocturnal oxygen therapy
Resting PaO₂ less than 60 mm Hg
 3. Exercise oxygen therapy
PaO₂ with exercise less than 55 mm Hg
- B. Congestive Heart Failure
Symptomatic at rest, with PaO₂ less than 60 mm Hg
- C. Carcinoma of the Lung
Resting PaO₂ less than 60 mm Hg

- D. Others
Reviewed on an individual basis
- E. Children
O₂ saturation below 94% by pulse oximeter with elevated PCO₂ by capillary blood gas or end-tidal CO₂ on two separate occasions.

The prior authorization request for all oxygen and respiratory equipment must be submitted on form DMS-679, Medical Equipment Request for Prior Authorization and Prescription, to the Utilization Review Section for individuals of all ages. [View or print form DMS-679 and instructions for completion.](#)

221.200 Filing for Prior Authorization with the Utilization Review Section**8-1-05**

The original and the first copy of the Medical Equipment Request for Prior Authorization and Prescription Form (form DMS-679) must be forwarded to the Division of Medical Services, Utilization Review Section. [View or print Utilization Review Section contact information.](#)

The third copy should be retained in the provider's records.

221.300 Approvals of Prior Authorization**8-1-05**

The Utilization Review Section reviews requests for prior authorization. If necessary, the Utilization Review Section may request additional information.

When a request is approved, a prior authorization control number will be assigned by the Utilization Review Section. Determination of "purchase," "rental only," or "capped rental" will be made and an expiration date for "rental only" and "capped rental" items will be assigned. This information will be indicated on the copy of the form DMS-679 that is returned to the provider from Utilization Review within 30 working days of receipt of the prior authorization request.

Prior authorization may only be approved for a maximum of six (6) months (180 days) for individuals of all ages. Within 30 working days before the end of currently prior authorized prosthetics services, the prosthetics provider must obtain a new prescription. If applicable, the provider must prepare and send a new Medical Equipment Request for Prior Authorization and Prescription Form (Form DMS-679), signed by the physician, to the Utilization Review Section.

The effective date of the prior authorization will be the date on which the beneficiary's physician prescribed prosthetics services or the day following the last day of the previously prior authorized time period, whichever comes last.

Providers should note the following authorization process exception.

Prior authorization numbers for "capped rental" items will be effective for the entire "capped rental" time period of 15 months. Therefore, only one prior authorization number is needed.

- A. Providers may use the one prior authorization number for billing of "capped rental" items for all 15 months.
- B. Previous prior authorization for an item will count toward the total 15-month period.
- C. Providers must resubmit a request for prior authorization after the first 180 days.
- D. Necessary information will be indicated on the copy of the form DMS-679 that is returned to the provider within 30 working days of receipt of the prior authorization request.

221.400 Denial of Prior Authorization Request**8-1-05**

Denied requests will be returned to the provider within 30 working days of receipt of the prior authorization request, with the reason for denial indicated.

232.000 Specialized Wheelchair, Seating and Rehabilitative Equipment Reimbursement for Repairs

8-1-05

Reimbursement for **repairs** of specialized wheelchairs will be the manufacturer's list price for parts listed less 40% manual equipment (dealer discount), 30% power equipment (dealer discount), plus 35% (profit margin), plus labor billed by the unit (15 min. = 1 unit). A maximum of twenty (20) units (20 units = 5 hours of labor) per date of service is allowable. Any applicable pages from the manufacturer's catalog and the manufacturer's invoice for parts must be attached to the claim form.

Reimbursement for specialized wheelchair equipment, seating and rehab items requiring manual pricing is calculated using the manufacturer's current published suggested retail price less 15%. Any applicable pages from the manufacturer's catalog that reflect a description and the manufacturer's current published suggested retail price must be attached to the claim.

Kaye Products will be reimbursed at a set rate; therefore, the Kaye Products (procedure codes **E1031**, modifiers **EP, U1**; **E1031**, modifiers **EP, U3**; and **E1031**, modifiers **EP, U4**) may be billed electronically.

233.000 Orthotic and Prosthetic Reimbursement for Repairs

8-1-05

Providers **must bill** for the repair **of** orthotic appliances and prosthetic devices utilizing the procedure codes listed in the table below. One unit of service **equals** 15 minutes. A maximum of 20 units of service **is** allowed per date of service. Any applicable pages from the manufacturer's catalog and the manufacturer's invoice for parts must be attached to all repair claims.

National Code	Required Modifier	Description
L4205 L4210 L7510 L7520	— — — —	Repair of orthotic appliances and prosthetic devices (non-EPSDT)
L4205 L4210 L7510 L7520	EP EP EP, UB —	Repair of orthotic appliances and prosthetic devices (EPSDT)

Reimbursement for orthotic appliances and prosthetic devices requiring **manual pricing** will be calculated using the manufacturer's invoice price plus 10%. The manufacturer invoice must be attached to all repair claims.

234.000 Durable Medical Equipment (DME) Reimbursement for Repairs

8-1-05

Reimbursement for **repairs** of durable medical equipment (DME) will be manufacturer's invoice price for parts plus 10% and labor billed per unit (15 minutes = 1 unit of service). A maximum of twenty (20) units (20 units = 5 hours of labor) per date of service is allowable. The manufacturer's invoice must be attached to the repair claim for all parts.

Reimbursement for unlisted DME requiring **manual pricing** will be calculated using the manufacturer's invoice price plus 10%. The manufacturer's invoice must be attached to all repair claims.

236.000 Reimbursement for Repair of the Enteral Nutrition Pump

8-1-05

Reimbursement for repairs to the enteral nutrition infusion pump requires prior authorization. Repairs will be approved only on equipment purchased by Medicaid. Therefore, no repairs will be reimbursable prior to the equipment becoming the property of the Medicaid beneficiary.

Requests for prior authorization for enteral pump repairs must be mailed to the Utilization Review Section, Division of Medical Services ([view or print Utilization Review Section contact information](#)) on form DMS-679, titled Request for Prior Authorization and Prescription. ([View or print form DMS-679 and instructions for completion.](#))

The repair invoice and the serial number of the equipment must accompany the prior authorization request form. Total repair costs to an infusion pump may not exceed \$290.93. Medicaid will not reimburse for additional repairs to an infusion pump after the provider has billed repair invoices totaling \$290.93. If the equipment is still not in proper working order after the provider has billed the Medicaid maximum allowed for repairs, the provider must supply the beneficiary with a new infusion pump and may bill procedure code B9000 after receiving prior authorization for the new piece of equipment.

237.000 Rate Appeal Process

8-1-05

A provider may request reconsideration of a program decision by writing to the Assistant Director, Division of Medical Services. The request must be received within 20 calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a program/provider conference and will contact the provider to arrange a conference if needed. Regardless of the program decision, the provider will be afforded the opportunity for a conference, if he or she so wishes, for a full explanation of the factors involved and the program decision. Following review of the matter, the Assistant Director will notify the provider of the action to be taken by the Division within 20 calendar days of receipt of the request for review or the date of the program/provider conference.

When the provider disagrees with the decision of the Assistant Director, Division of Medical Services, the provider may appeal the question to a standing rate review panel established by the Director of the Division of Medical Services. The rate review panel will include one member of the Division of Medical Services, a representative of the provider association and a member of the Department of Human Services (DHS) management staff, who will serve as chairperson.

The request for review by the rate review panel must be postmarked within 15 calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The rate review panel will meet to consider the question(s) within 15 calendar days after receipt of a request for such appeal. The panel will hear the question(s) and a recommendation will be submitted to the Director of the Division of Medical Services.

240.000 BILLING PROCEDURES

8-1-05

241.000 Introduction to Billing

8-1-05

Prosthetics providers use the CMS-1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid **beneficiaries**. Each claim may contain charges for only one **beneficiary**.

Section III of this manual contains information about Provider Electronic Solutions (PES) and other available options for electronic claim submission.

242.000	CMS-1500 Billing Procedures	8-1-05
242.100	HCPCS Procedure Codes	8-1-05
242.105	Payment Methodology	8-1-05

Arkansas Medicaid has several methods of payment for all items covered by the Program. The following is a breakdown of the methods.

- A. Purchase items are equipment that is purchased for or purchased by an eligible Medicaid beneficiary. The equipment may be new or used.
- B. Rental-only items are those items paid by Arkansas Medicaid to providers for an unspecified time period on an as-needed basis. The equipment may be new or used.
- C. A capped rental item is equipment whose purchase price exceeds \$150.00. The items may be new or used. The items are reimbursed utilizing a daily rental rate. Medicaid pays the daily rental rate not to exceed a fifteen- (15-) month rental maximum (455 days). A period of continuous use allows for periods of interruption up to 60 consecutive days. If the interruption is 60 or fewer consecutive days, a new 15-month rental period will not begin. If the interruption is more than 60 days, a new 15-month rental period will begin.
- D. After the total cost of a capped rental item has been reimbursed by Medicaid, the item remains the property of the DME provider. For items that have reached a 15-month rental cap, claims will be paid for maintenance and servicing fees after six months have passed from the end of the final paid rental month or from the end of the period the item is no longer covered under the supplier's or manufacturer's warranty, whichever is later.
- E. Providers may be reimbursed for capped rental and rental-only items if the equipment is used fewer than 30 consecutive days from the first day of rental. This ensure the provider of adequate reimbursement for equipment used fewer than 30 days.
- F. A rent-to-purchase item is an item for which Arkansas Medicaid reimburses a provider for the Medicaid-established purchase price of the item. After reimbursement has reached the maximum allowed, the equipment will become the property of the Medicaid beneficiary. Reimbursement is only approved for new equipment.
- G. Initial rental transactions are those for which equipment is used in a beneficiary's home for fewer than 30 consecutive days. Initial rental transactions must not be used by the provider to bill a month in advance. Arkansas Medicaid will only pay after services are rendered. An example of an initial rental transaction is that of a hospital bed delivered on July 2 and removed from the home after 10 days.
- H. Manually priced items are those for which Arkansas Medicaid pays the manufacturer's invoice price plus 10 percent. The provider must attach the invoice with their claim for services rendered.
- I. A used item is any item that has been rented for 90 days or longer by anyone prior to the current Medicaid "rental only" or capped rental" transaction. The provider must maintain documentation that certifies a used item is reconditioned and in good working order and has no defect in workmanship or material.
- J. Repair of a "rental only" item is covered in the rental fee. Repair of "purchased" items is covered separately. Total (cumulative) repair costs must not exceed 50% of the item's total purchase cost.

242.110 Respiratory and Diabetic Equipment, All Ages**8-1-05**

When billed either electronically or on paper, procedure codes found in this section must be billed with modifier EP for **beneficiaries** under 21 years of age or modifier NU for **beneficiaries** age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when **billed** on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS "H" for individuals age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, the information is indicated with a "Y" in the column; if not, an "N" is shown.

⁷ Procedure code became payable July 1, 2004.

- ◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

****(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Respiratory and Diabetic Equipment, All Ages (section 242.110)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
A4230	NU		H	Infusion set for external insulin pump, nonneedle cannula type (each)	Y◆	Purchase
A4231	NU		H	Infusion set for external insulin pump, needle type (each)	Y◆	Purchase
A4232	NU		H	Syringe with needle for external insulin pump, sterile, 3 cc (each)	Y◆	Purchase
A4627	NU	UB	H	** (Spacer bag or reservoir <u>without mask</u> , for use with metered dose inhaler) Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	N	Purchase
A4627	NU		H	** (Spacer bag or reservoir <u>with mask</u> , for use with metered dose inhaler) Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	N	Purchase
A4632			H	Replacement battery for external infusion pump, any type, each	Y◆	Purchase
A6021	NU		H	Collagen dressing, pad size 16 sq. in. or less, each	Y◆	Purchase
A6022	NU		H	Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Y◆	Purchase
A6023	NU		H	Collagen dressing, pad size more than 48 sq. in., each	Y◆	Purchase
A6024	NU		H	Collagen dressing wound filler, per 6 in.	Y◆	Purchase

Respiratory and Diabetic Equipment, All Ages (section 242.110)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
A7034	NU	RR	H	** (CPAP Device Nasal Continuous Positive Airway Pressure (CPAP) Device; includes necessary accessory items) NOTE: Complete medical data pertinent to the request must be submitted with the prior authorization request. NOTE: Bill A7034 as the Global Monthly Rental Service. Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Y ♦	Rental Only
A7045	NU			Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	N	Purchase
A9999 ⁷	NU		H	** (Unlisted Durable Medical Equipment. The manufacturer's invoice must be attached to the claim form.) Misc. DME supply or accessory, not otherwise specified	Y	Manually Priced
E0424				Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Y ♦	Rental Only
E0430				Portable gaseous oxygen system, purchase, includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Y ♦	Rental Only
E0435				Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	Y ♦	Rental Only
E0439				Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Y ♦	Rental Only
E0441				Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	Y	Purchase
E0442				Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit	Y	Purchase

Respiratory and Diabetic Equipment, All Ages (section 242.110)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0443				Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply=1 unit	Y♦	Purchase
E0444				Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply=1 unit	Y♦	Purchase
E0470	RR		H	*(BIPAP Device, Nasal Bi-level Positive Airway support system; includes necessary accessory items. NOTE: Complete medical data pertinent to the request must be submitted with the prior authorization request.) Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y	Capped Rental
E0470 ⁷	NU EP	RR RR	H 6	Respiratory assist device, bi-level pressure capacity, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0471 ⁷	NU EP	RR RR	H 6	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0472 ⁷	NU EP	RR RR	H 6	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0483	NU	RR	H	*(Bronchial Drainage System) High-frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Y♦	Rental Only
E0483	NU	UB	H	*(Pulmonary Vest. The manufacturer invoice must be attached to the claim form.) High-frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Y♦	Purchase

Respiratory and Diabetic Equipment, All Ages (section 242.110)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0560				Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	N	Purchase
E0561 ⁷	NU EP		H 6	Humidifier, non-heated, used w/positive airway pressure device	Y Y	Purchase
E0562 ⁷	NU EP		H 6	Humidifier, heated, used w/positive airway pressure device	Y Y	Purchase
E0570				Nebulizer, with compressor	Y ♦	Purchase
E0575				Nebulizer, ultrasonic, large volume	Y ♦	Capped Rental
E0600				Respiratory suction pump, home model, portable or stationary, electric	N	Rental Only
E0779	NU	RR		*(Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Y ♦	Rental Only
E0784	NU		H	External ambulatory infusion pump, insulin	Y ♦	Purchase
E1340	NU		H	*(DME Repair: Parts Only Repairs will not be approved for more than the allowed purchase price of new equipment. The manufacturer's invoice must be attached to the repair claim for all parts.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced
E1340	NU	U4	H	*(Maintenance for Capped Rental items) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	N/A
E1340	NU	U1	H	*(Labor Only; a maximum of twenty (20) units per date of service is allowable. 20 units = 5 hours of labor) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced

Respiratory and Diabetic Equipment, All Ages (section 242.110)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1340	EP	U1	6	** (Labor Only; a maximum of twenty (20) units per date of service is allowable. 20 units = 5 hours of labor) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced
E1390				Oxygen concentrator, single delivery port, capable of delivering 85 % or greater oxygen concentration at the prescribed flow rate	Y♦	Rental Only
E1391 ⁷	NU		H	O2 concentrator, dual delivery port, capable of delivering 85% or > O2 concentration at the prescribed flow rate, each	Y	Purchase
E1391 ⁷	NU		I	O2 concentrator, dual delivery port, 85% or > O2 concentration at the prescribed flow rate, each	Y	Purchase

242.111 Initial Rental of a DME Item for Individuals of All Ages**8-1-05**

Procedure codes found in this section must be billed either electronically or on paper with modifier KH to indicate an initial rental of an item. Modifiers are indicated below with the headings of M1 and M2.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "I" for initial rental. Type of service is indicated by the heading of TOS.

Procedure codes shown in the list below are either covered for all ages (AA), for only individuals under age 21 (U21) or for only individuals age 21 and over (21+). A column in the list below defines the differences.

- ♦ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Initial Rental of a DME Item for Individuals of All Ages (section 242.111)

					All
					U21
Procedure Code	M1	M2	TOS	Description	21+
A7034 ♦			I	** (CPAP Device Nasal Continuous Positive Airway Pressure (CPAP) Device; includes necessary accessory items. NOTE: For 21+, complete medical data pertinent to the request must be submitted with the prior authorization request.) Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	AA
E0143 ♦			I	Walker, folding, wheeled, adjustable or fixed height	21+
E0166				Commode chair, mobile, with detachable arms	U21
E0181				Pressure pad, alternating with pump, heavy duty	U21
E0200				Heat lamp, without stand (table model), includes bulb, or infrared element	U21
E0205				Heat lamp, with stand includes bulb, or infrared element	U21
E0217				Water circulating heat pad with pump	U21
E0225				Hydrocollator unit, includes pad	U21
E0236				Pump for water circulating pad	U21
E0239				Hydrocollator unit, portable	U21
E0250 ♦				Hospital bed, fixed height, with any type side rails, with mattress	U21
E0250			I	Hospital bed, fixed height, with any type side rails, with mattress	21+
E0255 ♦				Hospital bed, variable height; hi-lo, with any type side rails, with mattress	U21
E0255	KH		I	Hospital bed, variable height; hi-lo, with any type side rails, with mattress	21+
E0260 ♦			I	Hospital bed, semi-electric (head and foot adjustment), with any type side rails with mattress	U21
E0260 ♦	KH		I	Hospital bed, semi-electric (head and foot adjustment), with any type side rails with mattress	21+
E0271				Mattress, inner spring	U21
E0272				Mattress, foam rubber	U21
E0303 ⁷			I	Hospital bed, heavy duty, extra wide, with weight capacity > 350 but < or = 600, any type side rails, w/mattress	AA
E0424				Stationary, compressed gaseous oxygen system, rental; includes container, contents, regulator flowmeter, humidifier, nebulizer cannula or mask, and tubing	AA

Initial Rental of a DME Item for Individuals of All Ages (section 242.111)

					All
					U21
Procedure Code	M1	M2	TOS	Description	21+
E0430 ♦				Portable gaseous oxygen system, purchase, includes regulator, flowmeter, humidifier, cannula, or mask, and tubing	AA
E0435 ♦				Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	AA
E0439				Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AA
E0480				Percussor, electric or pneumatic, home model	U21
E0445 ♦				**(Pulse oximeter, including 4 disposable probes) Oximeter for measuring blood oxygen levels noninvasively	U21
E0565 ♦				Compressor, air power source for equipment which is not self-contained or cylinder driven	U21
E0575 ♦				Nebulizer, ultrasonic, large volume	AA
E0585				Nebulizer, with compressor and heater	U21
E0600				Respiratory suction pump, home model, portable or stationary, electric	AA
E0606				Vaporizer, room type	U21
E0630 ♦				Patient lift, hydraulic, with seat or sling	U21
E0630	KH		I	Patient lift, hydraulic, with seat or sling	21+
E0650 ♦				Pneumatic compressor, nonsegmental home model	U21
E0667 ♦				Segmental pneumatic appliance for use with pneumatic compressor, full leg	U21
E0668 ♦				Segmental pneumatic appliance for use with pneumatic compressor, full arm	U21
E0691				Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less	U21
E0692			I	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; four foot panel	U21
E0693			I	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; six foot panel	U21
E0694			I	Ultraviolet multidirectional light therapy system in six foot cabinet includes bulbs/lamps, timer and eye protection	U21
E0720 ♦				TENS, two lead, localized stimulation	U21

Initial Rental of a DME Item for Individuals of All Ages (section 242.111)

					All
					U21
Procedure Code	M1	M2	TOS	Description	21+
E0730 ♦				Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation	U21
E0730	KH		I	Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation	21+
E0745 ♦			I	Neuromuscular stimulator, electronic shock unit	U21
E0747 ♦				Osteogenesis stimulator, electrical noninvasive, other than spinal applications	U21
E0779 ♦			I	** (Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion device pump, mechanical, reusable, for infusion 8 hours or greater	AA
E0910				Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	U21
E0910	KH		I	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	21+
E0920				Fracture frame, attached to bed, includes weights	U21
E0930				Fracture frame, freestanding, includes weights	U21
E0935 ♦				Passive motion exercise device	U21
E0940				Trapeze bar, freestanding, complete with grab bar	U21
E0941				Gravity assisted traction device, any type	U21
E1130 ♦				Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	U21
E1130 ♦	KH		I	Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	21+
E1224 ♦				Wheelchair with detachable arms, elevating legrests	U21
E1224 ♦			I	Wheelchair with detachable arms, elevating legrests	21+
E1390				Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	AA

Providers will be reimbursed for a minimum of 30 days of rental when the equipment is used less than 30 days. Initial rental codes should only be billed when equipment is used less than 30 days during the first month of rental.

Arkansas Medicaid will only reimburse for one initial minimum 30 days of rental per state fiscal year period per beneficiary per procedure code. The provider will not be reimbursed for the same procedure code utilizing another modifier and type of service for the same time period.

242.112 Home Blood Glucose Monitor and Supplies – Pregnant Women Only, All Ages**8-1-05**

Procedure codes found in this section must be billed either electronically or on paper with modifier NU for individuals of all ages. When a second modifier is listed, that modifier must be used in conjunction with the NU modifier.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code “H” for individuals of all ages. Modifiers in the section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization is indicated by the heading PA.

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0607	NU	U1	H	Home Blood Glucose Monitor	N	Purchase
A4253	NU	U1	H	Blood glucose test or reagent strips for home glucose monitor, per 50 strips	N	Purchase
A4259	NU	U2	H	Lancets, per box of 100	N	Purchase

242.120 Medical Supplies, All Ages**8-1-05**

Procedure codes found in this section must be billed either electronically or on paper with modifier NU for individuals of all ages. When a second modifier is listed, that modifier must be used in conjunction with the modifier NU.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code “H” for individuals of all ages.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

¹ These supplies must be prior authorized. Form DMS-679 may be used for the request for prior authorization. [View or print form DMS-679 and instructions for completion.](#) Please note: Compression burn garments are manually priced.

⁷ Procedure code became payable July 1, 2004.

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A4206	NU		H	Syringe with needle, sterile, 1 cc, ea
A4207	NU			Syringe with needle, sterile, 2 cc, ea
A4209	NU			Syringe with needle, sterile, 5 cc or greater, ea
A4216 ⁷	NU		H	Sterile water/saline, 10 ml
A4217 ⁷	NU		H	Sterile water/saline, 500 ml
A4221 ¹	NU			Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222 ¹	NU			Supplies for external drug infusion pump, per cassette or bag (list drug separately)

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A4253	NU			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253	NU	UB	H	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4256	NU			Normal, low, and high calibrator solution/chips
A4259	NU			Lancets, per box of 100
A4265	NU			Paraffin, per pound
A4310	NU			Insertion tray without drainage bag and without catheter (accessories only)
A4311	NU			Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	NU			Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	NU			Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314	NU			Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	NU			Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	NU			Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	NU			Irrigation tray with bulb or piston syringe, any purpose
A4322	NU			Irrigation syringe, bulb or piston, each
A4326	NU			Male external catheter specialty type with intergral collection chamber, each
A4327	NU			Female external urinary collection device; metal cup, each
A4328	NU			Female external urinary collection device; pouch, each
A4330	NU			Perianal fecal collection pouch with adhesive, each
A4331	NU			Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4338	NU			Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc), each
A4340	NU			Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each
A4344	NU			Indwelling catheter, Foley type, two-way, all silicone, each
A4346	NU			Indwelling catheter, Foley type, three-way for continuous irrigation, each

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A4348	NU			Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)
A4349	NU			Male external catheter with or without adhesive, disposable, each
A4351	NU			Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each
A4351	NU	U1		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each
A4352	NU			Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each
A4352	NU	U1		Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each
A4353	NU	U2	H	Intermittent urinary catheter, with insertion supplies (tray)
A4354	NU			Insertion tray with drainage bag but without catheter
A4355	NU			Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
A4356	NU			External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	NU			Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	NU			Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4359	NU			Urinary suspensory without leg bag, each
A4361	NU			Ostomy faceplate, each
A4362	NU			Skin barrier; solid, four by four or equivalent; each
A4364	NU			Adhesive, liquid, or equal, any type, per ounce
A4365	NU		H	Adhesive remover wipes, any type, per 50
A4367	NU			Ostomy belt, each
A4368	NU		H	Ostomy filter, any type, each
A4369	NU			Ostomy skin barrier, liquid, (spray, brush, etc), per oz
A4371	NU			Ostomy skin barrier, power, per oz
A4394	NU		H	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
A4397	NU			Irrigation supply; sleeve, each
A4398	NU			Ostomy irrigation supply; bag, each
A4399	NU			Ostomy irrigation supply; cone/catheter, including brush

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A4400	NU			Ostomy irrigation set
A4402	NU			Lubricant, per ounce
A4404	NU			Ostomy ring, each
A4405	NU			Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	NU			Ostomy skin barrier, pectin based, paste, per ounce
A4414	NU			Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4450	NU	U1		Tape, non-waterproof, per 18 square inches
A4450	NU		H	Tape, non-waterproof, per 18 square inches
A4452	NU			Tape, waterproof, per 18 square inches
A4455	NU			Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4483	NU		H	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4558	NU			Conductive paste or gel
A4561	NU	U1		Pessary, rubber, any type
A4562	NU			Pessary, non rubber, any type
A4623	NU			Tracheostomy, inner cannula
A4625	NU			Tracheostomy care kit for new tracheostomy
A4626	NU			Tracheostomy cleaning brush, each
A4628	NU			Oropharyngeal suction catheter, each
A4629	NU			Tracheostomy care kit for established tracheostomy
A4772	NU			Blood glucose test strips, for dialysis, per 50
A4927	NU			Gloves, non-sterile, per 100
A5051	NU			Ostomy pouch, closed; with barrier attached (one piece), each
A5052	NU			Ostomy pouch, closed; without barrier attached (one piece), each
A5053	NU			Ostomy pouch, closed; for use on faceplate, each
A5054	NU			Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	NU			Stoma cap
A5061	NU	U1		Ostomy pouch, drainable; with barrier attached (one piece), each
A5062	NU			Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	NU			Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	NU			Ostomy pouch, urinary; with barrier attached (one piece), each

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A5072	NU			Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	NU			Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	NU			Continent device; plug for continent stoma
A5082	NU			Continent device; catheter for continent stoma
A5093	NU			Ostomy accessory; convex insert
A5102	NU			Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105	NU			Urinary suspensory; with leg bag, with or without tube
A5112	NU			Urinary leg bag; latex
A5113	NU			Leg strap; latex, replacement only, per set
A5114	NU			Leg strap; foam or fabric, replacement only, per set
A5119	NU			Skin barrier; wipes, box per 50
A5121	NU			Skin barrier; solid, 6 x 6 or equivalent, each
A5122	NU			Skin barrier; solid, 8 x 8 or equivalent, each
A5126	NU			Adhesive or non-adhesive; disk or foam pad
A5131	NU			Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A6154	NU			Wound pouch, each
A6196	NU		H	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	NU	UB	H	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in, each dressing
A6197	NU	UB	H	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in, each dressing (1 linear yard)
A6198	NU		H	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing
A6203	NU		H	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	NU		H	Composite dressing, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing
A6205	NU		H	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6211	NU		H	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	NU		H	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

Medical Supplies, All Ages (section 242.120)**Procedure**

Code	M1	M2	TOS	Description
A6213	NU		H	Foam dressing, wound cover, pad size more than 16 sq. in but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6216	NU		H	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6219	NU		H	Gauze, non-impregnated, 16 sq. in. or less with any size adhesive border, each dressing
A6220	NU		H	Gauze, non-impregnated, pad more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	NU		H	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6228	NU		H	Gauze, impregnated, water or normal saline, pad, size 16 sq. in. or less, without adhesive border, each dressing
A6229	NU		H	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	NU		H	Gauze, impregnated, water or normal saline, pad more than 48 sq. in., without adhesive border, each dressing
A6234	NU	U1		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6234	NU		H	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	NU		H	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	NU		H	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	NU		H	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	NU		H	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6238	NU	U1	H	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	NU		H	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6241	NU			Hydrocolloid dressing, wound filler, dry form, per gram
A6242	NU			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6242	NU	U1		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

Medical Supplies, All Ages (section 242.120)**Procedure**

Code	M1	M2	TOS	Description
A6242	NU		H	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	NU		H	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	NU		H	Hydrogel dressing, wound cover, pad size more than 48 sq. in. without adhesive border, each dressing
A6245	NU		H	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	NU		H	Hydrogel dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	NU		H	Hydrogel dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing
A6248	NU			Hydrogel dressing, wound filler, gel, per fluid ounce
A6248	NU	U1		Hydrogel dressing, wound filler, gel, per fluid ounce
A6248	NU		H	Hydrogel dressing, wound filler, gel, per fluid ounce
A6257	NU		H	Transparent film, 16 sq. in. or less, each dressing
A6258	NU		H	Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6259	NU		H	Transparent film, more than 48 sq. in., each dressing
A6403	NU		H	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing
A6404	NU		H	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6441 ⁷	NU		H	Padding bandage, non-elastic, non-woven/non-knitted, width > or = 3 inches & < 5 in, per yd
A6442 ⁷	NU			Conforming bandage, non-elastic, knitted/woven, non-sterile, width < 3 in, per yd
A6443 ⁷	NU		H	Conforming bandage, non-elastic, knitted/woven, non-sterile, width > or = 3 in & < 5 in, per yd
A6444 ⁷	NU		H	Conforming bandage, non-elastic, knitted/woven, non-sterile, width > or = 5 in, per yd
A6445 ⁷	NU			Conforming bandage, non-elastic, knitted/woven sterile, width < 3 in, per yd
A6446 ⁷	NU		H	Conforming bandage, non-elastic, knitted/woven, sterile, width > or = 3 in & < 5 in, per yd
A6447 ⁷	NU		H	Conforming bandage, non-elastic, knitted/woven, sterile, width > or = 5 in, per yd
A6448 ⁷	NU			Light compression bandage, elastic, knitted/woven width < 3 in, per yd

Medical Supplies, All Ages (section 242.120)**Procedure**

Code	M1	M2	TOS	Description
A6449 ⁷	NU		H	Light compression bandage, elastic, knitted/woven, width > or = 3 in & < 5 in, per yd
A6450 ⁷	NU		H	Light compression bandage, elastic, knitted/woven, width > or = 5 in, per yd
A6451 ⁷	NU		H	Moderate compress bandage, elastic, knitted/woven load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width > or = 3 in & < 5 in, per yd
A6452 ⁷	NU		H	High compress bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 % maximum stretch, width > or = 3 in & < 5 in, per yd
A6453 ⁷	NU			Self-adherent bandage, elastic, non-knitted/non-woven, width<3in, per yd
A6454 ⁷	NU			Self-adherent bandage, elastic, non-knitted/non-woven, width > or = 3 in & < 5 in, per yd
A6455 ⁷	NU			Self-adherent bandage, elastic, non-knitted/non-woven, width > or = 5 in, per yd
A6501 ^{1,7}	NU			Compression burn garment, body suit (head to foot), custom fabricated
A6502 ^{1,7}	NU			Compression burn garment, chin strap, custom fabricated
A6503 ^{1,7}	NU			Compression burn garment, facial hood, custom fabricated
A6504 ^{1,7}	NU			Compression burn garment, glove to wrist, custom fabricated
A6505 ^{1,7}	NU			Compression burn garment, glove to elbow, custom fabricated
A6506 ^{1,7}	NU			Compression burn garment, glove to axilla, custom fabricated
A6507 ^{1,7}	NU			Compression burn garment, foot to knee length, custom fabricated
A6508 ^{1,7}	NU			Compression burn garment, foot to thigh length, custom fabricated
A6509 ^{1,7}	NU			Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510 ^{1,7}	NU			Compression burn garment, trunk including arms down to leg openings (leotard), custom fabricated
A6511 ^{1,7}	NU			Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512 ^{1,7}	NU			Compression burn garment, not otherwise classified
A7520 ⁷	NU			Trachestomy/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each
A7521 ⁷				Trachestoomy/Laryngectomy tube, cuffed, PVC, silicone or equal, each
A7522 ⁷				Trachestomy/Laryngectomy tube, stainless steel or equal, (sterilizable and reusable), each
A7524 ⁷				PO-Tracheostoma stent/stud/button, each

Medical Supplies, All Ages (section 242.120)

Procedure Code	M1	M2	TOS	Description
A7525 ⁷				Tracheostomy mask, each
B4086	NU			Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each
E0776	NU			IV pole

242.121 Food Thickeners, All Ages

8-1-05

Food thickeners, including “Thick-It,” “Thick-It II,” “Simply Thick” and “Thick and Easy,” are not subject to the \$250 medical supply benefit limit.

When food thickeners are to be administered enterally, the modifier “BA” must be used in conjunction with the procedure code.

When food thickeners are billed, total units are to be calculated to the nearest full ounce. Partial units may not be rounded up. When a date span is billed, the product cannot be billed until the end date has elapsed.

The maximum number of units allowed for food thickeners is 16 units per date of service.

Procedure Code	M1	M2	TOS	Description
B4100			H	Food thickener, administered orally, per oz.
B4100	BA		H	Food thickener, administered enterally, per oz.

242.122 Jobst Stocking, All Ages

8-1-05

The gradient compression stocking (Jobst) is payable for individuals of all ages. However, before supplying the item, the Jobst stocking must be prior authorized by Utilization Review. [View or print form DMS-679 and instructions for completion.](#) Documentation accompanying form DMS-679 must indicate that the patient has severe varicose veins with edema, or a venous stasis ulcer, unresponsive to conventional therapy such as wrappings, over-the-counter stockings and Unna boots. The documentation must include clinical medical records from a physician detailing the failure of conventional therapy.

Procedure Code	M1	M2	TOS	Description	Maximum Units
L8239	NU		H	Gradient compression stocking, NOS (Jobst); 1 unit = 1 stocking	Maximum 2 units per date of service

242.130 Diapers and Underpads, 3 Years Old and Older

8-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age or modifier NU for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS "H" for individuals age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization is indicated by the heading PA. If prior authorization is required, that information is indicated with a "Y" in the column, or if not, an "N" is shown.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Diapers and Underpads, 3 Years Old and Older (section 242.130)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
A4335	EP		6	**(Small Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	EP	U1	6	**(Medium Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	EP	U2	6	**(Large Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	NU EP	U1 U3	H 6	**Incontinence supply; miscellaneous (Under-Garment One size fits all)	N	Purchase
A4554	NU		H	Disposable underpads, all sizes (e.g., Chux's)	N	Purchase
T4521	NU		H	Adult-sized disposable incontinence product, brief/diaper, small, each	N	Purchase
T4522	NU		H	Adult-sized disposable incontinence product, brief/diaper, medium, each	N	Purchase
T4523	NU		H	Adult-sized disposable incontinence product, brief/diaper, large, each	N	Purchase
T4524	NU		H	Adult-sized disposable incontinence product, brief/diaper, extra large, each	N	Purchase
T4526	NU EP		H 6	Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each	N	Purchase
T4527	NU EP		H 6	Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each	N	Purchase
T4528	NU EP		H 6	Adult-sized disposable incontinence product, protective underwear/pull-on, extra large size, each	N	Purchase
T4529	EP		6	Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4529	EP	U1	6	Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4530	EP		6	Pediatric-sized disposable incontinence product, brief/diaper, large size, each	N	Purchase

Diapers and Underpads, 3 Years Old and Older (section 242.130)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
T4531	EP		6	Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4531	EP	U1	6	Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4532	EP		6	Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase
T4532	EP	U1	6	Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase
T4533	EP		6	Youth-sized disposable incontinence product, brief/diaper, each	N	Purchase
T4535	NU EP		H 6	Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase
T4535	NU EP	U1 U1	H 6	Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase

Reimbursement is based on a per unit basis with one unit equaling one item (diaper, underpad). When billing for these services that are benefit limited to a dollar amount per month, providers must bill according to the calendar month.

Providers must not span calendar months when billing for diapers and/or underpads. The date of delivery is the date of service. Providers should not bill “from” and “through” dates of service.

Refer to section 212.500 of this manual for coverage information on diapers and underpads.

242.140 Electronic Blood Pressure Monitor and Cuff, All Ages**8-1-05**

The procedure code found in this section must be billed either electronically or on paper using modifier NU for individuals of all ages.

Additionally, when billed on paper, the procedure code must be billed with a type of service (TOS) “H” for individuals of all ages.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a “Y” in the column; if not, an “N” is shown.

♦ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
A4670	NU		H	Automatic blood pressure monitor	Y♦	Rental Only

Included with the rental of this monitor, the provider will need to supply one (1) disposable blood pressure cuff each month.

242.150 Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age

8-1-05

The coverage listed is payable only if the service is prescribed as a result of a Child Health Services (EPSDT) screening/referral.

NOTE: WIC must be accessed first for individuals age 0 through the fifth birthday.

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age. When a second modifier is listed, that modifier must be used in conjunction with EP.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Modifier "BO" is used to bill for oral usage.

Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	TOS	Description	Covered Formulae
B4149 B4149	EP EP	BO		6 6	Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Compleat
B4150 B4150	EP EP	BO		6 6	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
Covered Formulae:						
Boost					Fibersource HN	Nutren 1.0 with Fiber
Boost with Fiber					Fortison	Osmolite
Carnation Instant Breakfast – Lactose Free					Intraolite	Osmolite 1.0 CAL
Ensure					Isocal	Osmolite HN
Ensure Fiber with FOS					Isocal HN	Portagen
Ensure High Protein					IsoSource	Probalance
Ensure HN					IsoSource HN	Promote
Ensure Powder					Jevity 1.0 CAL	Promote with Fiber
Fibersource					Nutrapack	Resource
					Nutren 1.0	Ultracal

Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	T O S	Description	Covered Formulae
B4150	EP	U1	BO	6	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Boost Pudding Ensure Pudding
B4152 B4152	EP EP	BO		6 6	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 Kcal/ml), with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Boost Plus Carnation Instant Breakfast – Lactose Free Plus Comply Deliver 2.0 Ensure Plus Ensure Plus HN Nutren 1.5 Nutren 2.0 Resource Plus Scandishake Two-Cal HN
B4153 B4153	EP EP	BO		6 6	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Alitraq Criticare HN Isotein HN Peptamen Peptamen 1.5 Peptamen VHP Peptamen with Prebio 1 Perative Tolerex Vital HN Vivonex Plus Vivonex TEN
B4154 B4154	EP EP	BO		6 6	Enteral formula, nutritionally complete, for special metabolic needs, includes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
Covered formulae:						
Advera						Pulmocare
AminAid						Resource Diabetic
Choice DM						Respalar
Forta Drink						Similac 60/40
Glucerna						Suplena
Glytrol						Traumacal
Hepatic Aid						Trumaid Powder
Impact						
Impact with Fiber						
IsoSource VHN						
Ketocal						
Lipisorb						
Lofenalac						
Nepro						
NutriHep						
Protain XL						

Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	T O S	Description	Covered Formulae
B4155 B4155	EP EP	BO		6 6	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Casec Powder Fructose Powder MCT Oil Moducal Polycose Liquid Promod Provimin Sumacal
Bill on Paper (Indicate specific name of formula on claims.)						
B4155 B4155	EP EP	U1 U1	BO	6 6	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Polycose Powder Dextrose Scandical
B4155 B4155	EP EP	U2 U2	BO	6 6	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Microlipids
B4155 B4155	EP EP	U3 U3	BO	6 6	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Product 80056 PKU 1, 2 and 3 RCF Try 1 and 2

Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	T O S	Description	Covered Formulae
B4158 B4158	EP EP	BO		6 6	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Enfamil AR Lipil Enfamil Lactofree Enfamil Lactofree Lipil Enfamil Lipil Low Iron Enfamil Lipil with Iron Enfamil Next Step Lipil Nutren Jr. Nutren JF with Fiber Resource for Kids Resource Just for Kids with Fiber
B4159 B4159	EP EP	BO		6 6	Enteral formula, for pediatrics, nutritionally complete soy base with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Next Step Prosobee Lipil Enfamil Prosobee Lipil Isomil Isomil Advance Soy with Iron Prosobee
B4160 B4160	EP EP	BO		6 6	Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Enfacare Lipil Powder Kindercal Pediasure Pediasure with Fiber
B4160 B4160	EP EP	U1 U1	BO	6 6	Enteral formula, for pediatrics, nutritionally calorically dense (equal to or greater than 0.7 Kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enfamil Premature Lipil 24 Cal Low Iron Enfamil Premature Lipil 24 Cal with Iron Similac Neosure Similac Neosure Advance Special Care Advance 20 Special Care Advance 20 with Iron Special Care Advance 24 Special Care Advance 24 with Iron

Nutritional Formulae, for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)

Procedure Code	M1	M2	M3	T O S	Description	Covered Formulae
B4161 B4161	EP EP			6 6	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Alimentum Enfamil Nutramigen Lipil Enfamil Pregestimil Neocate Infant Formula Neocate Jr Neocate One + (Pediatric E028) Liquid Neocate One + Powder Nutramigen Peptamen Jr Pregestimil Similac Alimentum Advance with Iron Vivonex Pediatric
B4162 B4162	EP EP			6 6	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
Covered Formulae:						
Calcilo XD					Low Phe Try Diet Powder	Phenex-1
Cyclinex-1					Maxamaid MSUD	Phenex-2
Cyclinex-2					Maxamaid XLYS-TRY	Phenyl Free 1
Hominex-1					Maxamaid Xp	Phenyl Free 2
Hominex-2					Maxamaid Xphen Try	Propimex-1
I-Valex-1					Maxamum MSUD	Propimex-2
I-Valex-2					Maxamum XP	XP Analog
Ketonex-1					MSUD 1 and 2	Xphen, Try Analog
Ketonex-2					Periflex	
B4162 B4162	EP EP	U1 U1		6 6	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	XMTVI Maximaid

Providers must bill the formula procedure codes with a type of service code "6." One unit of service equals 100 calories with a maximum of 30 units per day reimbursable. Supplies provided in conjunction with the nutritional formula through the prosthetics programs must be billed under the prosthetics medical supply code. These formulae are covered as nutritional supplements rather than the sole source of nutrition.

NOTE: Beneficiaries who require enteral nutrition as the sole source of nutrition with the formulae being administered through a nasogastric, jejunostomy or

gastrostomy tube should be referred to a hyperalimentation provider enrolled in the Medicaid Program.

Each claim should reflect a “from” and “through” date of service. The claims should not be filed until the “through” date has elapsed. Claims may be submitted on either a weekly or monthly basis.

NOTE: If a specific formula is not listed but is the same as a formula listed, it may be billed using the procedure code for the comparable formula. It is the responsibility of the provider to prove comparability when audited.

242.151 Pedia-Pop

8-1-05

The procedure code found in this section must be billed with modifier EP. Additionally, when billed on paper, the procedure code must be billed with a type of service (TOS) code “6.” Reimbursement for this product is provider’s cost plus ten percent. Pedia-Pop is covered for eligible Medicaid beneficiaries of all ages. Pedia-Pop is only for oral consumption, and only in frozen form.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

Procedure Code	M1	M2	TOS	Description	Maximum Units
Bill on paper	EP		6	Pedia-Pop; 1 unit = 1 box	2 units per date of service

242.152 Enteral Nutrition Infusion Pump and Enteral Feeding Pump Supply Kit

8-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age. When a second modifier is listed, that modifier must be used in conjunction with EP.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code “6” for individuals under age 21.

The procedure codes will require prior authorization from the Utilization Review Section of the Division of Medical Services.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a “Y” in the column; if not, an “N” is shown.

****(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Procedure Code	M1	M2	TOS	Description	Maximum Units	PA	Payment Method
B4035	EP		6	Enteral feeding supply kit, pump fed, per day (1 unit = 1 day)	1 per day	Y	Rent to Purchase
B9000	EP		6	Enteral nutrition infusion pump – without alarm (1 day = 1 unit)	1 per day	Y	Rent to Purchase

B9002	EP		6	Enteral nutrition infusion pump – with alarm (1 day = 1 unit)	1 per day	Y	Rent to Purchase
E1340	EP	U2	6	*(Repair – Enteral nutrition infusion pump) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component		Y	

Enteral Nutrition Infusion Pump

Reimbursement for the enteral nutrition infusion pump is based on a rent-to-purchase methodology. Each unit reimbursed by Medicaid will apply towards the purchase price established by Medicaid. Reimbursement will only be approved for new equipment. Used equipment will not be prior authorized. Code **B9000**, Enteral Nutrition Infusion Pump, represents a new piece of equipment being reimbursed by Medicaid on the rent-to-purchase plan. Code **B9000** is reimbursed on a per unit basis with 1 day equaling 1 unit of service per day. Medicaid will reimburse on the rent-to-purchase plan for a total of 304 units of service. After reimbursement has been made for 304 units, the equipment will become the property of the Medicaid beneficiary. Prior authorization is required for code **B9000**. The prior authorization request must include the serial number of the infusion pump being provided to the beneficiary.

See section 236.000 for reimbursement when the Medicaid Program is billed for repairs made to the enteral infusion pump.

242.153 MIC-KEY Skin Level Gastrostomy Tube (Mic-Key Button) and Supplies for Individuals Under Age 21

8-1-05

Procedure codes found in this section must be billed with modifier EP for beneficiaries under 21 years of age. Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21.

Prior authorization is required before services can be provided.

Procedure Code	M1	M2	PA	Description	Payment Method
B9998			Y	MIC-KEY Kit	Individually Priced
B9998	EP	U1	Y	SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 12" Length	Individually Priced
B9998	EP	U2	Y	SECUR-LOK Extension Set with 2 Port 'Y' and Clamp 24" Length	Individually Priced
B9998	EP	U3	Y	Bolus Extension Set with Single Port Clamp 12" Length	Individually Priced
B9998	EP	U4	Y	Bolus Extension Set with Single Port Clamp 24" Length	Individually Priced
B9998	EP	U5	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 12" Length	Individually Priced
B9998	EP	U6	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 24" Length	Individually Priced

B9998	EP	U7	Y	Microvasive Adapter	Individually Priced
B9998	EP	U8	Y	Microvasive Decompression Tube	Individually Priced

242.160 Durable Medical Equipment, All Ages

8-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age or modifier NU for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU. Modifier UE must be used to bill for used equipment.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21 and TOS "H" for individuals age 21 and over. TOS "U" must be used to bill for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

* The purchase of wheelchairs for individuals age 21 and over is limited to one per five-year period.

*** This procedure code may not be billed for TOS "U" (used equipment).

⁷ Procedure code became payable July 1, 2004.

◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
A4635	NU EP UE		H 6 U	N	Underarm pad, crutch, replacement, each	Purchase
A4636	NU EP UE		H 6 U	N	Replacement, handgrip, cane, crutch, or walker, each	Purchase
A4637	NU EP UE		H 6 U	N	Replacement, tip, cane, crutch, walker, each	Purchase
E0100	NU EP UE		H 6 U	N	Cane, includes canes of all materials, adjustable or fixed, with tip	Purchase
E0105	NU EP UE		H 6 U	N	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	Purchase
E0110	NU EP UE		H 6 U	N	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Purchase

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0111	NU EP UE	U1	H 6 U	N	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip	Purchase
E0112	NU EP UE		H 6 U	N	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Purchase
E0113	NU EP UE		H 6 U	N	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	Purchase
E0114	NU EP UE		H 6 U	N	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Purchase
E0116	NU EP UE		H 6 U	N	Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip	Purchase
E0130	NU EP UE		H 6 U	N	Walker, rigid (pickup), adjustable or fixed height	Purchase
E0135	NU EP UE		H 6 U	N	Walker, folding (pickup), adjustable or fixed height	Purchase
E0140 ⁷	NU EP		H 6	N	Walker, w/trunk support, adjustable or fixed height, any type	Purchase
E0141	NU EP UE		H 6 U	N	Walker, rigid, wheeled, adjustable or fixed height	Purchase
E0143	NU EP UE		H 6 U	N	Walker, folding, wheeled, adjustable or fixed height	Purchase
E0147	NU EP UE		H 6 U	N	Walker, heavy duty, multiple braking system, variable wheel resistance	Purchase
E0153	NU EP UE		H 6 U	N	Platform attachment, forearm crutch, each	Purchase
E0154	NU EP UE		H 6 U	N	Platform attachment, walker, each	Purchase
E0155	NU EP UE		H 6 U	N	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker	Purchase
E0156 ⁷	NU EP		H 6	N	Seat attachment, walker	Purchase

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0157	NU EP UE		H 6 U	N	Crutch attachment, walker, each	Purchase
E0158	NU EP UE		H 6 U	N	Leg extensions for walker, per set of four (4)	Purchase
E0159 ⁷	NU EP		H 6	N	Brake attachment for wheeled walker, replacement, each	Purchase
E0160	NU EP UE		H 6 U	N	Sitz type bath or equipment, portable, used with or without commode	Purchase
E0161	NU EP UE		H 6 U	N	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	Purchase
E0163	NU EP UE		H 6 U	N	Commode chair, stationary, with fixed arms	Purchase
E0164	NU EP UE		H 6 U	N	Commode chair, mobile, with fixed arms	Purchase
E0166	NU EP UE		H 6 U	N	PO-Commode chair, mobile, w/detachable arms	Capped Rental
E0166	NU EP UE	U2 U2 U2	H 6 U	N	PO-Commode chair, mobile, w/detachable arms	Purchase
E0167	NU EP UE		H 6 U	N	Pail or pan for use with commode chair	Purchase
E0175	NU EP UE		H 6 U	N	Foot rest, for use with commode chair, each	Purchase
E0180	NU EP UE		H 6 U	N	Pressure pad, alternating with pump	Purchase
E0181	NU EP UE		H 6 U	N	Pressure pad, alternating with pump, heavy duty	Capped Rental
E0182	NU EP UE	U1	H 6 U	N	Pump for alternating pressure pad	Purchase
E0184	NU EP UE		H 6 U	N	Dry pressure mattress	Purchase

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0185	NU EP UE		H 6 U	N	Gel or gel-like pressure pad for mattress, standard mattress length and width	Purchase
E0186	NU EP		H 6	Y	Air pressure mattress	Purchase
E0187	NU EP		H 6	Y	Water pressure mattress	Purchase
E0189	NU EP UE		H 6 U	N	Lambswool sheepskin pad, any size	Purchase
E0190 ⁷	NU EP UE		H 6 U	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0191	NU EP UE		H 6 U	N	Heel or elbow protector, each	Purchase
E0196 ⁷	NU EP		H 6	N	Gel pressure mattress	Purchase
E0197	NU EP UE		H 6 U	N	Air pressure pad for mattress, standard mattress length and width	Purchase
E0198	NU EP		H 6	Y	Water pressure pad for mattress, standard mattress length and width	Purchase
E0200	NU EP UE		H 6 U	N	Heat lamp, without stand (table model), includes bulb, or infrared element	Capped Rental
E0202	NU EP UE		H 6 U	N	Phototherapy (bilirubin) light with photometer	Rental Only
E0205	NU EP UE		H 6 U	N	Heat lamp, with stand includes bulb, or infrared element	Capped Rental
E0217	NU EP UE		H 6 U	N	Water circulating heat pad with pump	Capped Rental
E0225	NU EP UE		H 6 U	N	Hydrocollator unit, includes pad	Capped Rental
E0235	NU EP UE		H 6 U	N	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Purchase
E0236	NU EP UE		H 6 U	N	Pump for water circulating pad	Capped Rental

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0238	NU EP UE		H 6 U	N	Nonelectric heat pad, moist	Purchase
E0239	NU EP UE		H 6 U	N	Hydrocollator unit, portable	Capped Rental
E0240 ⁷	NU EP NU EP NU EP NU EP		H 6 H 6 H 6 H 6	N	Bath/shower chair w/wo wheels, any size	Purchase
E0244	NU EP		H 6	Y	Raised toilet seat	Purchase
E0245***	NU EP	U1 U1	H 6	N	*(Bath Frame Support, Large) Tub stool or bench	Purchase
E0247 ⁷	NU EP NU EP		H 6 H 6	N	Transfer bench, tub/toilet, w/wo commode opening	Purchase
E0248 ⁷	NU EP NU EP		H 6 H 6	N	Transfer bench, heavy duty, tub/toilet w/wo commode opening	Purchase
E0249	NU EP UE		H 6 U	N	Pad for water circulating heat unit	Purchase
E0250	UE		U	Y♦	Hospital bed, fixed height, with any type side rails, with mattress	Capped Rental
E0250	NU EP		H 6	Y♦	*(Hospital bed, with side rails, fixed height, with mattress, purchase) Hospital bed, fixed height, with any type side rails, with mattress	Purchase
E0255	UE		U	Y♦	Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Capped Rental
E0255	NU EP	U1	H 6	Y♦	*(Hospital bed, with side rails, variable height; hi-lo, with mattress, purchase) Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Purchase
E0260	NU EP UE	RR RR	H 6 U	Y♦	Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Capped Rental

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0260	NU EP		H 6	Y ♦	**(Hospital bed, with side rails, semi-electric, head and foot adjustments, with mattress, purchase) Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Purchase
E0271	NU EP UE		H 6 U	N	Mattress, inner spring	Capped Rental
E0272	NU EP UE		H 6 U	N	Mattress, foam rubber	Capped Rental
E0273	NU EP UE		H 6 U	N	Bed board	Purchase
E0275	NU EP UE		H 6 U	N	Bed pan, standard, metal or plastic	Purchase
E0276	NU EP UE		H 6 U	N	Bed pan, fracture, metal or plastic	Purchase
E0280	NU EP UE		H 6 U	N	Bed cradle, any type	Purchase
E0300 ⁷	EP		6	Y	Pediatric crib, hospital grade, fully enclosed	Purchase
	EP	RR	6	Y		Rental Only
E0303 ⁷	NU EP UE		H 6 U	Y Y Y	Hospital bed, heavy duty, extra wide, with weight capacity > 350 but < or = 600, any type side rails, w/mattress	Rental Only (Rent to Purchase)
E0325	NU NU EP UE	U1	H H 6 U	N	Urinal; male, jug-type, any material	Purchase
E0326	NU EP UE		H 6 U	N	Urinal; female, jug-type, any material	Purchase
E0445***	NU EP		H 6	Y ♦	**(Pulse oximeter, including 4 disposable probes) Oximeter for measuring blood oxygen levels non-invasively	Rental Only
E0480	NU EP UE		H 6 U	N	Percussor, electric or pneumatic, home model	Capped Rental

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0565	NU EP UE		H 6 U	Y♦	Compressor, air power source for equipment which is not self-contained or cylinder driven	Capped Rental
E0570	NU EP UE		H 6 U	Y	Nebulizer, with compressor	Purchase
E0585	NU EP UE		H 6 U	N	Nebulizer, with compressor and heater	Capped Rental
E0605	NU EP UE		H 6 U	N	Vaporizer, room type	Purchase
E0606	NU EP UE		H 6 U	N	Postural drainage board	Capped Rental
E0607***	NU EP		H 6	N	Home blood glucose monitor	Purchase
E0621	NU		H	N	Sling or seat, patient lift, canvas or nylon	Purchase
E0630	NU EP UE		H 6 U	Y♦	Patient lift, hydraulic, with seat or sling	Capped Rental
E0650	NU EP UE		H 6 U	Y♦	Pneumatic compressor, nonsegmental home model	Capped Rental
E0667	NU EP UE		H 6 U	Y♦	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Capped Rental
E0668	NU EP UE		H 6 U	Y♦	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Capped Rental
E0691	NU EP UE		H 6 U	N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less	Rental Only
E0692	NU EP		H 6	N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; four foot panel	Rental Only
E0693	NU EP		H 6	N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; six foot panel	Rental Only
E0694	NU EP		H 6	N	Ultraviolet multidirectional light therapy system in six foot cabinet includes bulbs/lamps, timer and eye protection	Rental Only

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0720	NU EP UE		H 6 U	Y♦	TENS, two lead, localized stimulation	Capped Rental
E0730	NU EP UE		H 6 U	Y♦	Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation	Capped Rental
E0740	NU EP UE		H 6 U	N	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	Purchase
E0745	NU EP UE		H 6 U	Y♦	Neuromuscular stimulator, electronic shock unit	Capped Rental
E0747	NU EP UE		H 6 U	Y♦	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Rental Only
E0748	NU EP		H 6	N	Osteogenesis stimulator, electrical noninvasive, spinal applications	Purchase
E0749	NU EP UE		H 6 U	Y♦	Osteogenesis stimulator, electrical , surgically implanted	Purchase
E0779	NU		H	Y♦	** (Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Rental Only
E0840	NU EP UE		H 6 U	N	Traction frame, attached to headboard, cervical traction	Purchase
E0850	NU EP UE		H 6 U	N	Traction stand, freestanding, cervical traction	Purchase
E0860	NU EP UE		H 6 U	N	Traction equipment, overdoor, cervical	Purchase
E0870	NU EP UE		H 6 U	N	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	Purchase
E0880	NU EP UE		H 6 U	N	Traction stand, freestanding, extremity traction (e.g., Buck's)	Purchase
E0890	NU EP UE		H 6 U	N	Traction frame, attached to footboard, pelvic traction	Purchase

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E0900	NU EP UE		H 6 U	N	Traction stand, freestanding, pelvic traction (e.g., Buck's)	Purchase
E0910	NU EP UE		H 6 U	N	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Capped Rental
E0920	NU EP UE		H 6 U	N	Fracture frame, attached to bed, includes weights	Capped Rental
E0930	NU EP UE		H 6 U	N	Fracture frame, freestanding, includes weights	Capped Rental
E0935	NU EP UE		H 6 U	Y♦	Passive motion exercise device	Capped Rental
E0940	NU EP UE		H 6 U	N	Trapeze bar, freestanding, complete with grab bar	Capped Rental
E0941	NU EP UE		H 6 U	N	Gravity assisted traction device, any type	Capped Rental
E0942	NU EP UE		H 6 U	N	Cervical head harness/halter	Purchase
E0944	NU EP UE		H 6 U	N	Pelvic belt/harness/boot	Purchase
E0945	NU EP UE		H 6 U	N	Extremity belt/harness	Purchase
E0946	NU EP UE		H 6 U	N	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, Four Poster)	Purchase
E0947	NU EP UE		H 6 U	N	Fracture frame, attachments for complex pelvic traction	Purchase
E0948	NU EP UE		H 6 U	N	Fracture frame, attachments for complex cervical traction	Purchase
E0950	NU EP UE		H 6 U	N	Wheelchair accessory, tray, each	Purchase
E1130*	NU EP UE		H 6 U	Y♦	Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	Capped Rental

Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E1140*	NU EP UE		H 6 U	Y♦	Wheelchair, detachable arms, desk or full-length, swing-away, detachable footrests	Capped Rental
E1150*	NU EP UE		H 6 U	Y♦	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Capped Rental
E1160*	NU EP UE		H 6 U	Y♦	Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	Capped Rental
E1224*	NU EP UE		H 6 U	Y♦	Wheelchair with detachable arms, elevating leg rests	Capped Rental
E1340	NU		H	N	*(DME Repairs/Parts Only Repairs will not be approved for more than the allowed purchase price of new equipment. The manufacturer's invoice must be attached to the repair claim for all parts.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Manually Priced
E1340***	NU EP	U1 U1	H 6	N	*(Labor Only; a maximum of twenty [20] units [20 units = 5 hours of labor] per date of service is allowable.) Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Manually Priced
E1399	NU		H	N	Durable medical equipment, miscellaneous	Manually Priced
S8096***	NU EP		H 6	N	*(Peak flow meter used by asthmatic patients) Portable peak flow meter	Purchase

Procedure codes **E0250♦**, **E0255♦** and **E0260♦** must be billed when hospital beds are purchased for eligible Medicaid **beneficiaries** of all ages.

The hospital beds must be new, not used. When **billed** electronically, the above procedure codes must be billed with modifier NU for individuals age 21 and over or modifier EP for individuals under the age of 21. A type of service code "6" must be used for billing paper claims for **beneficiaries** under age 21 and type of service code "H" for **beneficiaries** age 21 and over. The codes all require prior authorization. Providers must only provide these purchase-only services to **beneficiaries** who are expected to require the bed for a long period of time. Each procedure code for hospital beds listed above may only be billed once every 10 years.

Procedure codes **E0250♦**, **E0255♦** and **E0260♦** remain payable and must be used **to bill** for equipment **that** does not meet the purchase-only criteria. They are reimbursed on a capped rental basis. The capped rental items must be used until the equipment is no longer repairable or until it is no longer appropriate for the **beneficiary** as verified by the physician.

Procedure codes found in this section must be billed either electronically or on paper with modifier UE for used equipment.

Additionally, when billing on paper, bill for **beneficiaries** age 21 and over using these procedure codes with a type of service code "U," for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

- * The purchase of wheelchairs for individuals age 21 and over is limited to one per five-year period.
- ◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

****(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Used Durable Medical Equipment, Age 21 and Over (section 242.161)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0105	UE		U	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	N	Purchase
E0143	UE		U	** (Walker, folding, wheeled, with seat) Walker, folding, wheeled, adjustable or fixed height	N	Capped Rental
E0143	UE		U	Walker, folding, wheeled, adjustable or fixed height	N	Purchase
E0163	UE		U	Commode chair, stationary with fixed arms	N	Purchase
E0180	UE		U	Pressure pad, alternating with pump	N	Purchase
E0191	UE		U	Heel or elbow protector, each	N	Purchase
E0192	UE		U	Low pressure and positioning equalization pad for wheelchair	N	Purchase
E0202	UE		U	Phototherapy (bilirubin) light with photometer	N	Rental Only
E0255	UE		U	** (Hospital bed, with side rails, variable height; hi-lo, with mattress) Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Y	Capped Rental
E0260	UE		U	** (Hospital bed, with side rails, semi-electric; head and foot adjustment, with mattress) Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Y◆	Capped Rental
E0630	UE		U	Patient lift, hydraulic, with seat or sling	Y◆	Capped Rental

Used Durable Medical Equipment, Age 21 and Over (section 242.161)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0730	UE		U	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Y♦	Capped Rental
E0910	UE		U	** (Trapeze bars, attached to bed, complete with grab bar) Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	N	Capped Rental
E1130*	UE		U	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests	Y♦	Capped Rental
E1224*	UE		U	** (Footrest wheelchair with detachable arms, elevating legrests) Wheelchair with detachable arms, elevating legrests	Y♦	Capped Rental

242.170 Apnea Monitors for Individuals Under 1 Year of Age

8-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age. Modifier UE must be used to bill for used equipment.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under 21 years of age or TOS "U" for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

Sections 212.300 and 222.200 contain information regarding specific coverage and restrictions.

♦ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
E0618	EP		6		Apnea monitor, without recording feature	Y (on 31st day)♦	Rental Only (Daily Rental)
E0619	EP		6		Apnea monitor, with recording feature	Y (on 31st day)♦	Rental Only (Daily Rental)
E0619					** (Initial setup of apnea monitor, includes 30 days rental) Apnea monitor, with recording feature	N	First 30 Days Rental

National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			6	Z1684	Technical and lab services for setting up pneumogram or event recording (not including professional services)	N	Purchase

242.180 Orthotic Appliances, All Ages**8-1-05**

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age or modifier NU for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for individuals age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and over, that information is indicated with a "Y" in the column; if not, an "N" is shown. When prior authorization is not applicable (for U21) that information is shown with an "N/A" in the column.

When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and over.

** This item is not a covered service for the diagnosis of Carpal Tunnel Syndrome prior to surgery.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
A5500	NU		H	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	21+	Y	Purchase
A5501	NU		H	For diabetics only, fitting (including follow-up) custom preparation and supply of molded from cast(s) of patient's foot (custom molded shoe), per shoe	21+	Y	Purchase
A5503	NU		H	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	21+	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
A5504	NU		H	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	21+	Y	Purchase
A5505	NU		H	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	21+	Y	Purchase
A5506	NU		H	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	21+	Y	Purchase
A5507	NU		H	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	21+	Y	Purchase
A5509	NU		H	For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density inserts(s), prefabricated, per shoe	21+	Y	Purchase
A5510	NU		H	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	21+	Y	Purchase
A5511	NU		H	For diabetics only, custom-molded from model of patient's foot multiple-density insert(s) custom-fabricated, per shoe	21+	Y	Purchase
K0630	NU EP		H 6	SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0631	NU EP		H 6	SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
K0632	NU EP		H 6	SO, flexible, provides pelvic-sacral support, with rigid or semi-rigid panels over sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0634	NU EP		H 6	LO, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	All	N	Purchase
K0635	NU EP		H 6	LO, sagittal control, with rigid posterior panel(s), includes straps, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0636	NU EP		H 6	LO, sagittal control, with rigid anterior and posterior panel(s), includes straps, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0637	NU EP		H 6	LSO, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
K0638	NU EP		H 6	LSO, 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	All	N	Purchase
K0639	NU EP		H 6	LSO, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0640	NU EP		H 6	LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0641	NU EP		H 6	LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
K0642	NU EP		H 6	LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0643	NU EP		H 6	LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Purchase
K0644	NU EP		H 6	LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0645	NU EP		H 6	LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
K0646	NU EP		H 6	LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0647	NU EP		H 6	LSO, 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/panels, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Purchase
K0648	NU EP		H 6	LSO, 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 the intervertebral discs, overall strength provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
K0649	NU EP		H 6	LSO, 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 the intervertebral discs, overall strength provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0100	NU EP		H 6	Cranial orthosis (helmet), with or without soft interface, molded to patient model	All	N	Purchase
L0110	NU EP		H 6	Cranial orthosis (helmet), with or without soft interface, non-molded	All	N	Purchase
L0120	NU EP		H 6	Cervical, flexible, nonadjustable (foam collar)	All	N	Purchase
L0130	NU EP		H 6	Cervical, flexible, thermoplastic collar, molded to patient	All	N	Purchase
L0140	NU EP		H 6	Cervical, semi-rigid, adjustable (plastic collar)	All	N	Purchase
L0150	NU EP		H 6	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	All	N	Purchase
L0160	NU EP		H 6	Cervical, semi-rigid wire frame occipital/mandibular support	All	N	Purchase
L0170	NU EP		H 6	Cervical, collar, molded to patient model	All	N	Purchase
L0172	NU EP		H 6	Cervical, collar, semi-rigid thermoplastic foam, two piece	All	N	Purchase
L0174	NU EP		H 6	Cervical, collar, semi-rigid thermoplastic foam, two piece with thoracic extension	All	N	Purchase
L0180	NU EP		H 6	Cervical, multiple post collar, occipital/mandibular supports, adjustable	All	N	Purchase
L0190	NU EP		H 6	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	All	N	Purchase
L0200	NU EP		H 6	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	All	N	Purchase
L0210	NU EP		H 6	Thoracic, rib belt	All	N	Purchase
L0220	NU EP		H 6	Thoracic, rib belt, custom fabricated	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0450	NU EP		H 6	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, includes fitting and adjustment	All	N	Purchase
L0452	NU EP		H 6	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	All	N	Purchase
L0454	NU EP		H 6	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	All	N	Purchase
L0456	NU EP		H 6	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from 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, includes fitting and adjustment	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0458	NU EP		H 6	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from 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	All	Y	Purchase
L0460	NU EP		H 6	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, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0462	NU EP		H 6	TLSO, triplanar control modular segmented spinal system, three rigid plastic shells, posterior extends from 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, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0464	NU EP		H 6	TLSO, triplanar control modular segmented spinal system, four rigid plastic shells, posterior extends from 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 sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0466	NU EP		H 6	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0468	NU EP		H 6	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, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0470	NU EP		H 6	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	All	Y	Purchase
L0472	NU EP		H 6	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal) posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0474	NU EP		H 6	TLSO, triplanar control, rigid posterior frame with multiple 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 the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0480	NU EP		H 6	TLSO, triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	All	Y	Purchase
L0482	NU EP		H 6	TLSO, triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	All	Y	Purchase
L0484	NU EP		H 6	TLSO, triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0486	NU EP		H 6	TLSO, triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	All	Y	Purchase
L0488	NU EP		H 6	TLSO, triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal and transverse planes, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0490	NU EP		H 6	TLSO, sagittal-coronal control, one-piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0700	NU EP		H 6	Cervical-thoracic-lumbar-sacral orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	All	Y	Purchase
L0710	NU EP		H 6	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	All	Y	Purchase
L0810	NU EP		H 6	Halo procedure, cervical halo incorporated into jacket vest	All	Y	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L0820	NU EP		H 6	Halo procedure, cervical halo incorporated into plaster body jacket	All	Y	Purchase
L0830	NU EP		H 6	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	All	Y	Purchase
L0860	NU EP		H 6	Addition to halo procedure, magnetic resonance image compatible system	All	Y	Purchase
L0960	NU EP		H 6	Torso support, post surgical support, pads for post surgical support	All	N	Purchase
L0970	NU EP		H 6	TLSO, corset front	All	N	Purchase
L0972	NU EP		H 6	LSO, corset front	All	N	Purchase
L0974	NU EP		H 6	TLSO, full corset	All	N	Purchase
L0976	NU EP		H 6	LSO, full corset	All	N	Purchase
L0978	NU EP		H 6	Axillary crutch extension	All	N	Purchase
L0980	NU EP		H 6	Peroneal straps, pair	All	N	Purchase
L0982	NU EP		H 6	Stocking supporter grips, set of four (4)	All	N	Purchase
L0984	NU		H	Protective body sock, each	21+	N	Purchase
L1000	NU EP		H 6	CTLTO (Milwaukee), inclusive of furnishing initial orthosis, including model	All	Y	Purchase
L1010	NU EP		H 6	TLSO or scoliosis orthosis, axilla sling	All	N	Purchase
L1020	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, kyphosis pad	All	N	Purchase
L1025	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, kyphosis pad, floating	All	N	Purchase
L1030	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, lumbar bolster pad	All	N	Purchase
L1040	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, lumbar or lumbar rib pad	All	N	Purchase
L1050	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, sternal pad	All	N	Purchase
L1060	NU EP		H 6	Addition to CTLTO or scoliosis orthosis, thoracic pad	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1070	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, trapezius sling	All	N	Purchase
L1080	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, outrigger	All	N	Purchase
L1085	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	All	N	Purchase
L1090	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, lumbar sling	All	N	Purchase
L1100	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	All	N	Purchase
L1110	NU EP		H 6	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	All	N	Purchase
L1120	NU EP		H 6	Addition to CTLSO, scoliosis orthosis, cover for upright, each	All	N	Purchase
L1200	NU EP		H 6	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	All	Y	Purchase
L1210	NU EP		H 6	Addition to TLSO (low profile), lateral thoracic extension	All	N	Purchase
L1220	NU EP		H 6	Addition to TLSO (low profile), anterior thoracic extension	All	N	Purchase
L1230	NU EP		H 6	Addition to TLSO (low profile), Milwaukee type superstructure	All	N	Purchase
L1240	NU EP		H 6	Addition to TLSO (low profile), lumbar derotation pad	All	N	Purchase
L1250	NU EP		H 6	Addition to TLSO (low profile), anterior ASIS pad	All	N	Purchase
L1260	NU EP		H 6	Addition to TLSO (low profile), anterior thoracic derotation pad	All	N	Purchase
L1270	NU EP		H 6	Addition to TLSO (low profile), abdominal pad	All	N	Purchase
L1280	NU EP		H 6	Addition to TLSO (low profile), rib gusset (elastic), each	All	N	Purchase
L1290	NU EP		H 6	Addition to TLSO (low profile), lateral trochanteric pad	All	N	Purchase
L1300	NU EP		H 6	Other scoliosis procedure, body jacket molded to patient model	All	Y	Purchase
L1310	NU EP		H 6	Other scoliosis procedure, post-operative body jacket	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1499	NU EP		H 6	Spinal orthosis, not otherwise specified. **The manufacturer's invoice must be attached to all claims.	All	Y	Manually Priced
L1500	NU EP		H 6	THKAO, mobility frame (Newington, Parapodium types)	All	Y	Purchase
L1510	NU EP		H 6	THKAO, standing frame, with or without tray and accessories	All	Y	Purchase
L1520	NU EP		H 6	THKAO, swivel walker	All	Y	Purchase
L1600	NU EP		H 6	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	All	N	Purchase
L1610	NU EP		H 6	HO, abduction control of hip joints, flexible (Frejka cover only), prefabricated, includes fitting and adjustment	All	N	Purchase
L1620	NU EP		H 6	HO, abduction control of hip joints, flexible (Pavlik harness), prefabricated, includes fitting and adjustment	All	N	Purchase
L1630	NU EP		H 6	HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	All	N	Purchase
L1640	NU EP		H 6	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	All	N	Purchase
L1650	NU EP		H 6	HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type), prefabricated, includes fitting and adjustment	All	N	Purchase
L1660	NU EP		H 6	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	All	N	Purchase
L1680	NU EP		H 6	HO; abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	All	Y	Purchase
L1685	NU EP		H 6	HO, abduction control of hip joint, post operative hip abduction type, custom fabricated	All	Y	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1686	NU EP		H 6	HO, abduction control of hip joint, post operative hip abduction type, prefabricated, includes fitting and adjustments	All	Y	Purchase
L1690	NU		H	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1700	NU EP		H 6	Legg Perthes orthosis (Toronto type), custom fabricated	All	Y	Purchase
L1710	NU EP		H 6	Legg Perthes orthosis (Newington type), custom fabricated	All	Y	Purchase
L1720	NU EP		H 6	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	All	Y	Purchase
L1730	NU EP		H 6	Legg Perthes orthosis (Scottish Rite type) custom fabricated	All	Y	Purchase
L1750	NU EP		H 6	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	All	N	Purchase
L1755	NU EP		H 6	Legg Perthes orthosis (Patten bottom type), custom fabricated	All	Y	Purchase
L1800	NU EP		H 6	KO, elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L1810	NU EP		H 6	KO, elastic with joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1815	NU EP		H 6	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	All	N	Purchase
L1820	NU EP		H 6	KO, elastic with condyle pads and joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1825	NU EP		H 6	KO, elastic knee cap. prefabricated, includes fitting and adjustment	All	N	Purchase
L1830	NU EP		H 6	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	All	N	Purchase
L1832	NU EP		H 6	KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment rigid support	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1834	NU EP		H 6	KO, without knee joint, rigid, custom fabricated	All	N	Purchase
L1840	NU EP		H 6	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	All	Y	Purchase
L1843	NU		H	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1844	NU		H	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	21+	Y	Purchase
L1845	NU EP		H 6	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	All	Y	Purchase
L1846	NU EP		H 6	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	All	Y	Purchase
L1847	NU		H	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s) prefabricated, includes fitting and adjustment	21+	N	Purchase
L1850	NU EP		H 6	KO, Swedish type, prefabricated, includes fitting and adjustment	All	N	Purchase
L1855	NU EP		H 6	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	All	Y	Purchase
L1858	NU EP		H 6	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	All	Y	Purchase
L1860	NU EP		H 6	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	All	Y	Purchase
L1870	NU EP		H 6	KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	All	Y	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1880	NU EP		H 6	KO, double upright, nonmolded thigh and calf cuff/lacers with knee joints, custom fabricated	All	N	Purchase
L1900	NU EP		H 6	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	All	N	Purchase
L1902	NU EP		H 6	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	All	N	Purchase
L1904	NU EP		H 6	AFO, molded ankle gauntlet, custom fabricated	All	N	Purchase
L1906	NU EP		H 6	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	All	N	Purchase
L1907	NU EP		H 6	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	All	N	Purchase
L1910	NU EP		H 6	AFO, posterior, single bar, clasp attachment to shoe counter prefabricated, includes fitting and adjustment	All	N	Purchase
L1920	NU EP		H 6	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	All	N	Purchase
L1920	EP		6	*(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	U21	N/A	Purchase
L1930	NU EP		H 6	AFO, plastic or other material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1932	NU EP		H 6	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1940	NU EP		H 6	AFO, plastic or other material, custom-fabricated	All	N	Purchase
L1945	NU EP		H 6	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	All	Y	Purchase
L1950	NU EP		H 6	AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	All	N	Purchase
L1960	NU EP		H 6	AFO, posterior solid ankle, plastic, custom fabricated	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1970	NU EP		H 6	AFO, plastic, with ankle joint, custom fabricated	All	N	Purchase
L1980	NU EP		H 6	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	All	N	Purchase
L1990	NU EP		H 6	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	All	N	Purchase
L2000	NU EP		H 6	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2005	NU EP		H 6	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	All	N	Purchase
L2010	NU EP		H 6	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2020	NU EP		H 6	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2030	NU EP		H 6	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2035	NU		H	KAFO, full plastic, static prefabricated (pediatric size) prefabricated, includes fitting and adjustment	21+	N	Purchase
L2036	NU EP		H 6	KAFO, full plastic, double upright, free knee, custom fabricated	All	Y?	Purchase
L2037	NU EP		H 6	KAFO, full plastic, single upright, free knee, custom fabricated	All	Y	Purchase
L2038	NU EP		H 6	KAFO, full plastic, without knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated	All	Y	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2039	NU		H	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated	21+	Y	Purchase
L2040	NU EP		H 6	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2040	NU EP	U1 U1		*(Night "A" frame-KAFO, torsion control, bilateral night "A" frame) HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Manually Priced Purchase
L2040	NU EP	U1 U1	H 6	*(Night "A" frame-KAFO, torsion control, bilateral night "A" frame) HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Manually Priced Purchase
L2050	NU EP		H 6	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2060	NU EP		H 6	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2070	NU EP		H 6	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2080	NU EP		H 6	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2090	NU EP		H 6	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2106	NU EP		H 6	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	N	Purchase
L2108	NU EP		H 6	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	All	Y	Purchase
L2112	NU EP		H 6	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	All	N	Purchase
L2114	NU EP		H 6	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	All	N	Purchase
L2116	NU EP		H 6	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2126	NU EP		H 6	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	All	Y	Purchase
L2128	NU EP		H 6	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	Y	Purchase
L2132	NU EP		H 6	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2134	NU EP		H 6	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	All	Y	Purchase
L2136	NU EP		H 6	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2180	NU EP		H 6	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	All	N	Purchase
L2182	NU EP		H 6	Addition to lower extremity fracture orthosis, drop lock knee joint	All	N	Purchase
L2184	NU EP		H 6	Addition to lower extremity fracture orthosis, limited motion knee joint	All	N	Purchase
L2186	NU EP		H 6	Addition to lower extremity fracture orthosis, adjustable motion knee joint (Lerman type)	All	N	Purchase
L2188	NU EP		H 6	Addition to lower extremity fracture orthosis, quadrilateral brim	All	N	Purchase
L2190	NU EP		H 6	Addition to lower extremity fracture orthosis, waist belt	All	N	Purchase
L2192	NU EP		H 6	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	All	N	Purchase
L2200	NU EP		H 6	Additions to lower extremity, dorsiflexion and plantar flexion	All	N	Purchase
L2210	NU EP		H 6	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	All	N	Purchase
L2220	NU EP		H 6	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2230	NU EP		H 6	Addition to lower extremity, split flat caliper stirrups and plate attachment	All	N	Purchase
L2232	NU EP		H 6	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	All	N	Purchase
L2240	NU EP		H 6	Addition to lower extremity, round caliper and plate attachment	All	N	Purchase
L2250	NU EP		H 6	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	All	N	Purchase
L2260	NU EP		H 6	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	All	N	Purchase
L2265	NU EP		H 6	Addition to lower extremity, long tongue stirrup	All	N	Purchase
L2270	NU EP		H 6	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	All	N	Purchase
L2275	NU		H	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	21+	N	Purchase
L2280	NU EP		H 6	Addition to lower extremity, molded inner boot	All	N	Purchase
L2300	NU EP		H 6	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	All	N	Purchase
L2310	NU EP		H 6	Addition to lower extremity, abduction bar straight	All	N	Purchase
L2320	NU EP		H 6	Addition to lower extremity, nonmolded lacer	All	N	Purchase
L2330	NU EP		H 6	Addition to lower extremity, lacer molded to patient model	All	N	Purchase
L2335	NU EP		H 6	Addition to lower extremity, anterior swing band	All	N	Purchase
L2340	NU EP		H 6	Addition to lower extremity, pretidial shell, molded to patient model	All	N	Purchase
L2350	NU EP		H 6	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)	All	Y	Purchase
L2360	NU EP		H 6	Addition to lower extremity, extended steel shank	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2370	NU EP		H 6	Addition to lower extremity, Patten bottom	All	N	Purchase
L2375	NU EP		H 6	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	All	N	Purchase
L2380	NU EP		H 6	Addition to lower extremity, torsion control, straight knee joint, each joint	All	N	Purchase
L2385	NU EP		H 6	Addition to lower extremity, straight knee joint, heavy duty, each joint	All	N	Purchase
L2390	NU EP		H 6	Addition to lower extremity, offset knee joint, each joint	All	N	Purchase
L2395	NU EP		H 6	Addition to lower extremity, offset knee joint, heavy duty, each joint	All	N	Purchase
L2397	NU		H	Addition to lower extremity orthosis, suspension sleeve	21+	N	Purchase
L2405	NU EP		H 6	Addition to knee joint, lock; drop, stance or swing phase, each joint	All	N	Purchase
L2415	NU EP		H 6	Addition to knee lock with integrated release mechanism , (bail, cable or equal, any material, each joint	All	N	Purchase
L2425	NU EP		H 6	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	All	N	Purchase
L2430	NU		H	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	21+	N	Purchase
L2492	NU EP		H 6	Addition to knee joint, lift loop for drop lock ring	All	N	Purchase
L2500	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, gulteal/ischial weight bearing, ring	All	N	Purchase
L2510	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	All	N	Purchase
L2520	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	All	N	Purchase
L2525	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2526	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	All	N	Purchase
L2530	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	All	N	Purchase
L2540	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	All	N	Purchase
L2550	NU EP		H 6	Addition to lower extremity, thigh/weight bearing, high roll cuff	All	N	Purchase
L2570	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	All	N	Purchase
L2580	NU EP		H 6	Addition to lower extremity, pelvic control, pelvic sling	All	N	Purchase
L2600	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing free, each	All	N	Purchase
L2610	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	All	N	Purchase
L2620	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	All	N	Purchase
L2622	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	All	N	Purchase
L2624	NU EP		H 6	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	All	N	Purchase
L2627	NU EP		H 6	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	All	N	Purchase
L2628	NU EP		H 6	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	All	N	Purchase
L2630	NU EP		H 6	Addition to lower extremity, pelvic control, band and belt unilateral	All	N	Purchase
L2640	NU EP		H 6	Addition to lower extremity, pelvic control, band and belt bilateral	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2650	NU EP		H 6	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	All	N	Purchase
L2660	NU EP		H 6	Addition to lower extremity, thoracic control, thoracic band	All	N	Purchase
L2670	NU EP		H 6	Addition to lower extremity, thoracic control, paraspinal uprights	All	N	Purchase
L2680	NU EP		H 6	Addition to lower extremity, thoracic control, lateral support uprights	All	N	Purchase
L2750	NU EP		H 6	Addition to lower extremity orthosis, plating chrome or nickel, per bar	All	N	Purchase
L2755	NU		H	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	21+	N	Purchase
L2755	NU EP		H 6	*(Carbon composite ankles; addition to AFO) Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	All	N	Manually Priced Purchase
L2760	NU EP		H 6	Addition to lower extremity orthosis, extension, per extension, per bar (for linear adjustment for growth)	All	N	Purchase
L2770	NU EP		H 6	Addition to lower extremity orthosis, any material, per bar or joint	All	N	Purchase
L2780	NU EP		H 6	Addition to lower extremity orthosis, non-corrosive finish, per bar	All	N	Purchase
L2785	NU EP		H 6	Addition to lower extremity orthosis, drop lock retainer, each	All	N	Purchase
L2795	NU EP		H 6	Addition to lower extremity orthosis, knee control, full kneecap	All	N	Purchase
L2800	NU EP		H 6	Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	All	N	Purchase
L2810	NU EP		H 6	Addition to lower extremity orthosis, knee control, condylar pad	All	N	Purchase
L2810	EP		6	*(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Addition to lower extremity orthosis, knee control, condylar pad	U21	N/A	Purchase
L2820	NU EP		H 6	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L2830	NU EP		H 6	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	All	N	Purchase
L2840	NU EP		H 6	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	All	N	Purchase
L2850	NU EP		H 6	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	All	N	Purchase
L2999	NU EP		H 6	Lower extremity orthoses, NOS	All	N	Manually Priced
L2999	NU EP		H 6	**(Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS	All	Y	Manually Priced
L3000	NU EP		H 6	Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	All	N	Purchase
L3002	NU EP		H 6	Foot insert, removable, molded to patient model, Plastazote or equal, each	All	N	Manually Priced
L3010	NU EP		H 6	Foot insert, removable, molded to patient model, longitudinal arch support, each	All	N	Purchase
L3020	NU EP		H 6	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	All	N	Purchase
L3030	NU EP		H 6	Foot insert, removable, formed to patient foot, each	All	N	Purchase
L3040	NU EP		H 6	Foot, arch support, removable, premolded, longitudinal, each	All	N	Purchase
L3050	NU EP		H 6	Foot, arch support, removable, premolded, metatarsal, each	All	N	Purchase
L3060	NU EP		H 6	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	All	N	Purchase
L3070	NU EP		H 6	Foot, arch support, non removable attached to shoe, longitudinal, each	All	N	Purchase
L3080	NU EP		H 6	Foot, arch support, non removable attached to shoe, metatarsal, each	All	N	Purchase
L3090	NU EP		H 6	Foot, arch support, non removable attached to shoe, longitudinal/metatarsal, each	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3100	NU EP		H 6	Hallus - valgus night dynamic splint	All	N	Purchase
L3140	NU EP	 UB	H 6	**(Bebox foot orthosis clubfoot abduction orthosis) Foot, abduction rotation bar, including shoes	All	N	Manually Priced Purchase
L3140	NU		H	**(Don Joy knee orthosis) Foot, abduction rotation bar, including shoes	21+	Y	Manually Priced
L3150	NU EP		H 6	Foot, abduction rotation bar, without shoes	All	N	Purchase
L3150	EP		6	**(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Foot, abduction rotation bar, without shoes	U21	N/A	Purchase
L3170	NU EP		H 6	Foot, plastic heel stabilizer	All	N	Purchase
L3202	EP		6	Orthopedic shoe, oxford with supinator or pronator, child	U21	N/A	Purchase
L3204	EP		6	Orthopedic shoe, high-top with supinator or pronator, infant	U21	N/A	Purchase
L3204	NU EP		H 6	**(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced Purchase
L3204	NU EP	U1	H 6	**(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced Purchase
L3204	NU EP		H 6	**(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced Purchase
L3204	NU EP	U1	H 6	**(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Purchase
L3204	NU EP		H 6	**(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced Purchase
L3204	NU		H	**(Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, infant	21+	N	Manually Priced

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3204	NU		H	**(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1	6				Purchase
L3206	NU		H	**(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP		6				Purchase
L3206	NU		H	**(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1	6				Purchase
L3206	NU		H	**(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1	6				Purchase
L3206	NU		H	**(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Purchase
	EP	U1	6				
L3206	NU		H	**(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1	6				Purchase
L3206	NU		H	**(Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, child	21+	N	Manually Priced
L3206	NU		H	**(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1	6				Purchase
L3207	NU		H	**(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP		6				Purchase
L3207	NU		H	**(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1	6				Purchase
L3207	NU		H	**(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1	6				Purchase
L3207	NU		H	**(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Purchase
	EP	U1	6				
L3207	NU		H	**(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1	6				Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3207	NU		H	** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, junior	21+	N	Manually Priced
L3207	NU		H	** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1	6				Purchase
L3207	NU		H	** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP		6				Purchase
L3208	EP		6	Surgical boot, each, infant	U21	N/A	Purchase
L3209	EP		6	Surgical boot, each, child	U21	N/A	Purchase
L3215	NU		H	Orthopedic footwear, woman's shoes, oxford	All	Y	Manually Priced
	EP		6				
L3216	NU		H	Orthopedic footwear, woman's shoes, depth inlay	All	Y	Purchase
	EP		6				
L3217	NU		H	** (Straight last high-top shoe, each, size 2-8) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP		6				Purchase
L3217	NU	U1	H	** (Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3217	NU		H	** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3217	NU		H	** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1	6				
L3217	NU		H	** (Reverse last closed toe) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3219	NU		H	Orthopedic footwear, man's shoes, oxford	All	Y	Manually Priced
	EP		6				
L3221	NU		H	Orthopedic footwear, man's shoes, depth inlay	All	Y	Purchase
	EP		6				
L3222	NU		H	** (Straight last high-top shoe, each, size 2-8) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP		6				Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3222	NU		H	** (Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3222	NU		H	** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3222	NU		H	** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1	6				
L3222	NU		H	** (Reverse last closed toe) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1	6				Purchase
L3224	NU		H	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3225	NU		H	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3230	NU		H	Orthopedic footwear, custom shoes, depth inlay	All	Y	Purchase
	EP		6				
L3250	NU		H	Orthopedic footwear, custom molded shoe, removable inner molded, prosthetic shoe, each	All	Y	Manually Priced
	EP		6				
L3253	NU		H	Foot, molded shoe Plastazate (or similar), custom fitted, each	All	Y	Purchase
	EP		6				
L3257	NU		H	Orthopedic footwear, additional charge for split size	All	Y	Purchase
	EP		6				
L3260	NU		H	Surgical boot/shoe, each	All	N	Purchase
	EP		6				
L3265	NU		H	Plastazote sandal, each	All	N	Purchase
	EP		6				
L3310	NU		H	Lift, elevation, heel and sole, neoprene, per inch	All	N	Purchase
	EP		6				
L3332	NU		H	Lift, elevation, inside shoe, tapered, up to one-half inch	All	N	Purchase
	EP		6				
L3334	NU		H	Lift, elevation, heel, per inch	All	N	Purchase
	EP		6				
L3350	NU		H	Heel wedge	All	N	Purchase
	EP		6				
L3360	NU		H	Sole wedge, outside sole	All	N	Purchase
	EP		6				

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3370	NU EP		H 6	Sole wedge, between sole	All	N	Purchase
L3400	NU EP		H 6	Metatarsal bar wedge, rocker	All	N	Purchase
L3420	NU EP		H 6	Full sole and heel wedge, between sole	All	N	Purchase
L3450	NU EP		H 6	Heel, SACH cushion type	All	N	Purchase
L3455	NU EP		H 6	Heel, new leather, standard	All	N	Purchase
L3465	NU EP		H 6	Heel, Thomas with wedge	All	N	Purchase
L3540	NU EP		H 6	Orthopedic shoe addition, sole full	All	N	Purchase
L3580	NU EP		H 6	Orthopedic shoe addition, convert instep to velcro closure	All	N	Purchase
L3590	NU EP		H 6	Orthopedic shoe addition, convert firm shoe counter to soft counter	All	N	Purchase
L3600	NU EP		H 6	Transfer for an orthosis from one shoe to another, caliper plate, existing	All	N	Purchase
L3620	NU EP		H 6	Transfer of an orthosis from one shoe to another, solid stirrup, existing	All	N	Purchase
L3630	NU EP		H 6	Transfer of an orthosis from one shoe to another, solid stirrup, new	All	N	Purchase
L3649	EP		6	Orthopedic shoe, modification, addition or transfer, NOS	U21	N/A	Manually Priced
L3649	NU EP		H 6	**(Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS	All	Y	Manually Priced Purchase
L3649	NU EP		H 6	**(Orthopedic footwear, wooden sole shoe, each) Orthopedic shoe, modification, addition or transfer, NOS	All	N	Manually Priced Purchase
L3650	NU EP		H 6	SO, figure of eight design abduction re-strainer prefabricated, includes fitting and adjustment	All	N	Purchase

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Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3660	NU EP		H 6	SO, figure of eight design, abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	All	N	Purchase
L3670	NU EP		H 6	SO, acromio/clavicular (canvas and webbing type) prefabricated, includes fitting and adjustment	All	N	Purchase
L3675	NU		H	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	21+	N	Purchase
L3700	NU EP		H 6	Elbow orthoses (EO), elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L3710	NU EP		H 6	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L3720	NU EP		H 6	EO, double upright with forearm/arm cuffs, free motion, custom fabricated	All	N	Purchase
L3730	NU EP		H 6	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	All	Y	Purchase
L3740	NU EP		H 6	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	All	Y	Purchase
L3800	NU EP		H 6	WHFO, short opponens, no attachments, custom fabricated	All	N	Purchase
L3805	NU EP		H 6	WHFO, long opponens, no attachment, custom fabricated	All	N	Purchase
L3810	NU EP		H 6	WHFO, addition to short and long opponens, thumb abduction ("C") bar	All	N	Purchase
L3815	NU EP		H 6	WHFO, addition to short and long opponens, second M.P. abduction assist	All	N	Purchase
L3820	NU EP		H 6	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	All	N	Purchase
L3825	NU EP		H 6	WHFO, addition to short and long opponens, M.P. extension stop	All	N	Purchase
L3830	NU EP		H 6	WHFO, addition to short and long opponens, M.P. extension assist	All	N	Purchase
L3835	NU EP		H 6	WHFO, addition to short and long opponens, M.P. spring extension assist	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3840	NU EP		H 6	WHFO, addition to short and long opponens, spring swivel thumb	All	N	Purchase
L3845	NU EP		H 6	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	All	N	Purchase
L3850	NU EP		H 6	WHO, addition to short and long opponens, action wrist with dorsiflexion assist	All	N	Purchase
L3855	NU EP		H 6	WHFO, addition to short and long opponens, adjustable M.P. flexion control	All	N	Purchase
L3860	NU EP		H 6	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	All	N	Purchase
L3900	NU EP		H 6	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	All	Y	Purchase
L3901	NU EP		H 6	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	All	Y	Purchase
L3902	NU EP		H 6	WHFO, external powered, compressed gas, custom fabricated	All	Y	Purchase
L3904	NU EP		H 6	WHFO, external powered, electric, custom fabricated	All	Y	Purchase
L3906**	NU EP		H 6	WHFO, wrist gauntlet , molded to patient model, custom fabricated	All	N	Purchase
L3907**	NU EP		H 6	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	All	N	Purchase
L3908	NU EP		H 6	WHFO, wrist extension control cock- up, nonmolded, prefabricated, includes fitting and adjustment	All	N	Purchase
L3910	NU EP		H 6	WHFO, Swanson design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3912	NU EP		H 6	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	All	N	Purchase
L3914	NU EP		H 6	WHO, wrist extension (cock-up) prefabricated, includes fitting and adjustment	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3916	NU EP		H 6	WHFO, wrist extension (cock-up), with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase
L3918	NU EP		H 6	HFO, knuckle bender prefabricated, includes fitting and adjustment	All	N	Purchase
L3920	NU EP		H 6	HFO, knuckle bender, with outrigger prefabricated, includes fitting and adjustment	All	N	Purchase
L3922	NU EP		H 6	HFO, knuckle bender, two segment to flex joints prefabricated, includes fitting and adjustment	All	N	Purchase
L3924	NU EP		H 6	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	All	N	Purchase
L3926	NU EP		H 6	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	All	N	Purchase
L3928	NU EP		H 6	HFO, finger extension, with lock spring, prefabricated, includes fitting and adjustment	All	N	Purchase
L3930	NU EP		H 6	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	All	N	Purchase
L3932	NU EP		H 6	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	All	N	Purchase
L3934	NU EP		H 6	FO, safety pin, modified, prefabricated, includes fitting and adjustment	All	N	Purchase
L3936	NU EP		H 6	WHFO, Palmer prefabricated, includes fitting and adjustment	All	N	Purchase
L3938	NU EP		H 6	WHFO, Dorsal wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3940	NU EP		H 6	WHFO, Dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	All	N	Purchase
L3942	NU EP		H 6	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase
L3944	NU EP		H 6	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase
L3946	NU EP		H 6	HFO, composite elastic, prefabricated, includes fitting and adjustment	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3948	NU EP		H 6	FO, finger knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase
L3950	NU EP		H 6	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3952	NU EP		H 6	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3954	NU EP		H 6	HFO, spreading hand, prefabricated, includes fitting and adjustment	All	N	Purchase
L3956	NU		H	Addition of joint to upper extremity orthosis, any material; per joint	21+	N	Purchase
L3960	NU EP		H 6	SEWHO, abduction, positioning, airplane design, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3962	NU EP		H 6	SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3963	NU EP		H 6	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	All	Y	Purchase
L3964	NU EP		H 6	SEO, mobile arm supports attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	All	N	Purchase
L3965	NU EP		H 6	SEO mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3966	NU EP		H 6	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3968	NU EP		H 6	SEO, mobile arm support attached to wheelchair, balanced, friction arm support, (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	All	Y	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3969	NU EP		H 6	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	All	N	Purchase
L3970	NU EP		H 6	SEO, addition to mobile arm support elevating proximal arm	All	N	Purchase
L3972	NU EP		H 6	SEO , addition to mobile arm support, offset or lateral rocker arm with elastic balance control	All	N	Purchase
L3974	NU EP		H 6	SEO, addition to mobile arm support, supinator	All	N	Purchase
L3980	NU EP		H 6	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	All	N	Purchase
L3982	NU EP		H 6	Upper extremity fracture orthosis, radius/ulnar prefabricated, includes fitting and adjustment	All	N	Purchase
L3984	NU EP		H 6	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3985	NU EP		H 6	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	All	N	Purchase
L3986	NU EP		H 6	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles' fracture), custom fabricated	All	N	Purchase
L3995	NU EP		H 6	Addition to upper extremity orthosis sock, fracture or equal, each	All	N	Purchase
L3999	EP		6	Upper limb orthosis, NOS	U21	N/A	Manually Priced
L3999	NU EP		H 6	**(The manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS	All	Y	Manually Priced Manually Priced
L4000	NU EP		H 6	Replace girdle for spinal orthosis (CTLSO or SO)	All	Y	Purchase
L4002	NU EP		H 6	Replace strap, any orthosis, includes all components, any length, any type	All	N	Purchase
L4010	NU EP		H 6	Replace trilateral socket brim	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L4020	NU EP		H 6	Replace quadrilateral socket brim, molded to patient model	All	N	Purchase
L4030	NU EP		H 6	Replace quadrilateral socket brim, custom fitted	All	N	Purchase
L4040	NU EP		H 6	Replace molded thigh lacer	All	N	Purchase
L4045	NU EP		H 6	Replace nonmolded thigh lacer	All	N	Purchase
L4050	NU EP		H 6	Replace molded calf lacer	All	N	Purchase
L4055	NU EP		H 6	Replace nonmolded calf lacer	All	N	Purchase
L4060	NU EP		H 6	Replace high roll cuff	All	N	Purchase
L4070	NU EP		H 6	Replace proximal and distal upright for KAFO	All	N	Purchase
L4080	NU EP		H 6	Replace metal bands KAFO, proximal thigh	All	N	Purchase
L4090	EP		6	*(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Replace metal bands KAFO-AFO, calf or distal thigh	U21	N/A	Purchase
L4090	NU EP		H 6	Replace metal bands KAFO-AFO, calf or distal thigh	All	N	Purchase
L4100	NU EP		H 6	Replace leather cuff KAFO, proximal thigh	All	N	Purchase
L4110	NU EP		H 6	Replace leather cuff KAFO-AFO, calf or distal thigh	All	N	Purchase
L4130	NU EP		H 6	Replace pretibial shell	All	N	Purchase
L4205	NU EP		H 6	Repair of orthotic device, labor component, per 15 minutes	All	Y	Manually Priced Purchase
L4210	NU EP		H 6	Repair of orthotic device, repair or replace minor parts	All	Y	Manually Priced Purchase
L4350	NU EP		H 6	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	All	N	Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L4360	NU EP		H 6	Walking boot, pneumatic with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	All	N	Purchase
L4370	NU EP		H 6	Pneumatic full leg splint, prefabricated, includes fitting and adjustment	All	N	Purchase
L4380	NU EP		H 6	Pneumatic knee splint, prefabricated, includes fitting and adjustment	All	N	Purchase
L4392				Replacement soft interface material, static AFO	All	N	Purchase
L4394	NU		H	Replace soft interface material, foot drop splint	21+	N	Purchase
L4396	NU		H	Static AFO, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	21+	N	Purchase
L4398	NU		H	Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	21+	N	Purchase
L5999	NU EP		H 6	** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7499	NU EP		H 6	** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7510	NU EP		H 6	Repair of prosthetic device, hourly rate	All	Y	Manually Priced Purchase
L7520	NU EP	UB	H 6	Repair prosthetic device, labor component, per 15 minutes	All	Y	Manually Priced Purchase

Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L8499	NU		H	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Unlisted procedure for miscellaneous prosthetic services	All	Y	Manually Priced
	EP		6				Purchase

242.190 Prosthetic Devices, All Ages**8-1-05**

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age or modifier NU for individuals age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when billed on paper, procedure codes must be billed with type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for beneficiaries age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS.

Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and over, that information is indicated with a "Y" in the column; if not, an "N" is shown. When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and over.

* Replacement only

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L1499	NU		H	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Spinal orthosis, not otherwise specified	All	Y	Manually Priced
	EP		6				Manually Priced
L2999	NU		H	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS	All	Y	Manually Priced
	EP		6				Manually Priced

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L3649	NU		H	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS	All	Y	Manually Priced
	EP	U1	6				Manually Priced
L3999	NU		H	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS	All	Y	Manually Priced
	EP		6				Manually Priced
L4205	NU		H	**(Orthotics and Prosthetics Repairs) Repair of orthotic device, labor component, per 15 minutes	All	Y	Manually Priced
	EP		6				Purchase
L4210	NU		H	**(Orthotics and Prosthetics Repairs) Repair of orthotic device, repair or replace minor parts	All	Y	Manually Priced
	EP		6				Purchase
L5000	NU		H	Partial foot, shoe insert with longitudinal arch, toe filler	All	N	Purchase
	EP		6				
L5010	NU		H	Partial foot, molded socket, ankle height, with toe filler	All	Y	Purchase
	EP		6				
L5020	NU		H	Partial foot, molded socket, tibial tubercle height, with toe filler	All	Y	Purchase
	EP		6				
L5050	NU		H	Ankle, Symes, molded socket, SACH foot	All	Y	Purchase
	EP		6				
L5060	NU		H	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	All	Y	Purchase
	EP		6				
L5100	NU		H	Below knee, molded socket, shin, SACH foot	All	Y	Purchase
	EP		6				
L5105	NU		H	Below knee, plastic socket, joints and thigh lacer, SACH foot	All	Y	Purchase
	EP		6				
L5150	NU		H	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	All	Y	Purchase
	EP		6				
L5160	NU		H	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	All	Y	Purchase
	EP		6				
L5200	NU		H	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
	EP		6				
L5210	NU		H	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	All	Y	Purchase
	EP		6				

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5220	NU EP		H 6	Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	All	Y	Purchase
L5230	NU EP		H 6	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	All	Y	Purchase
L5250	NU EP		H 6	Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5270	NU EP		H 6	Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5280	NU EP		H 6	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5301	NU EP		H 6	Below knee, molded socket, shin, SACH foot, endoskeletal system	All	Y	Purchase
L5311	NU EP		H 6	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	All	Y	Purchase
L5321	NU EP		H 6	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	All	Y	Purchase
L5331	NU EP		H 6	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	All	Y	Purchase
L5341	NU EP		H 6	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	All	Y	Purchase
L5400	NU EP		H 6	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	All	N	Purchase
L5410	NU EP		H 6	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5420	NU EP		H 6	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change "AK" or knee disarticulation	All	Y	Purchase
L5430	NU EP		H 6	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	All	N	Purchase
L5450	NU EP		H 6	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	All	N	Purchase
L5460	NU EP		H 6	Immediate post surgical or early fitting, application of nonweight bearing rigid dressing, above knee	All	N	Purchase
L5500	NU EP		H 6	Initial, below knee ("PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	All	N	Purchase
L5505	NU EP		H 6	Initial, above knee-knee disarticulation (ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	All	Y	Purchase
L5510	NU EP		H 6	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	All	Y	Purchase
L5520	NU EP		H 6	Preparatory, below knee "PTB" type socket, non-alignable pylon, no cover, SACH foot, thermoplastic or equal, direct formed	All	Y	Purchase
L5530	NU EP		H 6	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	All	Y	Purchase
L5535	NU EP		H 6	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	All	Y	Purchase
L5540	NU EP		H 6	Preparatory, below knee "PTB" type socket, non alignable, pylon, no cover, SACH foot, laminated socket, molded to model	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5560	NU EP		H 6	Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	All	Y	Purchase
L5570	NU EP		H 6	Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot thermoplastic or equal, direct formed	All	Y	Purchase
L5580	NU EP		H 6	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	All	Y	Purchase
L5585	NU EP		H 6	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	All	Y	Purchase
L5590	NU EP		H 6	Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	All	Y	Purchase
L5595	NU EP		H 6	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	All	Y	Purchase
L5600	NU EP		H 6	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	All	Y	Purchase
L5610	NU EP		H 6	Addition to lower extremity, endoskeletal system, above knee, hydracadece system	All	Y	Purchase
L5611	NU EP		H 6	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	All	N	Purchase
L5613	NU EP		H 6	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5614	NU		H	Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	21+	Y	Purchase
L5616	NU EP		H 6	Addition to lower extremity, endoskeletal system above knee, universal multiplex system, friction swing phase control	All	Y	Purchase
L5617	NU		H	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	21+	Y	Purchase
L5618	NU EP		H 6	Addition to lower extremity, test socket, Symes	All	N	Purchase
L5620	NU EP		H 6	Addition to lower extremity, test socket, below knee	All	N	Purchase
L5622	NU EP		H 6	Addition to lower extremity, test socket, knee disarticulation	All	N	Purchase
L5624	NU EP		H 6	Addition to lower extremity, test socket, above knee	All	N	Purchase
L5626	NU EP		H 6	Addition to lower extremity, test socket, hip disarticulation	All	N	Purchase
L5628	NU EP		H 6	Addition to lower extremity, test socket, hemipelvectomy	All	N	Purchase
L5629	NU EP		H 6	Addition to lower extremity, below knee, acrylic socket	All	N	Purchase
L5630	NU EP		H 6	Addition to lower extremity, Symes type, expandable wall socket	All	N	Purchase
L5631	NU EP		H 6	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	All	N	Purchase
L5632	NU EP		H 6	Addition to lower extremity, Symes type, “PTB” brim design socket	All	N	Purchase
L5634	NU EP		H 6	Addition to lower extremity, Symes type posterior opening (Canadian) socket	All	N	Purchase
L5636	NU EP		H 6	Additions to lower extremity, Symes type, medial opening socket	All	N	Purchase
L5637	NU EP		H 6	Addition to lower extremity, below knee, total contact	All	N	Purchase
L5638	NU EP		H 6	Addition to lower extremity, below knee, leather socket	All	N	Purchase
L5639	NU EP		H 6	Addition to lower extremity, below knee, wood socket	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5640	NU EP		H 6	Addition to lower extremity, knee disarticulation, leather socket	All	N	Purchase
L5642	NU EP		H 6	Addition to lower extremity, above knee, leather socket	All	N	Purchase
L5643	NU EP		H 6	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	All	Y	Purchase
L5644	NU EP		H 6	Addition to lower extremity, above knee, wood socket	All	N	Purchase
L5645	NU EP		H 6	Addition to lower extremity, below knee, flexible inner socket, external frame	All	N	Purchase
L5646	NU EP		H 6	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	All	N	Purchase
L5647	NU EP		H 6	Addition to lower extremity, below knee suction socket	All	N	Purchase
L5648	NU EP		H 6	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	All	N	Purchase
L5649	NU EP		H 6	Addition to lower extremity, ischial containment/narrow M-L socket	All	Y	Purchase
L5650	NU EP		H 6	Addition to lower extremity, total contact, above knee or knee disarticulation socket	All	N	Purchase
L5651	NU EP		H 6	Addition to lower extremity, above knee, flexible inner socket, external frame	All	N	Purchase
L5652	NU EP		H 6	Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket	All	N	Purchase
L5653	NU EP		H 6	Addition to lower extremity, knee disarticulation, expandable wall socket	All	N	Purchase
L5654	NU EP		H 6	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5655	NU EP		H 6	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5656	NU EP		H 6	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5658	NU EP		H 6	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5661	NU EP		H 6	Addition to lower extremity, socket insert, multi durometer Symes	All	N	Purchase
L5665	EP		6	Addition to lower extremity, socket insert, multo-durometer, below knee	U21	N/A	Purchase
L5666	NU EP		H 6	Additions to lower extremity, below knee, cuff suspension	All	N	Purchase
L5668	NU EP		H 6	Addition to lower extremity, below knee, molded distal cushion	All	N	Purchase
L5670	NU EP		H 6	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	All	N	Purchase
L5672	NU EP		H 6	Addition to lower extremity, below knee, removable medial brim suspension	All	N	Purchase
L5676	NU EP		H 6	Addition to lower extremity, below knee, knee joints, single axis, pair	All	N	Purchase
L5677	NU EP		H 6	Addition to lower extremity, below knee, knee joints, polycentric, pair	All	N	Purchase
L5678	NU EP		H 6	Addition to lower extremity, below knee, joint covers, pair	All	N	Purchase
L5680	NU EP		H 6	Addition to lower extremity, below knee, thigh lacer, nonmolded	All	N	Purchase
L5682	NU EP		H 6	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	All	N	Purchase
L5684	NU EP		H 6	Addition to lower extremity, below knee, fork strap	All	N	Purchase
L5685	NU EP		H 6	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	All	N	Purchase
L5686	NU EP		H 6	Addition to lower extremity, below knee, back check (extension control)	All	N	Purchase
L5688	NU EP		H 6	Addition to lower extremity, below knee, waist belt, webbing	All	N	Purchase
L5690	NU EP		H 6	Addition to lower extremity, below knee, waist belt, padded and lined	All	N	Purchase
L5692	NU EP		H 6	Addition to lower extremity, above knee, pelvic control belt, light	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5694	NU EP		H 6	Addition to lower extremity, above knee, pelvic control belt, padded and lined	All	N	Purchase
L5695	NU EP		H 6	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	All	N	Purchase
L5696	NU EP		H 6	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	All	N	Purchase
L5697	NU EP		H 6	Addition to lower extremity, above knee or knee disarticulation, pelvic band	All	N	Purchase
L5698	NU EP		H 6	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	All	N	Purchase
L5699	NU EP		H 6	All lower extremity prosthesis, shoulder harness	All	N	Purchase
L5700	NU		H	Replacement, socket, below knee, molded to patient model	21+	Y	Purchase
L5701	NU		H	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	21+	Y	Purchase
L5702	NU		H	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	21+	Y	Purchase
L5704	NU		H	Custom shaped protective cover, below knee	21+	N	Purchase
L5705	NU		H	Custom shaped protective cover, above knee	21+	N	Purchase
L5706	NU		H	Custom shaped protective cover, knee disarticulation	21+	N	Purchase
L5707	NU		H	Custom shaped protective cover, hip disarticulation	21+	N	Purchase
L5710	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, manual lock	All	N	Purchase
L5711	NU EP		H 6	Addition exoskeletal knee-shin system, single axis, manual lock, ultra-light material	All	N	Purchase
L5712	NU EP		H 6	Addition exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5714	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	All	N	Purchase
L5716	NU EP		H 6	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	All	N	Purchase
L5718	NU EP		H 6	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	All	N	Purchase
L5722	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	All	N	Purchase
L5724	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	All	Y	Purchase
L5726	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	All	Y	Purchase
L5728	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	All	Y	Purchase
L5780	NU EP		H 6	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	All	N	Purchase
L5785	NU EP		H 6	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5790	NU EP		H 6	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5795	NU EP		H 6	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5810	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, manual lock	All	N	Purchase
L5811	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	All	N	Purchase
L5812	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	All	N	Purchase
L5816	NU EP		H 6	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5818	NU EP		H 6	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	All	N	Purchase
L5822	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	All	Y	Purchase
L5824	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	All	Y	Purchase
L5826	NU		H	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control with miniature high activity frame	21+	Y	Purchase
L5828	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	All	Y	Purchase
L5830	NU EP		H 6	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	All	Y	Purchase
L5840	NU		H	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	21+	N	Purchase
L5845	NU		H	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	21+	Y	Purchase
L5850	NU EP		H 6	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	All	N	Purchase
L5855	NU EP		H 6	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	All	N	Purchase
L5910	NU EP		H 6	Addition, endoskeletal system, below knee, alignable system	All	N	Purchase
L5920	NU EP		H 6	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	All	N	Purchase
L5925	NU		H	Addition, endoskeletal system, above knee, knee disarticulation, manual lock	21+	N	Purchase
L5930	NU		H	Addition, endoskeletal system, high activity knee control frame	21+	Y	Purchase
L5940	NU EP		H 6	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5950	NU EP		H 6	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5960	NU EP		H 6	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5962	NU		H	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	21+	N	Purchase
L5964	NU		H	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	21+	N	Purchase
L5966	NU		H	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	21+	N	Purchase
L5968	NU		H	Addition to lower limb prostheses, multiaxial ankle with swing phase active dorsiflexion feature	21+	Y	Purchase
L5970	NU EP		H 6	All lower extremity prostheses, foot, external keel, SACH foot	All	N	Purchase
L5972	NU EP		H 6	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	All	N	Purchase
L5974	NU EP		H 6	All lower extremity prostheses, foot, single axis ankle/foot	All	N	Purchase
L5975	NU		H	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	21+	N	Purchase
L5976	NU EP		H 6	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	All	N	Purchase
L5978	NU EP		H 6	All lower extremity prostheses, foot, multiaxial ankle/foot	All	N	Purchase
L5979	NU		H	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	21+	Y	Purchase
L5980	NU EP		H 6	All lower extremity prostheses, flex-foot system	All	Y	Purchase
L5981	NU		H	All lower extremity prostheses, flex - walk system or equal	21+	Y	Purchase
L5982	NU EP		H 6	All exoskeletal lower extremity prostheses, axial rotation unit	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L5984	NU EP		H 6	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	All	N	Purchase
L5985	NU		H	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	21+	N	Purchase
L5986	NU EP		H 6	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	All	N	Purchase
L5987	NU		H	All lower extremity prostheses, shank foot system with vertical loading pylon	21+	Y	Purchase
L5988	NU		H	Addition to lower limb prosthesis, vertical shock reducing pylon feature	21+	Y	Purchase
L5999	NU EP		H 6	**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L6000	NU EP		H 6	Partial hand, Robin-Aids, thumb remaining (or equal)	All	N	Purchase
L6010	NU EP		H 6	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	All	N	Purchase
L6020	NU EP		H 6	Partial hand, Robin-Aids, no finger remaining (or equal)	All	N	Purchase
L6050	NU EP		H 6	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	All	Y	Purchase
L6055	NU EP		H 6	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	All	Y	Purchase
L6100	NU EP		H 6	Below elbow, molded socket, flexible elbow hinge, triceps pad	All	Y	Purchase
L6110	NU EP		H 6	Below elbow, molded socket (Muenster or Northwestern suspension types)	All	Y	Purchase
L6120	NU EP		H 6	Below elbow, molded double wall split socket, step-up hinges, half cuff	All	Y	Purchase
L6130	NU EP		H 6	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	All	Y	Purchase
L6200	NU EP		H 6	Elbow disarticulation, molded socket, outside locking hinge, forearm	All	Y	Purchase
L6205	NU EP		H 6	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6250	NU EP		H 6	Above elbow, molded double wall socket, internal locking elbow, forearm	All	Y	Purchase
L6300	NU EP		H 6	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	All	Y	Purchase
L6310	NU EP		H 6	Shoulder disarticulation, passive restoration (complete prosthesis)	All	Y	Purchase
L6320	NU EP		H 6	Shoulder disarticulation, passive restoration (shoulder cap only)	All	Y	Purchase
L6350	NU		H	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	21+	Y	Purchase
L6360	NU EP		H 6	Interscapular thoracic, passive restoration (complete prosthesis)	All	Y	Purchase
L6370	NU EP		H 6	Interscapular thoracic, passive restoration (shoulder cap only)	All	Y	Purchase
L6380	NU EP		H 6	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	All	N	Purchase
L6382	NU EP		H 6	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	All	N	Purchase
L6384	NU EP		H 6	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	All	Y	Purchase
L6386	NU EP		H 6	Immediate postsurgical or early fitting, each additional cast change and realignment	All	N	Purchase
L6388	NU EP		H 6	Immediate postsurgical or early fitting, application of rigid dressing only	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6400	NU EP		H 6	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6450	NU EP		H 6	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6500	NU EP		H 6	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6550	NU EP		H 6	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6570	NU EP		H 6	Interscapular thoracic, molded socket, endoskeletal system including soft prosthetic tissue shaping	All	Y	Purchase
L6580	NU EP		H 6	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	All	Y	Purchase
L6582	NU EP		H 6	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	All	N	Purchase
L6584	NU EP		H 6	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	All	Y	Purchase
L6586	NU EP		H 6	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6588	NU EP		H 6	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	All	Y	Purchase
L6590	NU EP		H 6	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	All	Y	Purchase
L6600	NU EP		H 6	Upper extremity additions, polycentric hinge, pair	All	N	Purchase
L6605	NU EP		H 6	Upper extremity additions, single pivot hinge, pair	All	N	Purchase
L6610	NU EP		H 6	Upper extremity additions, flexible metal hinge, pair	All	N	Purchase
L6615	NU EP		H 6	Upper extremity addition, disconnect locking wrist unit	All	N	Purchase
L6616	NU EP		H 6	Upper extremity addition, additional disconnect insert for locking wrist unit, each	All	N	Purchase
L6620	NU EP		H 6	Upper extremity addition, flexion/extension wrist unit, with or without friction	All	N	Purchase
L6623	NU EP		H 6	Upper extremity addition, spring assisted rotational wrist unit with latch release	All	N	Purchase
L6625	NU EP		H 6	Upper extremity addition, rotation wrist unit with cable lock	All	N	Purchase
L6628	NU EP		H 6	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	All	N	Purchase
L6629	NU EP		H 6	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	All	N	Purchase
L6630	NU EP		H 6	Upper extremity addition, stainless steel, any wrist	All	N	Purchase
L6632	NU EP		H 6	Upper extremity addition, latex suspension sleeve, each	All	N	Purchase
L6635	NU EP		H 6	Upper extremity additions, lift assist for elbow	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6637	NU EP		H 6	Upper extremity addition, nudge control elbow lock	All	N	Purchase
L6640	NU EP		H 6	Upper extremity additions, shoulder abduction joint, pair	All	N	Purchase
L6641	NU EP		H 6	Upper extremity addition, excursion amplifier, pulley type	All	N	Purchase
L6642	NU EP		H 6	Upper extremity addition, excursion amplifier, lever type	All	N	Purchase
L6645	NU EP		H 6	Upper extremity addition, shoulder flexion-abduction joint, each	All	N	Purchase
L6650	NU EP		H 6	Upper extremity addition, shoulder universal joint, each	All	N	Purchase
L6655	NU EP		H 6	Upper extremity addition, standard control cable, extra	All	N	Purchase
L6660	NU EP		H 6	Upper extremity addition, heavy duty control cable	All	N	Purchase
L6665	NU EP		H 6	Upper extremity addition, teflon, or equal, cable lining	All	N	Purchase
L6670	NU EP		H 6	Upper extremity addition, hook to hand cable adapter	All	N	Purchase
L6672	NU EP		H 6	Upper extremity addition, harness, chest or shoulder, saddle type	All	N	Purchase
L6675	NU EP		H 6	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	All	N	Purchase
L6676	NU EP		H 6	Upper extremity additions, harness, (e.g., figure of eight type), dual cable design	All	N	Purchase
L6680	NU EP		H 6	Upper extremity addition, test socket, wrist disarticulation or below elbow	All	N	Purchase
L6682	NU EP		H 6	Upper extremity addition, test socket, elbow disarticulation or above elbow	All	N	Purchase
L6684	NU EP		H 6	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	All	N	Purchase
L6686	NU EP		H 6	Upper extremity addition, suction socket	All	N	Purchase
L6687	NU EP		H 6	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	All	N	Purchase
L6688	NU EP		H 6	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6689	NU EP		H 6	Upper extremity addition, frame type socket, shoulder disarticulation	All	N	Purchase
L6690	NU EP		H 6	Upper extremity addition, frame type socket, interscapular-thoracic	All	N	Purchase
L6691	NU EP		H 6	Upper extremity addition, removable insert, each	All	N	Purchase
L6692	NU EP		H 6	Upper extremity addition, silicone gel insert or equal, each	All	N	Purchase
L6693	NU		H	Upper extremity addition, locking elbow, forearm counterbalance	21+	Y	Purchase
L6700	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 3	All	N	Purchase
L6705	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 3	All	N	Purchase
L6710	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 5x	All	N	Purchase
L6715	NU EP		H 6	Terminal device, hook, Dorrance or equal, Model # 5xa	All	N	Purchase
L6720	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 6	All	N	Purchase
L6725	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 7	All	N	Purchase
L6730	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 7LO	All	N	Purchase
L6735	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 8	All	N	Purchase
L6740	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 8x	All	N	Purchase
L6745	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 88x	All	N	Purchase
L6750	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 10P	All	N	Purchase
L6755	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 10x	All	N	Purchase
L6765	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 12P	All	N	Purchase
L6770	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 99x	All	N	Purchase
L6775	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # 555	All	N	Purchase
L6780	NU EP		H 6	Terminal device, hook, Dorrance or equal, model # SS555	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6790	NU EP		H 6	Terminal device, hook-Accu hook or equal	All	N	Purchase
L6795	NU EP		H 6	Terminal device, hook 2 load or equal	All	N	Purchase
L6800	NU EP		H 6	Terminal device, hook-APRL VC or equal	All	N	Purchase
L6805	NU EP		H 6	Terminal device, modifier wrist flexion unit	All	N	Purchase
L6806	NU EP		H 6	Terminal device, hook, TRS grip, Grip III, VC, or equal	All	Y	Purchase
L6807	NU EP		H 6	Terminal device, hook, Grip I, Grip II, VC, or equal	All	N	Purchase
L6808	NU EP		H 6	Terminal device, hook, TRS Adept, infant or child, VC, or equal	All	N	Purchase
L6809	NU EP		H 6	Terminal device, hook, TRS Super Sport, passive	All	N	Purchase
L6810	NU EP		H 6	Terminal device, pincher tool, Otto Bock or equal	All	N	Purchase
L6825	NU EP		H 6	Terminal device, hand, Dorrance, VO	All	N	Purchase
L6830	NU EP		H 6	Terminal device, hand, APRL, VC	All	N	Purchase
L6835	NU EP		H 6	Terminal device, hand, Sierra, VO	All	N	Purchase
L6840	NU EP		H 6	Terminal device, hand, Becker Imperial	All	N	Purchase
L6845	NU EP		H 6	Terminal device, hand, Becker Lock Grip	All	N	Purchase
L6850	NU EP		H 6	Terminal device, hand, Becker Plylite	All	N	Purchase
L6855	NU EP		H 6	Terminal device, hand, Robin-Aids, VO	All	N	Purchase
L6860	NU EP		H 6	Terminal device, hand, Robin-Aids, VO soft	All	N	Purchase
L6865	NU EP		H 6	Terminal device, hand, passive hand	All	N	Purchase
L6867	NU EP		H 6	Terminal device, hand, Detroit Infant Hand (mechanical)	All	N	Purchase
L6868	NU EP		H 6	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	All	N	Purchase
L6870	NU EP		H 6	Terminal device, hand, child mitt	All	N	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6872	NU EP		H 6	Terminal device, hand, NYU child hand	All	N	Purchase
L6873	NU EP		H 6	Terminal device, hand, mechanical infant hand, Steeper or equal	All	N	Purchase
L6875	NU EP		H 6	Terminal device, hand, Bock, VC	All	N	Purchase
L6880	NU EP		H 6	Terminal device, hand, Bock, VO	All	N	Purchase
L6890	NU EP		H 6	Terminal device, gloves for above hands, production glove	All	N	Purchase
L6895	NU EP		H 6	Terminal device, glove for above hands, custom glove	All	N	Purchase
L6900	NU EP		H 6	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	All	N	Purchase
L6905	NU EP		H 6	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	All	N	Purchase
L6910	NU EP		H 6	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	All	N	Purchase
L6915	NU EP		H 6	Hand restoration (shading and measurements included), replacement glove for above	All	N	Purchase
L6920*	NU EP		H 6	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	All	Y	Purchase
L6925*	NU EP		H 6	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	All	Y	Purchase
L6930*	NU EP		H 6	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	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6935*	NU EP		H 6	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	All	Y	Purchase
L6940*	NU EP		H 6	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	All	Y	Purchase
L6945*	NU EP		H 6	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	All	Y	Purchase
L6950*	NU EP		H 6	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	All	Y	Purchase
L6955*	NU EP		H 6	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	All	Y	Purchase
L6960*	NU EP		H 6	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	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L6965*	NU EP		H 6	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	All	Y	Purchase
L6970*	NU EP		H 6	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	All	Y	Purchase
L6975*	NU EP		H 6	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	All	Y	Purchase
L7010*	NU EP		H 6	Electronic hand, Otto Bock, Steeper or equal, switch controlled	All	Y	Purchase
L7015*	NU EP		H 6	Electronic hand, System Teknik, Variety Village or equal, switch controlled	All	Y	Purchase
L7020*	NU EP		H 6	Electronic greifer, Otto Bock or equal, switch controlled	All	Y	Purchase
L7025*	NU EP		H 6	Electronic hand, Otto Bock or equal, myoelectronically controlled	All	Y	Purchase
L7030*	NU EP		H 6	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	All	Y	Purchase
L7035*	NU EP		H 6	Electronic greifer, Otto Bock or equal, myoelectronically controlled	All	Y	Purchase
L7040*	NU EP		H 6	Prehensile actuator, Hosmer or equal, switch controlled	All	Y	Purchase
L7045*	NU EP		H 6	Electronic hook, child, Michigan or equal, switch controlled	All	Y	Purchase
L7170*	NU EP		H 6	Electronic elbow, Hosmer or equal, switch controlled	All	Y	Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L7180*	NU EP		H 6	Electronic elbow, Utah or equal, myoelectronically controlled	All	Y	Purchase
L7185	EP		6	Electronic elbow, adolescent, Variety Village or equal, switch controlled	U21	N/A	Purchase
L7186	EP		6	Electronic elbow, child, Variety Village or equal, switch controlled	U21	N/A	Purchase
L7190	EP		6	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	U21	N/A	Purchase
L7191	EP		6	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	U21	N/A	Purchase
L7260*	NU EP		H 6	Electronic wrist rotator, Otto Bock or equal	All	Y	Purchase
L7261*	NU EP		H 6	Electronic wrist rotator, for Utah arm	All	Y	Purchase
L7266*	NU EP		H 6	Servo control, Steeper or equal	All	N	Purchase
L7272*	NU EP		H 6	Analogue control, UNB or equal	All	Y	Purchase
L7274*	NU EP		H 6	Proportional control, 6-12 volt, Liberty, Utah or equal	All	Y	Purchase
L7360*	NU EP		H 6	Six volt battery, Otto Bock or equal, each	All	N	Purchase
L7362*	NU EP		H 6	Battery charger, six volt, Otto Bock or equal	All	N	Purchase
L7364*	NU EP		H 6	Twelve volt battery, Utah or equal, each	All	N	Purchase
L7366*	NU EP		H 6	Battery charger, twelve volt, Utah or equal	All	N	Purchase
L7499	NU EP		H 6	*(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper extremity prosthesis , NOS	All	Y	Manually Priced Manually Priced
L7510	NU EP		H 6	*(Orthotics and Prosthetics Repairs) Repair of prosthetic device, repair or replace minor parts	All	Y	Manually Priced Purchase
L7510	NU EP		H 6	*(Twister cables - repair/replace) Repair of prosthetic device, repair or replace minor parts	All	N	Manually Priced Purchase

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L7520	NU		H	*(Orthotics and Prosthetics Repairs) Repair prosthetic device, labor component, per 15 minutes	All	Y	Manually Priced
	EP		6				Purchase
L8000	NU		H	Breast prosthesis, mastectomy bra	All	N	Purchase
	EP		6				
L8010	NU		H	Breast prosthesis, mastectomy sleeve	All	N	Purchase
	EP		6				
L8015	NU		H	External breast prosthesis garment, with mastectomy form, post- mastectomy	21+	N	Purchase
L8020	NU		H	Breast prosthesis, mastectomy form	All	N	Purchase
	EP		6				
L8030	NU		H	Breast prosthesis, silicone or equal	All	N	Purchase
	EP		6				
L8100	NU		H	Gradient support compression stocking, below knee, 18-30 mmhg, each	All	N	Purchase
	EP		6				
L8300	NU		H	Truss, single with standard pad	All	N	Purchase
	EP		6				
L8310	NU		H	Truss, double with standard pads	All	N	Purchase
	EP		6				
L8320	NU		H	Truss, addition to standard pad, water pad	All	N	Purchase
	EP		6				
L8330	NU		H	Truss, addition to standard pad, scrotal pad	All	N	Purchase
	EP		6				
L8400	NU		H	Prosthetic sheath, below knee, each	All	N	Purchase
	EP		6				
L8410	NU		H	Prosthetic sheath, above knee, each	All	N	Purchase
	EP		6				
L8415	NU		H	Prosthetic sheath, upper limb, each	All	N	Purchase
	EP		6				
L8417	NU		H	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	21+	N	Purchase
L8420	NU		H	Prosthetic sock, multiple ply, below knee, each	All	N	Purchase
	EP		6				
L8430	NU		H	Prosthetic sock, multiple ply, above knee, each	All	N	Purchase
	EP		6				
L8435	NU		H	Prosthetic sock, multiple ply upper limb, each	All	N	Purchase
	EP		6				
L8440	NU		H	Prosthetic shrinker, below knee, each	All	N	Purchase
	EP		6				

Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	TOS	Description	All U21 21+	PA 21+	Payment Method
L8460	NU EP		H 6	Prosthetic shrinker, above knee, each	All	N	Purchase
L8465	NU EP		H 6	Prosthetic shrinker, upper limb, each	All	N	Purchase
L8470	NU EP		H 6	Prosthetic sock, single ply, fitting below knee, each	All	N	Purchase
L8480	NU EP		H 6	Prosthetic sock, single ply fitting, above knee, each	All	N	Purchase
L8485	NU		H	Prosthetic sock, single ply, fitting, upper limb, each	21+	N	Purchase
L8499	NU EP		H 6	*(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Unlisted procedure for miscellaneous prosthetic services	All	Y	Manually Priced Manually Priced
L8500	NU EP		H 6	Artificial larynx, any type	All	N	Purchase
L8501	NU EP		H 6	Tracheostomy speaking valve	All	N	Purchase
L8600	NU EP		H 6	Implantable breast prosthesis, silicone or equal	All	N	Manually Priced

242.191 Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult
8-1-05

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for **beneficiaries** under 21 years of age or modifier NU for **beneficiaries** age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when **billed** on paper, procedure codes found in this section must be billed with a type of service (TOS) code "6" for individuals under age 21 or TOS code "H" for individuals age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

Other coding information found in the chart:

- ¹ The purchase of this wheelchair component for individuals age 21 and over is limited to one per five-year period.
- ² The purchase of this wheelchair component for individuals under age 21 is limited to one per two-year period.

- * The purchase of wheelchairs for individuals age 21 and over is limited to one per five-year period.
- ** Bill only for TOS code "6."
- # This procedure code is payable for individuals ages 2 through 20, using TOS code "6." Prior authorization is required through Utilization Review.
- **** Items listed above require prior authorization (PA) when used in combination with other items listed and the total combined value exceeds the \$1,000.00 Medicaid maximum allowable reimbursement limit.
- ⁷ This procedure code became covered July 1, 2004.
- ◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

Note: W/C or w/c indicates wheelchair.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

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Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0700	NU EP	U2 U2	H 6	*(Travel restraint auto safe harness, E-Z on vest, no known comparable product) Safety equipment, e.g., belt, harness or vest	N****	Purchase
E0950 ⁷	NU EP	U7 U7	H 6	Wheelchair accessory, tray, each	N	Purchase
E0950	NU EP	U2 U2	H 6	*(ABS tray, 4-SM 5-LG) W/C accessory, tray, each	N****	Purchase
E0950	NU EP	U5 U5	H 6	*(Clear upper Ex support system) W/C accessory, tray, each	N****	Purchase
E0950	NU EP	U4 U4	H 6	*(Tray, customized) W/C accessory, tray, each	N	Purchase
E0950	NU EP		H 6	*(Tray for W/C) W/C accessory, tray, each	N	Purchase
E0950	NU EP UE	U7 U7	H 6 U	*(Removable Hinged Overlay for Tray) W/C accessory, tray, each	N****	Purchase
E0950 ⁷	NU EP	U8 U8	H 6	*(Lap Tray for Switch Array) Wheelchair accessory, tray, each	Y	Purchase
E0950 ⁷	NU EP	U6 U6	H 6	*(Lap Tray Switch Array) Wheelchair accessory, tray, each	N****	Purchase
E0950	NU EP	U3 U3	H 6	*(W/C Tray, Custom) W/C accessory, tray, each	N****	Purchase
E0951	NU EP		H 6	Heel loop/holder, with or without ankle strap, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0952	NU EP		H 6	Toe loop/holder, each	N****	Purchase
E0953	NU EP		H 6	*(8" x 2" for manual W/C, each, replacement) Pneumatic tire, each	N	Purchase
E0954	NU EP		H 6	Semi-pneumatic caster, each	N****	Purchase
E0955 ⁷	NU EP		H 6	W/C accessory, headrest, cushioned, prefabricated, w/fixed mounting hardware, each	N	Purchase
E0956 ⁷	NU EP		H 6	*(Trunk supports for any W/C, other than travel, with hardware) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0956 ⁷	NU EP	U1 U1	H 6	*(Lateral trunk supports, swing away, ea.) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0956 ⁷	NU EP	U2 U2	H 6	*(Med. Chest Panel Support) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0956 ⁷	NU EP	U3 U3	H 6	*(Chest/Thoracic Supports) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0957 ⁷	NU EP		H 6	W/C accessory, medial thigh support, prefabricated, w/fixed mounting hardware, each	N	Purchase
E0958	NU EP		H 6	Manual W/C accessory, one-arm drive attachment, each	N****	Purchase
E0959 ⁷	NU EP	U1 U1	H 6	Manual W/C accessory, adapter for amputee, each	N	Purchase
E0959	NU EP		H 6	*(Amputee adapters for conventional chair, ea.) Manual W/C accessory, adapter for amputee, each	N****	Purchase
E0959	NU EP		H 6	*(Amputee axle plate for high performance manual W/C, ea.) Manual W/C accessory, adapter for amputee, each	N****	Purchase
E0960 ⁷	NU EP		H 6	W/C accessory, shoulder harness/straps or chest strap including any type mounting hardware	N	Purchase
E0961	NU EP		H 6	Manual W/C accessory, wheel lock brake extension (handle), each	N****	Purchase

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Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0966 ⁷	NU EP		H 6	** (Headrest/Fixture, O.B., 46-LG 45-SM) Manual W/C accessory, headrest extension, each	N****	Purchase
E0967 ⁷	NU EP		H 6	Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0967 ⁷	NU EP	U1 U1	H 6	Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0967 ⁷	NU EP	U2 U2	H 6	Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0967 ⁷	NU EP	U3 U3	H 6	Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0967 ⁷	NU EP	U4 U4	H 6	Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0967 ⁷	NU EP		H 6	** (Vertical/oblique projection hand rims 8-10-12) Manual W/C accessory, hand rim w/projections, each	N****	Purchase
E0967 ⁷	NU EP		H 6	** (Projection, Vertical or Oblique) Manual W/C accessory, hand rim w/projections, each	N	Purchase
E0970	NU EP		H 6	No. 2 footplates, except for elevating legrest	N****	Purchase
E0971	NU EP		H 6	Anti-tipping device W/C	N****	Purchase
E0972	NU EP	U1 U1	H 6	** (Wood transfer board) W/C accessory, transfer board or device, each	N	Purchase
E0972	NU EP		H 6	** (Plastic transfer board) W/C accessory, transfer board or device, each	N	Purchase
E0973 ⁷	NU EP		H 6	W/C accessory, adjustable height, detachable armrest, complete assembly, each	N****	Purchase
E0973 ⁷	NU EP	U1 U1	H 6	** (Height Adj. Arms, replacement) W/C accessory, adjustable height, detachable armrest, complete assembly, each	N****	Purchase
E0974	NU EP		H 6	Manual W/C accessory, anti-rollback device, each	N****	Purchase
E0978 ⁷	NU EP	U2	H 6	W/C accessory, safety belt/pelvic strap, each	N****	Purchase
E0978	NU EP	U1	H 6	** (Belt, safety or chest, w/pad) W/C accessory, safety belt/ pelvic strap, each	N**** N	Purchase
E0980	NU EP		H 6	** (Chest panel, 21-SM 22-LG) Safety vest, W/C	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0980	NU EP	U1 U1	H 6	** (Shoulder retractors) Safety vest, W/C	N****	Purchase
E0981 ⁷	NU EP		H 6	W/C accessory, seat upholstery, replacement only, each	N	Purchase
E0982 ⁷	NU EP	U1 U1	H 6	** (Standard back upholstery replacement) W/C accessory, back upholstery, replacement only, each	N****	Purchase
E0990	EP		6	** (Elevating foot, leg rest) W/C accessory, elevating leg rest, complete assembly, each	N****	Purchase
E0990 ⁷	NU EP	U1 U1	H 6	** (Elevating Leg Rest 90 Degree, 12" - 16" Width) W/C accessory, elevating leg rest, complete assembly, each	N****	Purchase
E0992	NU EP		H 6	Manual w/c accessory, solid seat insert	N****	Purchase
E0992	NU EP	U3 U3	H 6	** (Foam & Plywood Seat, MPI Like) Manual w/c access, solid seat insert	N****	Purchase
E0992	NU EP	U2 U2	H 6	** (Foam and Plywood Flat Side) Manual w/c access, solid seat insert	N****	Purchase
E0992	NU EP	U4 U4	H 6	** (Adjustable solid standard seat w/hardware) Manual w/c accessory, solid seat insert	N****	Purchase
E0992	NU EP	U1 U1	H 6	** Manual w/c accessory, solid seat insert (Large adjustable solid seat w/hardware)	N****	Purchase
E0994	NU EP		H 6	Armrest, each	N****	Purchase
E1001	NU		H	Wheel, single	N	Manually Priced
E1002 ⁷	NU EP		H 6	W/C accessory, power seating system, tilt only	Y	Purchase
E1002	NU EP		H 6	W/C accessory power seating system, tilt only	Y♦	Purchase
E1004 ⁷	NU EP		H 6	W/C accessory, power seat system, recline only, w/mechanical shear reduction	Y	Purchase
E1004	NU EP		H 6	W/C accessory, power seating system, recline only, with mechanical shear reduction	Y♦	Purchase
E1006 ⁷	NU EP		H 6	W/C accessory, power seating system, combination tilt and recline, w/o shear reduction	Y	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1006	NU EP	U1 U1	H 6	** (Power tilt and recline system with zero shear) W/C accessory, power seating system, combination tilt and recline, without mechanical shear reduction	Y♦	Purchase
E1010 ⁷	NU EP		H 6	W/C accessory, addition to power seating system, power leg elevation system, including leg rest, each	Y	Purchase
E1019 ⁷	NU EP		H 6	W/C accessory, power seating, heavy duty feature, patient weight capacity greater than 250 lbs, and less than or equal to 400 lbs	Y	Purchase
E1020	NU EP		H 6	** (Adjustable Contour Lateral Thigh Support) Residual limb support system for W/C	N****	Purchase
E1026	EP		6	** (Adjustable Contour Back, 10" - 12" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware)	N****	Purchase
E1026	EP	U1	6	** (Adjustable Contour Back, 14" - 16" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware)	N****	Purchase
E1029 ⁷	NU EP		H 6	** (Ventilator Tray With Battery Tray) Wheelchair accessory, ventilator tray, fixed	Y	Purchase
E1030 ⁷	NU EP		H 6	Wheelchair accessory, ventilator tray, gimbaled	Y	Purchase
E1050*	NU EP		H 6	Full reclining W/C, fixed full-length arms, swing-away, detachable elevating legrests	N****	Purchase
E1060*	NU EP		H 6	Full reclining W/C, detachable arms, desk or full-length, swing-away detachable, elevating legrests	Y♦	Purchase
E1065*	NU EP		H 6	Power attachment (to convert any W/C to motorized W/C, e.g., Solo)	Y♦	Purchase
E1070#			6	Fully reclining W/C, detachable arms, desk or full-length, swing-away, detachable footrests	Y	Rental only
E1086*	NU EP	U1 U1	H 6	Hemi W/C, detachable arms, desk or full-length, swing-away detachable footrests	Y♦	Purchase
E1091**	EP	UB	6	Youth stroller	N****	Purchase
E1084*	NU EP		H 6	Hemi-W/C; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
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Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1086*	NU EP		H 6	Hemi W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1088*	NU EP		H 6	High strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1090	NU EP		H 6	High-strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1091	NU EP		H 6	Youth positioning stroller	N	Purchase
E1092*	NU EP		H 6	Wide, heavy-duty W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1093*	NU EP		H 6	Wide, heavy-duty W/C; detachable arms, desk or full-length arms, swing-away, detachable footrests	Y♦	Purchase
E1110*	NU EP		H 6	Semi-reclining W/C; detachable arms, desk or full-length, elevating legrest	Y♦	Purchase
E1161	NU EP		H 6	Manual adult size W/C, includes tilt in space	Y♦	Purchase
E1170*	NU EP		H 6	Amputee W/C; fixed full-length arms, swing-away, detachable, elevating legrests	N****	Purchase
E1172*	NU EP		H 6	Amputee W/C; detachable arms, desk or full-length, without footrests or legrests	Y♦	Purchase
E1180*	NU EP		H 6	Amputee W/C; detachable arms, desk or full-length, swing-away, detachable footrests	Y♦	Purchase
E1200*	NU EP		H 6	Amputee W/C; fixed full-length arms, swing-away, detachable footrests	N**** ♦	Purchase
E1211*	NU EP		H 6	Motorized W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1213*	NU EP		H 6	Motorized W/C; detachable arms, desk or full-length, swing-away, detachable footrests	Y♦	Purchase
E1220*	NU EP		H 6	W/C, specially sized or constructed (indicate brand name, model number, if any, and justification)	Y	Manually Priced

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1225	NU EP		H 6	** (Folding Backrest, 8 Degree Bend, Low, 15" - 16") Manual W/C accessory, semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	N****	Purchase
E1226*	NU EP		H 6	Manual w/c accessory, fully reclining back, each	Y	Purchase
E1228	NU EP	U2 U2	H 6	** (Positioning tall back) Special back height for W/C	N****	Purchase
E1228	NU EP		H 6	** (Folding Backrest, Tall, 19" - 20") Special back height for W/C	N****	Purchase
E1228	NU EP		H 6	** (Folding Straight Backrest, Low, (15" - 16") Special back height for W/C	N****	Purchase
E1228	NU EP		H 6	** (Folding Straight Backrest, Tall, 19" - 20") Special back height for W/C	N****	Purchase
E1228	NU EP	U1 U1	H 6	** (High back contour seat) Special back height for W/C	N****	Purchase
E1230*	NU EP		H 6	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Y♦	Purchase
E1232*	EP		6	W/C, pediatric size, tilt-in-space, folding, adjustable, with seating system	Y♦	Purchase
E1233*	EP		6	W/C, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Y♦	Purchase
E1234*	EP		6	W/C, pediatric size, tilt-in-space, folding, adjustable, without seating system	Y♦	Purchase
E1235*	NU EP		H 6	W/C, pediatric size, rigid, adjustable, with seating system	Y♦	Purchase
E1235	NU EP		H 6	** (Snug Seat I Mobility System) W/C, pediatric size, rigid, adjustable, with seating system	Y♦	Purchase
E1235 ^{1,2}	EP	U1 U1	6	** (Rigid W/C Frame) W/C, pediatric size, rigid, adjustable with seating system	Y	Purchase
E1236						
E1237*	NU EP		H 6	W/C, pediatric size, rigid, adjustable, without seating system	Y♦	Purchase
E1238*	NU EP		H 6	W/C, pediatric size, folding, adjustable, without seating system	Y♦	Purchase
E1240*	NU EP		H 6	Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrest	Y♦	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1260*	NU EP		H 6	Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1280*	NU EP		H 6	Heavy-duty W/C; detachable arms, desk or full-length, elevating legrests	Y♦	Purchase
E1290*	NU EP		H 6	Heavy-duty W/C; detachable arms, swing-away, detachable footrests	Y♦	Purchase
E1340	NU EP	U1 U1	H 6	** (Labor Only; a maximum of twenty [20] units [20 units = 5 hours of labor] per date of service is allowable.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Y	Manually Priced
E1340	NU EP	U3 U3	H 6	** (Unlisted Repairs/Parts Only Wheelchairs; applicable pages from the manufacturer's catalog must be attached to the claim form.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N****	Manually Priced
E2201 ⁷	NU EP	U3 U3	H 6	Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches	N****	Manually Priced
E2201 ⁷	NU EP	U1 U1	H 6	** (Frame Width 14"-15") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches	N****	Manually Priced (21+) Purchase
E2201 ⁷	NU EP	U2 U2	H 6	** (Frame Width 19"-20") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches	N****	Manually Priced (21+) Purchase
E2201 ⁷	NU EP		H 6	** (Seat Width 20") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and < 24 inches	N****	Manually Priced Purchase
E2203 ⁷	NU EP	U4 U4	H 6	Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N	Manually Priced Purchase
E2203 ⁷	NU EP	U2 U2	H 6	** (Frame, Long; 16", 17"3, 18", 19"3, 20" Depth) Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced (21+) Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E2203 ⁷	NU	U3	H	**(Seat Depth 19" - 20") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP	U3	6			Purchase
E2203 ⁷	NU		H	**(Seat Depth 15") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP		6			Purchase
E2203 ⁷	NU	U1	H	**(Seat Depth 17" - 18") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP	U1	6			Purchase
E2206	NU EP		H 6	Manual wheelchair accessory, wheel lock assembly, complete, each	N	Purchase
E2291	EP		6	Back, planar, for pediatric-size wheelchair, including fixed attaching hardware	N	Purchase
E2292	EP		6	Seat, planar, for pediatric-size wheelchair, including fixed attaching hardware	N	Purchase
E2293	EP		6	Seat, contoured, for pediatric-size wheelchair, including fixed attaching hardware	N	Purchase
E2294	EP		6	Seat, contoured, for pediatric-size wheelchair, including fixed attaching hardware	N	Purchase
E2310 ⁷	NU EP		H 6	Power w/c accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Y	Purchase
E2311 ⁷	NU EP		H 6	Power w/c accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Y	Purchase
E2320 ⁷	NU EP		H 6	Power w/c accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware	Y	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E2322 ⁷	NU EP		H 6	Power w/c accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Y	Purchase
E2323 ⁷	NU EP		H 6	Power w/c accessory, specialty joystick handle for hand control interface, prefabricated	N	Purchase
E2324 ⁷	NU EP		H 6	Power w/c accessory, chin cup for chin control interface	N	Purchase
E2325 ⁷	NU EP		H 6	Power w/c accessory, sip & puff interface nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Y	Purchase
E2326 ⁷	NU EP		H 6	Power w/c accessory, breath tube kit for sip & puff interface	Y	Purchase
E2327 ⁷	NU EP		H 6	Power w/c accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Y	Purchase
E2360 ⁷	NU EP		H 6	Power w/c accessory, 22 NF non-sealed lead acid battery, each	N	Purchase
E2361 ⁷	NU EP		H 6	Power w/c accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	N	Purchase
E2362	NU EP		H 6	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	N	Purchase
E2363	EP		6	**(Group 24 Gel Batteries) Power W/C accessory, group 24 sealed lead acid battery, each, e.g., gel cell, absorbed glassmat	N****	Purchase
E2363 ⁷	NU EP		H 6	Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	Purchase
E2363 ⁷	NU EP	U1 U1	H 6	Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	Purchase
E2364	NU EP		H 6	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	N	Purchase
E2365	NU EP		H 6	**(U-1 gel cell battery, each) Power wheelchair accessory, U-1 sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	N	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E2365 ⁷	NU EP		H 6	Power w/c accessory, U-1 sealed lead acid battery, each, gel cell	N	Purchase
E2365 ⁷	NU EP	U1 U1	H 6	Power w/c accessory, U-1 sealed lead acid battery, each, gel cell	N	Purchase
E2366 ⁷	NU EP		H 6	** (24-Volt Battery Charger - Standard, Replacement) Power w/c accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	N	Purchase
E2367 ⁷	NU EP		H 6	** (24-Volt Battery Charger - Dual Mode, Replacement) Power w/c accessory, battery charger, dual mode, sealed or non-sealed, each	N	Purchase
E2368	NU EP		H 6	Power wheelchair component, motor, replacement only	N	Purchase
E2369	NU EP		H 6	Power wheelchair component, gear box, replacement only	N	Purchase
E2601	NU EP UE		H 6 H	General use wheelchair seat cushion, width less than 22 in., any depth	N	Purchase
E2602	NU EP UE		H 6 H	General use wheelchair seat cushion, width 22 in. or greater, any depth	N	Purchase
E2611	NU EP UE		H 6 H	General use wheelchair back cushion, width less than 22 in., any height, including any type mounting hardware	N	Purchase
E2612	NU EP UE		H 6 H	General use wheelchair back cushion, width 22 in. or greater, any height, including any type mounting hardware	N	Purchase
E2619	NU EP		H 6	Replacement cover for wheelchair seat cushion or back cushion, each	N	Purchase
K0004	NU EP		H 6	High-strength lightweight wheelchair	Y****	Purchase
K0005*	NU EP		H 6	** (High-performance manual W/C-adult) Ultralightweight W/C	Y♦	Purchase
K0005*	NU EP	U1 U1	H 6	** (High-performance manual W/C with growth adjustability-child) Ultralightweight W/C	Y♦	Purchase
K0010	NU EP		H 6	** (Motorized, standard frame, DA, swing away footrests) Standard weight frame motorized/power W/C	Y♦	Purchase
K0010	NU EP	U1 U1	H 6	** (Motorized, standard frame, DA, swing away ELR) Standard weight frame motorized/power W/C	Y♦	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
K0011	NU EP		H 6	** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Y♦	Purchase
K0011	NU EP	U1 U1	H 6	** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Y♦	Purchase
K0012	NU EP		H 6	** (Motorized folding frame, DA, swing away footrests) Lightweight portable motorized/power W/C	Y♦	Purchase
K0012	NU EP	U1 U1	H 6	** (Motorized folding frame, DA, swing away ELR) Lightweight portable motorized/power W/C	Y♦	Purchase
K0014 ^{1,2}	NU EP	U1 U1	H 6	** (Center Drive power base) Other motorized/ power W/C base	Y	Purchase
K0017	NU EP	U1 U1	H 6	** (Dual post and adjustable height DA) Detachable, adjustable height armrest, base, each	N****	Purchase
K0017	NU EP		H 6	** (Receiver for height adj. arms, replacement) Detachable, adjustable height armrest, base, each	N****	Purchase
K0019	NU EP		H 6	Arm pad, each	N	Purchase
K0020	NU EP		H 6	Fixed, adjustable height armrest, pair	N****	Purchase
K0038	NU EP		H 6	** (Single leg strap, each) Leg strap, each	N****	Purchase
K0038	NU EP	U2 U2	H 6	** (Foot straps, pair) Leg strap, each	N****	Purchase
K0038**	EP	U1	6	** (Knee strap) Leg strap, each	N	Purchase
K0039	NU EP		H 6	Leg strap, H style, each	N****	Purchase
K0040	NU EP		H 6	Adjustable angle footplate, each	N****	Purchase
K0043	NU EP		H 6	** (SWFR, replacement) Footrest, lower extension tube, each	N	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
K0044	NU EP		H 6	** (SWFR Hanger bracket, replacement) Footrest, upper hanger bracket, each	N****	Purchase
K0045	NU EP		H 6	** (Padded custom foot box) Footrest, complete assembly	N****	Purchase
K0047	NU EP		H 6	Elevating legrest, upper hanger bracket, each	N****	Purchase
K0056	NU EP		H 6	Seat height less than 17 inches or equal to or greater than 21 inches for a high- strength, lightweight, or ultralightweight W/C	N****	Manually Priced
K0056	NU EP	U1 U1	H 6	** (Seat height 19.5"5) Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight or ultralightweight W/C	N****	Purchase
K0064	NU EP		H 6	** (Zero pressure tube or wheel insert, each, rear wheels) Zero pressure tube (flat free insert), any size, each	N****	Purchase
K0064	NU EP	U1 U1	H 6	** (12" or 14" flat free insert for power base, ea.) Zero pressure tube (flat free insert), any size, each	N****	Purchase
K0065	NU EP		H 6	Spoke protectors, each	N****	Purchase
K0066	NU EP		H 6	** (20-26" Tires for manual W/C, ea., replacement) Solid tire, any size, each	N	Purchase
K0067	NU EP		H 6	** (Pneumatic Caster 8 X 2 with Airless Insert) Pneumatic tire, any size	N****	Purchase
K0068	NU EP		H 6	** (20-26" for manual W/C, ea., replacement) Pneumatic tire tube, each	N	Purchase
K0070	NU EP		H 6	** (Wheel assembly, complete with pneumatic tires, 20"/22"/24"/26"/ea. replacement) Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	N****	Purchase
K0071	NU EP	U1 U1	H 6	** (Wheel assembly with pneumatic tires, 22", pair, rear wheels) Front caster assembly, complete, with pneumatic tire, each	N****	Purchase
K0071	NU EP		H 6	** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with pneumatic tire, each	N****	Purchase
K0072	NU EP		H 6	** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with semipneumatic tire, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
K0073	NU EP		H 6	Caster pin lock, each	N****	Purchase
K0074	NU EP		H 6	** (Pneumatic casters 8 x 1 1/4", each, front casters) Pneumatic caster tire, any size each	N****	Purchase
K0074	NU EP		H 6	** (Pneumatic casters 8 x 1 1/4", each, front casters) Pneumatic caster tire, any size each	N****	Purchase
K0074	NU EP	U2 U2	H 6	** (9 x 2 3/4" pneumatic caster for power base W/C) Pneumatic caster tire, any size each	N****	Purchase
K0074	NU EP	U1 U1	H 6	** (6"-8" tires for manual W/C, ea., replacement) Pneumatic caster tire, any size, each	N	Purchase
K0074	NU EP	U3 U3	H 6	** (Pneumatic Caster 8 X 2) Pneumatic caster tire, any size, each	N****	Purchase
K0075						
K0076	NU EP	U1 U1	H 6	** (10" x 3" Rear Wheel for Power W/C, ea., replacement) Solid caster tire, any size, each	N	Purchase
K0076	NU EP		H 6	** (9" x 3" Caster Tire for Power W/C, ea., replacement) Solid caster tire, any size, each	N	Purchase
K0076	NU EP	U2 U2	H 6	** (Polyurethane 5", replacement) Solid caster tire, any size, each	N****	Purchase
K0077						
K0078	NU EP		H 6	** (6"-8" for manual W/C, each, replacement) Pneumatic caster tire tube, each	N	Purchase
K0078	NU EP	U1 U1	H 6	** Pneumatic caster tire tube, each	N	Purchase
K0078	NU EP	U2 U2	H 6	** (9" x 3" for Power W/C, ea., replacement) Pneumatic caster tire tube, each	N	Purchase
K0091	NU EP	U1 U1	H 6	** (20" x 2 1/8" tubes for power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each	N	Purchase
K0091	NU EP		H 6	** (10" x 3" Rear Wheel Caster Tube for Power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each	N	Purchase
K0092	NU EP		H 6	Rear wheel assembly for power wheelchair, complete, each	N	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
K0093	NU EP		H 6	** (Zero pressure insert for rear wheel for power w/c, ea.) Rear wheel zero pressure tire tube (flat free insert) for power W/C any size, each	N****	Purchase
K0093	NU EP	U1 U1	H 6	*(Mag. Airless Insert, Drive Wheel) Rear wheel zero pressure tire tube (flat free insert) for power W/C, any size, each	N****	Purchase
K0094	NU EP		H 6	*(20" x 2 1/8" replacement) Wheel tire for power base, any size, each	N	Purchase
K0097	NU EP		H 6	Wheel, zero pressure tire tube (flat free insert) for power base, any size, each	N****	Purchase
K0099	NU EP		H 6	*(9 x 2 3/4" foam filled caster for power base W/C) Front caster for power W/C	N****	Purchase
K0102	NU EP		H 6	Crutch and cane holder, each	N****	Purchase
K0104	NU EP		H 6	Cylinder tank carrier, each	N	Purchase
K0106	NU EP		H 6	Arm trough, each	N****	Purchase
K0108	NU EP		H 6	*(W/C miscellaneous equipment; applicable pages from the manufacturer's catalog must be attached to the claim form.) Other accessories	N****	Manually Priced
K0195	NU EP		H 6	Elevating legrest, pair (for use with capped rental wheelchair base)	N	Rental Only
K0452	NU EP	U1 U1	H 6	*(Rear Wheel Stem, replacement) W/C bearings, any type	N	Purchase
K0452	NU EP		H 6	*(Caster Bearing, replacement) W/C bearings, any type	N	Purchase
K0452	NU EP	U2 U2	H 6	*(Power Base Wheel Bearing, replacement) W/C bearings, any type	N****	Purchase

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z1613	One-piece footboard (each)	N****	Purchase
Bill on paper			H 6	Z1663	Group 27 deep cycle battery (each)	N	Purchase
Bill on paper			H 6	Z1785	W/C Mounting Kit, O.B.	N****	Purchase
Bill on paper			H 6	Z1789	Custom Headrest	N****	Purchase
Bill on paper			H 6	Z1793	Custom foot platform	N****	Purchase
Bill on paper			6	Z1824**	PC Car Seat/Snug Seat	Y	Purchase
Bill on paper			H 6	Z2137	Adjustable Rem. Abductor w/hardware (ea)	N****	Purchase
Bill on paper			H 6	Z2138	Adjustable Flip Down Abductor w/hardware (ea)	N****	Purchase
Bill on paper			H 6	Z2139	Lateral Hip/Thigh support w/hardware (ea)	N****	Purchase
Bill on paper			H 6	Z2140	Adductor - no hardware	N****	Purchase
Bill on paper			H 6	Z2141	Abductor - no hardware	N****	Purchase
Bill on paper			H 6	Z2142	Hip guides - no hardware	N	Purchase
Bill on paper			H 6	Z2143	Fluid supplement	N	Purchase
Bill on paper			H 6	Z2145	Laterals - no hardware	N****	Purchase
Bill on paper			H 6	Z2159	Fluid Flo-lite pad (Replacement)	N	Purchase
Bill on paper			H 6	Z2175	Power W/C Sleeve Top or Bottom Stem Bearing (Replacement)	N****	Purchase
Bill on paper			H 6	Z2178	SWFR Pivot Saddle (Replacement)	N	Purchase
Bill on paper			H 6	Z2180	SWFR Latch Block (Replacement)	N	Purchase
Bill on paper			H 6	Z2181	SWFR Composite Foot Plate (Replacement)	N****	Purchase

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z2183	Shoe Holders S/M/L/XL	N****	Purchase
Bill on paper			H 6	Z2184	X-Tube Assembly Folding W/C (Replacement)	N****	Purchase
Bill on paper			H 6	Z2185	Rigid Wheelchair Growth Kit	N	Purchase
Bill on paper			H 6	Z2186	Rigid Side Guard	N****	Purchase
Bill on paper			H 6	Z2187	Fabric Side Guard	N****	Purchase
Bill on paper			H 6	Z2188	Sub Occipital Three Piece Head Set W/REM Hardware	N****	Purchase
Bill on paper			H 6	Z2189	Forehead Strap System	N****	Purchase
Bill on paper			H 6	Z2190	Regular Links	N****	Purchase
Bill on paper			H 6	Z2192	Pneumatic or Semi Casters (Replacement) 8 x 1 1/4 (ea) or 8 x 1 3/4 (ea)	N****	Purchase
Bill on paper			H 6	Z2196	Swing Away Adj. Stroller Handles	N****	Purchase
Bill on paper			H 6	Z2200	Support Fixture for Head Rest	N****	Purchase
Bill on paper			H 6	Z2202	Lg. Chest Panel Support	N****	Purchase
Bill on paper			H 6	Z2203	Elbow Block w/Bracket	N****	Purchase
Bill on paper			H 6	Z2554	Swing Away Retractable Joystick Mount	N****	Purchase
Bill on paper			H 6	Z2571	Power Elevating Leg Rest With Calf Pads	N****	Purchase
Bill on paper			H 6	Z2582	Quick Release Axle	N****	Purchase
Bill on paper			H 6	Z2585	Growing Seat Pan	N****	Purchase
Bill on paper			H	Z2586	Growing Back Upholstery	N****	Purchase
Bill on paper			H 6	Z2588	Deep Contour Back 20" Width	N****	Purchase

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals
Age Two Through Adult (section 242.191)**

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z2589	Adjustable Contour Lateral Pelvic Support	N****	Purchase
Bill on paper			H 6	Z2591 ¹	Heavy Duty Motor Pack 350 Pounds	N	Purchase
Bill on paper			H 6	Z2592	Remote Joystick Module	N****	Purchase
Bill on paper			H	Z2596	Adjustable Contour Seat Attaching Hardware	N****	Purchase
Bill on paper			H 6	Z2599	Transit Option	N****	Purchase
Bill on paper			H 6	Z2604	Adjustable Back Upholstery	N****	Purchase
Bill on paper			H 6	Z2607	Lateral/Posterior Pelvic Support	N****	Purchase
Bill on paper			H 6	Z2608	Shoulder Harness Guide Kit	N****	Purchase
Bill on paper			H 6	Z2609	Universal Head Rest Kit	N****	Purchase
Bill on paper			H 6	Z2615	Remote Joystick With 1/8" Jacks	N****	Purchase
Bill on paper			H 6	Z2616	Swing Away Mount (Joystick)	N****	Purchase

242.192 Specialized Rehabilitative Equipment, All Ages

9-1-04

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for **beneficiaries** under 21 years of age or modifier NU for **beneficiaries** age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when **billed** on paper, procedure codes must be billed with a type of service (TOS) code "6" for individuals under 21 years of age or **TOS** code "H" for individuals age 21 or over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

** Indicates that providers may bill only for individuals under age 21.

◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

**(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0149	NU EP		H 6	** (4 Wheel Reverse Walker) Walker, heavy duty, wheeled, rigid or folding, any type	N	Purchase
E0163	EP		6	** (Potty Chair - Sm) Commode chair, stationary, with fixed arms	Y	Purchase
E0166	EP	U1	6	** (Potty Chair - Lg) Commode chair, mobile, with detachable arms	Y	Purchase
E0168	NU	U1	H	** (Rehab Shower/Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Y♦	Purchase
E0168	EP		6	** (Rehab Shower/Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Y♦	Purchase
E0168	NU		H	** (Adaptive Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	N	Purchase
E0168	EP	UB	6	** (Adaptive Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	N	Purchase
E0241	NU EP		H 6	** (Bolt-on Sm. Grab Bar) Bathroom wall rail, each	N	Purchase
E0241	NU EP	U1 U1	H 6	** (Bolt-on Lg. Grab Bar) Bathroom wall rail, each	N	Purchase
E0241	NU EP	U2 U2	H 6	** (Bolt-on Med. Grab Bar) Bathroom wall rail, each	N	Purchase
E0245	NU EP	U3 U3	H 6	** (30" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U4 U4	H 6	** (38" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U5 U5	H 6	** (47" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U6 U6	H 6	** (56" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U2 U2	H 6	** (Padded Tub Transfer Bench) Tub stool or bench	N	Purchase
E0245	NU EP	UB UB	H 6	** (Non-padded tub transfer bench) Tub stool or bench	N	Purchase
E0245	NU EP		H 6	** (Adj. Bath Chair w/Back) Tub stool or bench	N	Purchase
E0246	NU EP		H 6	** (Clamp-on Tub Grab Bar) Transfer tub rail attachment	N	Purchase

Specialized Rehabilitative Equipment, All Ages (section 242.192)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E0638 ⁷	NU EP		H 6	Standing frame system, any size, with or without wheels	Y	Purchase
E0638 ⁷	EP EP	U1 U2	6 6	Standing frame system, any size, with or without wheels	Y	Purchase
E0700	NU EP		H 6	**(Chin Guard for Safety Helmet, sm) Safety equipment, e.g., belt, harness or vest	N	Purchase
E0701	NU EP		H 6	**(Soft Shell Helmets) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0701	NU EP	U1 U2	H 6	**(Hard Shell Helmets) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0701	NU EP	U2 U2	H 6	**(Face guard for safety helmet) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0950	NU EP	U1 U1	H 6	**(Tray for gait trainer) Wheelchair accessory, tray, each	N	Purchase
E1031**	EP	U5	6	**(Low Back Activity Chair) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP		6	**(Transition Toddler Chair - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP		6	**(Transition Toddler Chair - Lg.) Rollabout chair, any and all types with casters five inches or greater	Y	Purchase
E1031**	EP	U1	6	**(Corner Chair w/Tray & Casters - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP	U3	6	**(Corner Chair w/Tray & Casters - Lg.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP	U4	6	**(Bolster Chair w/Tray, Chest Support & Casters - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1035**	EP		6	**(Carrie Seat - Pre School) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase
E1035**	EP	U1	6	**(Carrie Seat - Elementary) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase
E1035**	EP	U2	6	**(Carrie Seat - Jr.) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase

Specialized Rehabilitative Equipment, All Ages (section 242.192)

Procedure Code	M1	M2	TOS	Description	PA	Payment Method
E1035	NU EP	U3 U3	H 6	**(Carrie Seat - Sm. Adult) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y♦	Purchase
E8000	EP		6	**(14") Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8000	EP	U1	6	**(19") Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8000	EP	U2	6	**(Intermediate) Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8001	EP		6	**(14") Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8001	EP	U1	6	**(19") Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8001	EP	U2	6	**(Intermediate) Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8002	EP		6	**(14") Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase
E8002	EP	U1	6	**(19") Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase
E8002	EP	U2	6	**(Intermediate) Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase

The following list of codes may only be billed on paper.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z1996	Sm. 51" Supine Stander	Y♦	Purchase
Bill on paper			H 6	Z1997	Lg. 71" Supine Stander	Y♦	Purchase
Bill on paper			6	Z1998**	27" Prone Stander	Y	Purchase
Bill on paper			6	Z2000**	42" Prone Stander	Y♦	Purchase

The following list of codes may only be billed on paper.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z2001	50" Prone Stander	Y♦	Purchase
Bill on paper			H 6	Z2002	Adj. Abduction Wedge w/hip stabilizer	N	Purchase
Bill on paper			H 6	Z2003	Tray for Stander-Prone	N	Purchase
Bill on paper			H 6	Z2004	Tray for Stander-Supine	N	Purchase
Bill on paper			H 6	Z2005	Foot Sandals for Standers	N	Purchase
Bill on paper			6	Z2006**	Up Rite Stander - Sm.	Y	Purchase
Bill on paper			6	Z2007**	Up Rite Stander - Med.	Y	Purchase
Bill on paper			H 6	Z2008	Up Rite Stander - Lg.	Y	Purchase
Bill on paper			H 6	Z2009	Caster Base for Up Rite Stander - Sm.	N	Purchase
Bill on paper			H 6	Z2010	Caster Base for Up Rite Stander - Med.	N	Purchase
Bill on paper			H 6	Z2011	Caster Base for Up Rite Stander - Lg.	N	Purchase
Bill on paper			6	Z2012**	Tumble Form Tri Stander w/Tray - Sm.	Y♦	Purchase
Bill on paper			6	Z2013**	Tumble Form Tri Stander w/Tray - Lg.	Y♦	Purchase
Bill on paper			6	Z2015**	48" Side Lyer	N	Purchase
Bill on paper			6	Z2016**	72" Side Lyer	N	Purchase
Bill on paper			6	Z2017**	Tumble Form Feeder Seat - Sm.	N	Purchase
Bill on paper			H 6	Z2018**	Tumble Form Feeder Seat - Med.	N	Purchase
Bill on paper			6	Z2019**	Tumble Form Feeder Seat - Lg.	N	Purchase
Bill on paper			6	Z2020**	Floor Sitter Wedge	N	Purchase
Bill on paper			6	Z2021**	Mobile Floor Sitter Med/Lg.	N	Purchase

The following list of codes may only be billed on paper.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			6	Z2022**	Tumble Form Therapy Wedge 4" - Sm.	N	Purchase
Bill on paper			6	Z2023**	Tumble Form Therapy Wedge 6" - Sm.	N	Purchase
Bill on paper			6	Z2026**	Tumble Form Therapy Wedge 8" - Med.	N	Purchase
Bill on paper			6	Z2029**	Tumble Form Therapy Wedge 10" - Lg.	N	Purchase
Bill on paper			6	Z2030**	Tumble Form Therapy Rolls 4"	N	Purchase
Bill on paper			6	Z2031**	Tumble Form Therapy Rolls 6"	N	Purchase
Bill on paper			6	Z2032**	Tumble Form Therapy Rolls 8"	N	Purchase
Bill on paper			6	Z2034**	Tumble Form Therapy Rolls 12"	N	Purchase
Bill on paper			6	Z2035**	Tumble Form Therapy Rolls 14"	N	Purchase
Bill on paper			6	Z2036**	Tumble Form Therapy Rolls 16"	N	Purchase
Bill on paper			6	Z2038**	Therapy Ball - Sm.	N	Purchase
Bill on paper			6	Z2039**	Therapy Ball - Med.	N	Purchase
Bill on paper			6	Z2040**	Therapy Ball - Lg.	N	Purchase
Bill on paper			6	Z2043**	Seat & Back Pad for Toddler Chairs	Y	Purchase
Bill on paper			6	Z2044**	Tray for Toddler Chair	Y	Purchase
Bill on paper			6	Z2045**	14" T&S High Back w/Support Activity Chair	Y	Purchase
Bill on paper			6	Z2046**	16" T&S High Back w/Support Activity Chair	Y	Purchase
Bill on paper			H 6	Z2047	Orthopedic Car Seat	Y	Purchase
Bill on paper			H 6	Z2048	4" Deluxe Wedge w/Strap	N	Purchase
Bill on paper			H 6	Z2072	Lg. Wrap Around Bath Support	N	Purchase

The following list of codes may only be billed on paper.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H 6	Z2073	Sm. Wrap Around Back Support	N	Purchase
Bill on paper			H 6	Z2074	Lg. Toilet Support w/Hi Back	N	Purchase
Bill on paper			H 6	Z2075	Sm. Toilet Support w/Hi Back	N	Purchase
Bill on paper			H 6	Z2077	Flexible Shower Hose	N	Purchase
Bill on paper			H 6	Z2089	Toilet Seat Reducer Ring (Padded)	N	Purchase
Bill on paper			6	Z2090**	14" Gait Trainer	Y	Purchase
Bill on paper			6	Z2091**	19" Gait Trainer	Y♦	Purchase
Bill on paper			6	Z2092**	Intermediate Gait Trainer	Y♦	Purchase
Bill on paper			H 6	Z2093	Adult Gait Trainer	Y♦	Purchase
Bill on paper			6	Z2094**	Tyke Strider Walker w/2 Wheels	N	Purchase
Bill on paper			6	Z2095**	Tweener Strider Walker w/2 Wheels	N	Purchase
Bill on paper			6	Z2096**	Middle Strider Walker w/2 Wheels	N	Purchase
Bill on paper			H 6	Z2097	Adult Strider Walker w/2 Wheels	N	Purchase
Bill on paper			H 6	Z2099	4 Wheel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2100	4 Wheel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2101	4 Wheel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2102	4 Wheel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2104	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2105	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2106	4 Wheel Front Swivel Reverse Walker	N	Purchase

The following list of codes may only be billed on paper.

Specialized Rehabilitative Equipment, All Ages (section 242.192)

No National Code	M1	M2	TOS	Local Code	Description	PA	Payment Method
Bill on paper			H	Z2107	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper			H 6	Z2239	Bath Chair Headrest	N	Purchase
Bill on paper			H 6	Z2605	Diverter Valve for Handheld Shower	N	Purchase

242.193 Augmentative Communication Device, All Ages

8-1-05

The augmentative communication device must be billed using the procedure code assigned to each component. The specific components will be reimbursed, as needed, for the procedure codes listed below and will count toward the lifetime limit of \$7,500 per beneficiary.

Procedure codes found in this section must be billed either electronically or on paper with modifier EP for beneficiaries under 21 years of age or modifier NU for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either EP or NU.

Additionally, when billed on paper, procedure codes must be billed with a type of service (TOS) "6" for individuals under age 21 or TOS "H" for individuals age 21 and over.

Modifiers in this section are indicated by the headings M1 and M2. Type of service is indicated by the heading TOS. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

NOTE: Attach a manufacturer's invoice to the claim and indicate the item or parts billed on the invoice. A description and the amount billed for each item must be attached to the claim. If more than one item is billed under a procedure code, the description and billed amount of each item must be listed separately under each procedure code and attached to the claim. The total billed for each procedure code should be reflected in field 24F.

⁷ Procedure code became payable July 1, 2004.

◆ Prior authorization is not required when another insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

****(...)** This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Augmentative Communication Device, All Ages (section 242.193)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E2500 ⁷	NU EP		H 6	Y♦	** (Light Technology Communication Aids - communication aids that do not have the memory component to store the information. They are often used in conjunction with higher tech devices as part of a multi-modal communication system.) Speech-generating device, digitized speech, using pre-recorded messages less than or equal to 8 minutes recording time	Purchase
E2502 ⁷	NU EP		H 6	Y♦	** (Simple Voice Output Device - simple devices with limited storage capacity and voice output only.) Speech-generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Purchase
E2504 ⁷	NU EP		H 6	Y♦	** (Simple Voice Output Device - simple devices with limited storage capacity and voice output only) Speech-generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Purchase
E2506 ⁷	NU EP		H 6	Y♦	** (Simple Voice Output Device - simple devices with limited storage capacity and voice output only) Speech-generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time.	Purchase
E2508 ⁷	NU EP		H 6	Y♦	** (More Advanced Voice Output Communication Aids - offer more storage capacity and often have other output methods in addition to voice output; e.g., LED display) Speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Purchase
E2510 ⁷	NU EP		6	Y♦	** (Higher Technology Voice Output Communication Aids - offer greater memory capabilities, various types of output, computer interface options, etc.) Speech-generating device synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Purchase

Augmentative Communication Device, All Ages (section 242.193)

Procedure Code	M1	M2	TOS	PA	Description	Payment Method
E2510 ⁷	NU EP		H 6	Y♦	*(State-of-the-Art Voice Output Communication Aids - represents state-of-the-art communication aid technology. Have extensive memory capabilities, various output methods, computer interface options; offer a variety of input methods in a single device and advanced functions such as auditory scanning, icon and word prediction, etc.) Speech-generating device synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Purchase
E2511 ⁷	NU EP		H 6	Y♦	*(Software - often recommended for augmentative communication device. Software may change as the child matures.) Speech-generating software program, for personal computer or personal digital assistant	Purchase
E2512 ⁷	NU EP		H 6	Y	Accessory for speech generating device, mounting system	Manually Priced
E2599 ⁷	NU EP		H 6	Y♦	*(Switches - used with training aids and augmentative communication devices as a means of access) Accessory for speech generating device, not otherwise classified	Manually Priced
V5336	NU EP		H 6	Y	*(Augmentative Communication Device Repair - parts only) Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Purchase
V5336	NU EP		H 6	Y	*(Augmentative Communication Device Repair - labor only) Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Purchase